



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

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 22nd November, 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

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

Produced on Recycled Paper

A G E N D A

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

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS</p> <p>To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.</p>	
5			<p>APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES</p> <p>To receive any apologies for absence and notification of substitutes.</p>	
6			<p>MINUTES - 4 OCTOBER 2016 AND 25 OCTOBER 2016</p> <p>To confirm as a correct record, the minutes of the meetings held on 4 October 2016 and 25 October 2016, respectively.</p>	1 - 8
7			<p>MINUTES OF HEALTH AND WELLBEING BOARD - 20 OCTOBER 2016</p> <p>To receive for information purposes the draft minutes of the Health and Wellbeing Board meeting held on 20 October 2016.</p>	9 - 18

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8			<p>MINUTES OF EXECUTIVE BOARD - 19 OCTOBER 2016</p> <p>To receive for information purposes the draft minutes of the Executive Board meeting held on 19 October 2016.</p>	19 - 32
9			<p>LEEDS SAFEGUARDING ADULTS BOARD ANNUAL REPORT AND STRATEGIC PLAN</p> <p>To receive a report from the Independent Chair of Leeds Safeguarding Adults Board, introducing the Leeds Safeguarding Adults Board Annual Report for 2015/16; its 3-year Strategic Plan (2016-19) and provides an update on the work and achievements in the current year (2016-17).</p>	33 - 152
10			<p>CHAIR'S UPDATE - NOVEMBER 2016</p> <p>To receive an update from the Chair on scrutiny activity, not specifically included on this agenda, since the previous Board meeting.</p>	153 - 154
11			<p>SCRUTINY INQUIRY: INVOLVEMENT OF THE THIRD SECTOR IN THE PROVISION OF HEALTH AND SOCIAL CARE SERVICES ACROSS LEEDS - RESPONSE TO THE RECOMMENDATIONS</p> <p>To consider a report from the Head of Governance Services introducing the initial response to the Scrutiny Board recommendations, following its inquiry into the Involvement of the Third Sector in the provision of Health and Social Care Services across Leeds.</p>	155 - 172

Item No	Ward/Equal Opportunities	Item Not Open		Page No
12			<p>BUDGET MONITORING</p> <p>To consider a report from the Head of Governance Services introducing the half-year Financial Monitoring report for 2016/17, due to be considered by the Executive Board at its meeting on 16 November 2016.</p>	173 - 202
13			<p>CARE QUALITY COMMISSION (CQC) INSPECTION OUTCOMES</p> <p>To receive a report from the Head of Governance Services providing the Board with details of recently reported Care Quality Commission inspection outcomes for health and social care providers across Leeds.</p>	203 - 204
14			<p>CHILDREN'S EPILEPSY SURGERY SERVICES - UPDATE ON DECISION</p> <p>To consider a report from the Head of Governance Services introducing an update from NHS England regarding the future provision of Children's Epilepsy Surgery Services in England.</p>	205 - 212
15			<p>LEEDS TEACHING HOSPITALS NHS TRUST - UPDATE</p> <p>To consider a report from the Head of Governance Service introducing a general update on key issues and progress update from Leeds Teaching Hospitals NHS Trust.</p>	213 - 214
16			<p>WORK SCHEDULE (NOVEMBER 2016)</p> <p>To consider the Scrutiny Board's work schedule for the remainder of the 2016/17 municipal year.</p>	215 - 216

Item No	Ward/Equal Opportunities	Item Not Open		Page No
17			<p>DATE AND TIME OF NEXT MEETING</p> <p>Tuesday, 20 December 2016 at 1.30pm (pre-meeting for all Board Members at 1.00pm).</p> <p>THIRD PARTY RECORDING</p> <p>Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda.</p> <p>Use of Recordings by Third Parties – code of practice</p> <ul style="list-style-type: none"> a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete. 	

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

TUESDAY, 25TH OCTOBER, 2016

PRESENT: Councillor P Gruen in the Chair

Councillors C Anderson, J Chapman,
M Dobson, B Flynn, J Pryor, K Renshaw,
B Selby, A Smart and P Truswell

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

63 Late Items

The following late and supplementary information was submitted to the Board:

- Agenda item 6 – Draft minutes of the meeting held on 11 October 2016
- Agenda item 13 – Leeds Community Healthcare report on Autism waiting times
- Agenda item 14 – Children’s Epilepsy Surgery Services – updated timeline.

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

64 Declaration of Disclosable Pecuniary Interests

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

- Councillor M Dobson advised that he was Manager of a Neighbourhood Network.
- Councillor B Selby advised that a family member was employed within the local NHS.
- Dr J Beal advised that a family member was employed by Child Adolescent Mental Health Services (CAMHS).
- Councillor J Chapman advised that a family member had accessed services for autism.

All Board Members remained present for the duration of the meeting.

65 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted by Councillors A Hussain and S Varley. Notification had been received that Councillor K Renshaw was to substitute for Councillor A Hussain.

66 Minutes - 4 October 2016 and 11 October 2016

The Board was informed that the minutes of the meeting held on 4 October 2016 were in the process of being finalised and were to be presented to the November Board meeting for approval.

RESOLVED – That the minutes of the Call-in meeting held on 11 October 2016 be approved as a correct record.

67 Matters arising from the minutes

Minute No. 61 – Outcome of Call-in

The Board noted correspondence submitted by Dean Harper, Unison, regarding a concern that although Executive Board had accepted the recommendations of the Scrutiny Board, this had not been reflected in the Executive Board minutes.

The Board also noted that similar concerns had been raised by those campaigning against the closure of The Green.

RESOLVED – That the Chair of Scrutiny Board (Adult Social Services, Public Health, NHS) seeks clarification regarding the outcome of the Call-in meeting held on 11 October 2016.

68 Chair's Update (October)

The Chair provided a verbal update on recent scrutiny activity and points of discussion which had not been specifically included elsewhere on the agenda.

Meeting with Julian Hartley

- Leeds General Infirmary (LGI) / Trust estate strategy; innovation hub with Leeds Universities and Leeds City Council (LCC);
- Children's epilepsy – to be considered under agenda item 14 'Children's Epilepsy Surgery Services – Update';
- Leeds Teaching Hospital Trust (LTHT) had been invited to be part of West Yorkshire acceleration zone – this was in relation to 4 hour accident and emergency target of 95%.

Meeting with Richard Jones

- General catch up and progress against 3 year strategy;
- Arrangements for attendance at November Scrutiny Board.

Meeting with Dr Ian Cameron

- Budget on target and trying to maximise underspend;
- Trying to synchronise dates for new contracts via Delegated Decision Notice (DDN).

RESOLVED – That the Chair’s update be noted.

69 Budget Monitoring

The Head of Governance Services submitted a report which introduced the most recent 2016/17 Financial Monitoring report presented to the Executive Board on 19 October 2016.

The following were in attendance:

- Dr Ian Cameron, Director of Public Health
- Mick Ward, Chief Officer (Commissioning), Adult Social Care
- John Crowther, Head of Finance, Adult Social Care.

The key areas of discussion were:

- Concern about the impact of budget cuts on mental wellbeing and sexual health services.
- A suggestion that the Board be provided with more detailed information regarding the budget headings identified in the appendix to the report.
- Clarification provided regarding development of a community based approach.

RESOLVED –

- (a) That the Board notes the Financial Monitoring 2016/17 report presented to Executive Board on 19 October 2016
- (b) That more detailed information be provided regarding the budget headings identified in the appendix to the report.
- (c) That a working group be setup to consider departmental budgets (revenue and capital) and budget pressures.

70 The Director of Public Health Annual Report 2016

The Head of Governance Services submitted a report which introduced the Director of Public Health’s Annual Report presented to Executive Board on 19 October 2016.

The following were in attendance:

- Dr Ian Cameron (Director of Public Health)

The key areas of discussion were:

- The need for further analysis regarding some of the information and data contained in the report, particularly in relation to children’s tooth decay.

- The role of CCGs and their involvement in the planning process. The Board was advised that a positive response had been received regarding the allocation of named leads.
- Concern about the impact of cuts on environmental protection and an update on the work of the Health Protection Board.
- Development of the Best Start Programme in relation low birth-weight and levels of breastfeeding.

RESOLVED – That the Director of Public Health Annual Report 2016, be noted.

71 Sustainability and Transformation Plan - briefing and update

The Head of Governance Services submitted a report which introduced a briefing on the requirement of local NHS commissioning organisations to develop place-based local Sustainability and Transformation Plans.

The following were in attendance:

- Dr Ian Cameron, Director of Public Health
- Matt Ward, Chief Operating Officer (NHS Leeds South and East CCG).

The key areas of discussion were:

- The West Yorkshire Sustainability and Transformation Plan (STP) was the only locally recognised STP footprint on which plans would be submitted and assured by NHS England.
- Within the West Yorkshire STP, there was a sub-set of six local plans (Leeds, Bradford, Calderdale, Kirklees, Wakefield and Harrogate). The Leeds Plan being the delivery vehicle for the local Joint Health and Wellbeing Strategy.
- Confirmation that a meeting of West Yorkshire Joint Health Overview and Scrutiny Committee was being convened to consider development of the West Yorkshire STP. The Board was advised that the intention was to publish the West Yorkshire STP, w/c 31 October 2016.
- The need for broader engagement with the public regarding development of the West Yorkshire STP.
- The importance of ensuring a co-ordinated approach with health partners, particularly in terms of governance and decision-making.
- Concern about future development of the West Yorkshire STP following its publication.
- A suggestion that the Board writes to Rob Webster emphasising the importance of publishing the West Yorkshire STP, w/c 31 October 2016 and that public engagement / consultation starts at that point. The Board also considered establishing a working group to discuss issues at a local level.
- The Board also considered highlighting, to the Council's Executive Board, its general concerns regarding the development of the West Yorkshire STP and the significant involvement of Senior Council

Officers, without parallel involvement of Elected Members and/or the public.

RESOLVED –

- (a) That the Board notes the briefing on the requirement of local NHS commissioning organisations to develop place-based local Sustainability and Transformation Plans.
- (b) That the Board writes to Rob Webster emphasising the importance of publishing the West Yorkshire STP, w/c 31 October 2016 and that public engagement / consultation starts at that point.
- (c) That the Board writes to the Council's Executive Board, highlighting its general concerns regarding the development of the West Yorkshire STP and the significant involvement of Senior Council Officers, without parallel involvement of Elected Members and/or the public.
- (d) That the Board establishes a working group to discuss issues at a local level.

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

The Head of Governance Services submitted a report which introduced the Care Quality Commission report: The State of Health Care and Social Care in England 2015/16.

The following were in attendance:

- Mick Ward, Chief Officer (Commissioning), Adult Social Care
- Mark Phillott, Head of Commissioning (Contracts and Business Development), Adult Social Care.

The key areas of discussion were:

- The overall quality landscape of the health and social care sector in Leeds, and how this compared to the national landscape.
- Clarification that there were a broad range of issues to consider in relation to CQC ratings.
- A suggestion that CQC representatives be invited to attend future Board meetings to discuss issues.
- An update on the risks and financial challenges faced by residential and social care providers.

RESOLVED –

- (a) That the Board notes the Care Quality Commission report: The State of Health Care and Social Care in England 2015/16.
- (b) That CQC representatives be invited to attend future Board meetings to discuss different aspects that contribute to the overall health and social care quality landscape in Leeds.

73 Leeds Community Healthcare NHS Trust - update

The Head of Governance Services submitted a report which introduced a general update on key issues and progress from Leeds Community Healthcare NHS Trust.

The following were in attendance:

- Sam Prince, Executive Director of Operations, Leeds Community Healthcare NHS Trust)
- Nick Wood, General Manager for Children's Services, Leeds Community Healthcare NHS Trust.

The key areas of discussion were:

- The CQC inspection of Little Woodhouse Hall had confirmed the building was not fit for purpose.
- Confirmation that a further review of safety issues had been undertaken in response to concerns raised as part of the CQC inspection of Little Woodhouse Hall.
- The challenges faced by young people to access mental health services. The Board was advised about development of single point of access for referrals into the Child and Adolescent Mental Health Service (CAMHS). The Board requested further information about this provision and clarification about signposting to services.

RESOLVED –

- (a) That the Board notes the update provided by Leeds Community Healthcare NHS Trust.
- (b) That the request for further information be provided as part of the Trust's future updates to the Board.

74 Autism Assessment Waiting Times - progress update

The Head of Governance Services submitted a report which introduced 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.

The following were in attendance:

- Sam Prince, Executive Director of Operations, Leeds Community Healthcare NHS Trust)
- Nick Wood, General Manager for Children's Services, Leeds Community Healthcare NHS Trust.

The key areas of discussion were:

- An update on recruitment to reduce autism assessment waiting times. The Board was advised that the original 12-week assessment target would not be achieved by December 2016. The revised target date due to recruitment issues was March 2017. There were currently 200 young people on the waiting list. 160 young people had waited over 12 weeks for an assessment.
- Clarification sought about support available to young people and families. Members were advised about the types of support provided by schools. The Board emphasised the importance of support to be made available outside of the school environment, particularly during school holidays.
- Clarification was also sought about the support services in place for adult patients diagnosed with autism (during adulthood) and their families. Specifically, the Board requested details about the type of services provided, where they were provided and how they were accessed.

RESOLVED –

- (a) That the Board notes the 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.
- (b) That a further progress update be submitted to the Board meeting in March 2017.
- (c) That the further update in March 2017 specifically includes input from service commissioners and details progress against Leeds transformation plan for children's emotional and mental health wellbeing.
- (d) That further information be provided regarding:
 - The availability and access to autism support services for children outside of school term-time.
 - The availability of support services for adult patients diagnosed with autism.

(Councillor M Dobson left the meeting at 4.15pm and Councillor J Pryor at 4.25pm, during the consideration of this item.)

75 Children's Epilepsy Surgery Services

The Head of Governance Services submitted a report which updated the Board on NHS England's review and public consultation on the future provision of Children's Epilepsy Surgery Services in England.

The key areas of discussion were:

- Concern about the continued delay by NHS England to publish its decision on the future delivery of services.

- A suggestion that NHS England be invited to attend the November Board meeting to outline its decision and/or the decision making process and the reasons for any continued delay.

RESOLVED –

- (a) That NHS England be invited to attend the November Board meeting to outline its decision on the future delivery of services and/or the decision making process and the reasons for any continued delay.
- (b) That the Board writes to local MPs to highlight its concerns regarding the continued delay.

76 Work Schedule

The Head of Governance Services submitted a report which invited Members to consider the Board's work schedule for the 2016/17 municipal year.

The key areas of discussion were:

- 2016/17 budget performance and the budget setting process for 2017/18.
- The West Yorkshire Sustainability and Transformation Plan (STP) and its local implications.
- The state/ quality of health and social care services in Leeds, as assessed by the Care Quality Commission.
- Children's Epilepsy Surgery Services.
- NHS Performance.

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

77 Date and Time of Next Meeting

Tuesday, 22 November 2016 at 1.30pm (pre-meeting for all Board Members at 1.00pm)

RESOLVED – That subject to confirmation, the date of the February Board meeting be moved from Tuesday, 28 February 2017 to Tuesday, 21 February 2017.

(The meeting concluded at 4.35pm)

HEALTH AND WELLBEING BOARD

THURSDAY, 20TH OCTOBER, 2016

PRESENT: Councillor R Charlwood in the Chair

Councillors D Coupar, S Golton, G Latty
and L Mulherin

Representatives of Clinical Commissioning Groups

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

Directors of Leeds City Council

Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adult Social Services
Sue Rumbold – Chief Officer, Children’s Services

Representative of NHS (England)

Brian Hughes - NHS England

Third Sector Representative

Kerry Jackson – St Gemma’s Hospice

Representative of Local Health Watch Organisation

Lesley Sterling-Baxter – Healthwatch Leeds

Representatives of NHS providers

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

15 Welcome and Chair’s Opening Remarks

The Chair welcomed all present to the meeting and took the opportunity to note the following matters:

Nigel Richardson – Councillor Charlwood noted the recent retirement of Nigel Richardson, former member of the Board and LCC Director of Children’s Services. Councillor Charlwood expressed her thanks to Nigel for his service to the City, particularly his success in transforming Children’s Services; and his work as a member of the Board.

Inspection Outcomes

- a) St Gemma’s Hospice – Councillor Charlwood congratulated St Gemma’s Hospice on the outcome of a recent Inspection which rated the Hospice as “Outstanding”. Kerry Jackson responded that the outcome was a reflection of how the city and local community, including staff, commissioners and volunteers worked together and their relentless focus on the individual service user

- b) Leeds Teaching Hospital Trust – Councillor Charlwood congratulated the Trust on the outcome of a recent Inspection which rated the Trust as “Good” which she described as an outstanding achievement for an organisation of its size. Julian Hartley responded the outcome could be attributed to the “Leeds Way” adopted approach where the focus is on the patient right across the service. He expressed thanks for the support offered by staff and from across the Leeds health and social care system.

16 Appeals against refusal of inspection of documents

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

17 Exempt Information - Possible Exclusion of the Press and Public

The agenda contained no exempt information.

18 Late Items

No formal late items of business were added to the agenda.

19 Declarations of Disclosable Pecuniary Interests

No declarations of disclosable pecuniary interests were made.

20 Apologies for Absence

Apologies were received from Phil Corrigan, Cath Roff, Steve Walker, Moira Dumma, Tanya Matilainen and Sara Munro. The Chair welcomed Sue Rumbold (LCC Children’s Services) Brian Hughes (NHS England) and Dawn Hanwell (Leeds and York Health Partnership Trust) as substitutes.

21 Open Forum

No matters were raised by members of the public under the Open Forum.

22 Minutes

RESOLVED – To approve the minutes of the last meeting held 6th September 2016 as a correct record.

23 Matters Arising

No matters arising were identified.

24 The Leeds Approach to Commissioning and Decommissioning

Chris Dickinson, Head of Commissioning & Market Management, LCC Children’s Services and Rob Goodyear, Director of Commissioning (Partnerships & Performance), NHS Leeds North CCG, presented a report on the approach to commissioning and de-commissioning in Leeds.

The report identified the need to work towards a shared and integrated approach to commissioning in Leeds. This required the support of both the HWB Board and the Leeds Integrated Commissioning Executive (ICE). An overview of those areas where integration and/or similar approaches already existed and those areas where there are differences was provided along with future ambitions or work already in motion to achieve integration.

Rob Goodyear described the approach adopted by the Leeds CCGs, noting that until very recently, CCGs had undertaken annual commissioning and de-commissioning (C/DC) but that the latest NHS Guidance has moved this to two years. This is new guidance, which is not reflected in the paper. The 3 CCGs have developed a shared toolkit for 'commissioning for value' which took consideration of the LCC approach as an example of best practice. The Board received assurance that the Leeds CCG approach to C/DC would continue to learn from other parts of the system more experienced in de-commissioning and re-commissioning, was fit for purpose, and with engagement and consultation built in.

Chris Dickinson outlined the approach adopted by LCC, with differing commissioning cycles often set to budget setting cycles and some contracts set for 3 to 5 years with annual review discussions. LCC had an established approach to governance but sought to align with the Leeds CCGs.

A correction to page 11 was reported to properly reflect that the LCC budget was set by full Council, not Executive Board as stated.

The challenges were highlighted as being the budget reductions and the different commissioning cycles operated. In response to this, a new cross-services post of Deputy Director of Integrated Commissioning had been created to facilitate closer working across the CCGs and LCC Adult Social Services. Recruitment is underway to this post. Additionally, the CCGs had undertaken recent work looking at how they could operate as "one voice".

The Board broadly welcomed the approach outlined and the following key issues were discussed:

- Engagement with LCC community committees and the suggestion that General Practitioners could discuss local health issues with local ward Councillors in the first instance.
- Consideration of how commissioning could challenge and improve the Leeds health targets.
- Commissioning for outcomes is best practice - such as the commissioning of the drug and alcohol treatment service. Need to move to this being the default
- The focus on the Leeds £ whilst acknowledging procurement rules
- Recognition of the role of the Third Sector as both service provider and commissioner
- The balance of tensions between city-wide high-level decisions and local provider led consultation on C/DC
- A cost benefit analysis was required to ensure all partners share the same approach to C/DC
- The need for meaningful consultation with appropriate timeframes, noting a comment on the approach taken to the West Yorkshire STP
- The expectation that commissioners should have a common understanding of what engagement and consultation is and develop a shared engagement framework. The Chair suggested that this should be considered by PEG.

RESOLVED -

Draft minutes to be approved at the meeting
to be held on Monday, 20th February, 2017

- a) The Board agreed that the current approach and future steps adequately supported the vision and role of the Board
- b) The Board identified two matters to refer to PEG to develop:
 - (i) the development of a shared consultation and engagement framework as an opportunity to progress towards a shared approach to commissioning and decommissioning.
 - (ii) opportunities for; and development of; joint procurement. With a report back to HWB on the outcome of those discussions in due course.
- c) The Board agreed to provide strategic direction for future progress towards a shared approach to commissioning and decommissioning.
- d) To take learning from best practice within the system and apply to future decision making.
- e) To support the Integrated Commissioning Executive to set system priorities for shared challenges and testing further integrated commissioning models.

25 Staying Focussed on the Wider Determinants of Health

The Board considered the report of the Director of Public Health presented to prompt discussion and give direction to achieve continued focus on the wider determinants of health.

The report referenced Leeds' Anti-Poverty work programmes which indirectly supported most priorities within the Leeds Health and Wellbeing Strategy, the strongest links being with Priority 5 (a strong economy with quality local jobs) and Priority 10 (Promote mental health and physical health equally). The report referenced existing work to tackle poverty and improve health. A copy of the report entitled 'Supporting Communities and tackling poverty update' considered by LCC Executive Board on 21st September 2016 was attached as appendix 1.

Dave Roberts, LCC Financial Inclusion Team, and Myrte Elbers, LCC Public Health, presented the report and identified the continuing link between poverty and health - financial worries continued to exacerbate mental health issues and the Public Health Team had a commitment to support the Money Advice Centre and enhance current provision.

Partners commented that the effects of poverty were reflected in the increased demand for their services. Discussions focussed on the following:

Key Workers

- Leeds Community Healthcare staff had reported that, as they visited people at home to deliver services it would be useful to have access to a "4 Numbers you need" or "one portal" approach – in order to pass on information about clients in need to relevant organisations. HWB discussed this initiative, recognising the value of key workers being able to signpost and link into follow-on services

- Where a community health worker identified a client in need, they could pass details to their local ward Councillor who was publically accountable and could assume responsibility for engagement with and support for that individual
- A new portal for Mental Health advice had recently been launched

Funding and Resources

- A comment was noted that certain areas of the city disproportionately required services, particularly primary care. Debt was a common theme impacting on health which could be dealt with through the developing social prescribing approach
- Frank discussions would be needed with communities to understand the funding that is available to ensure the areas of real need are properly resourced. The agreement of all parties is required to divert funding from one area to another
- Recognition that some communities have the capacity and ability to deliver for themselves and others don't

Service Links

- The value of workshop type meetings where service providers can develop a much better awareness of each other's provision – such as a recent LCC Community Committee focussing on vulnerability.
- The links to the previous agenda item on commissioning for better outcomes. The Board noted the new Community Hub way of working was being rolled out across the city with various services based under one roof to allow better access to services and closer working between services. A comment that more health providers based in the Hubs would be welcomed was noted.

Economic activity and opportunity:

- LTHT provision of apprenticeships was highlighted as a means of targeting the most disadvantaged localities in order to provide better quality opportunities.
- The role of the developing "Innovation District" was recognised, seeking to bring economic benefits to the area.
- Additionally, the HWB features some of Leeds' largest employers who could consider the opportunity to take on apprentices and staff from Leeds most deprived communities when recruiting to the health and care workforce Information on the number of staff from Leeds postcodes was requested.

The whole family approach

- One in five Leeds' children live in poverty. The LCC Early Years Team included Leeds Community Health officers and focussed on the child and the whole family's wellbeing.
- Supporting parents back to work would lift families out of poverty.

The role of Non-Medical and Social Prescribing Solutions

- Discussions focused on crisis/preventing crisis before it happened and HWB noted a suggestion for HWB to support work on the theme of 'relationships' – identified as a key issue
- Figures on the impact of social prescribing were requested – have savings been made and can the savings be re-invested into services?
- The over-medicalisation of people presenting with issues when health services may not be appropriate

In conclusion, the Board recognised the links between the work focussing on the wider determinants of health and the Annual Report from the Director of Public Health; and also identified the need for the Leeds and the West Yorkshire STPs to retain the same focus

RESOLVED -

- a) To note the contents of Appendix 1 – the supporting communities and tackling poverty update to Executive Board - and information on initiatives being undertaken around poverty to improve health and reduce inequalities.
- b) In response to the questions put to the Board in the reports' recommendations relating to how the Board can support ongoing work and the links between the issues; the Board
 - (i) Noted the comments made during the discussions
 - (ii) Agreed to include the matters raised during today's' discussions, particularly around workforce, into the Work Plan for the 20th February 2017 meeting

26 Making A Breakthrough: Impact of Breakthrough Projects on Health Outcomes and Reducing Health Inequalities

Mike Eakins presented a report on Leeds City Council's eight Breakthrough Projects, including an outline of the key aims and activity of each Project. The report highlighted the cross-cutting and outcome focused nature of the Projects; and importantly, the links to the most recent Health and Wellbeing Strategy recognising the Boards' role in helping to make a breakthrough in these areas.

The report identified those areas which the LCC Project Leads felt the Boards' support and influence would be of valuable assistance.

The Board noted comments that the 8 Breakthrough Projects did not necessarily align with the JHWS and that the Projects included hard challenges to be addressed.

During discussions, the Board identified work already undertaken by partners which supported four of the Breakthrough Projects; and the issues which the Board could do further work on:

Best Place to Grow Old

- Accessibility/public transport and whether there was a role for HWB to influence provision of a localised public transport network between localities, recognising the link to the carbon/air quality BTP
- Identified the work done at St James's Hospital

Cutting Carbon & improving Air Quality

- Future work was identified as HWB partners all had a fleet of vehicles
- The Universities and Hospital Trusts had charging points for electric vehicles
- The City offered free parking in the city centre for electric cars and whether advertising placed enough emphasis on this
- LTHT was building a new generator which would cut carbon emissions
- Director of Public Health's Annual Reports for 2014/15 and 2015/16 commented on the impact of overall planning for Leeds – the city had densely filled and over polluted roads and was in danger of getting worse. The planning process should consider public health matters and provide for easier movement of vehicles

Tackling domestic violence and abuse

- GP's and General Practice commissioners could link into the Domestic Violence project
- Copies of the DV annual report were made available for partners at the meeting. Councillor Mulherin, as lead on this Project, sought a commitment from the CCGs to support the work to address the number of children taken onto care resulting from domestic violence

Strong communities benefitting from a strong city

- Councillor Coupar as project lead sought partners involvement and influence

Early intervention and reducing health inequalities and More jobs, better jobs – acknowledged the links to previous discussions as outlined in minute 25 above

The Chief Officer, Health Partnerships emphasised the importance of recording where HWB partners already support the Breakthrough Projects through their existing work in order to link the work together. The Board requested a schedule of partners/organisations already working to support the BTPs so that HWB could identify instances of overlap with their own work and other colleagues who could participate.

RESOLVED -

- a) To note the contents of the report and the aims of the eight Breakthrough Projects.
- b) To note the contents of the discussions on each of the Projects which identified those areas where HWB members might help to make a breakthrough
- c) To request a schedule of partners/organisations already working to support the BTPs be provided to Board members to enable them to identify instances of overlap with their own work and other colleagues who could participate and contribute towards the aims of the Breakthrough Projects.
- d) To note that this work will feed into the Annual refresh of the LCC Breakthrough Projects

27 Future in Mind Leeds - A Strategy to Improve the Social, Emotional and Mental Health and Wellbeing of Children and Young People aged 0-25 years

Jane Mischenko, NHS Leeds CCG's, and Anne Scarborough, LCC Children's Services, presented a report which set out the Board's shared and ambitious strategy to transform, support and improve the emotional and mental health of Leeds' children and young people and therefore, ultimately impact on the wellbeing of all the population.

The report sought the Board's support and approval of 'Future in Mind: Leeds' (attached as Appendix 1 of the report) which set out an overarching strategy and Leeds' response to the recommendations from the Department of Health's publication Future in Mind (2015) and its duties within the Children & Family Act (2014), in terms of the SEND requirements for pupils with Social Emotional and Mental Health needs. This was underpinned by the Future in Mind: Leeds Local Transformation Plan (included as Appendix 2). It was noted that NHS England required the Future in Mind: Leeds strategy to be published on the three NHS Leeds CCGs and LCC websites by the end of October 2016.

It was reported that children and young people had assisted in the development of the plan and had particularly identified the need for a 'single point of access' to services. The Plan focussed on prevention and working together, recognising that early support was critical to making a difference to adult life.

It was noted that the Future in Mind approach was relatively new with national guidance expected shortly; however Leeds had taken this approach for some time. The Executive Member for Children and Families expressed her thanks to the team who had led the service this far. Leeds was the only LA pursuing this approach which included:

- Three new £45m world class special schools developed within Leeds to ensure provision for Leeds children within the city. The reduced travelling times will also benefit their learning
- A review of Targeted Services and how transition occurs as children and young people transfer between services
- Recognition and value of focussing on the workforce; future difficulties can be prevented if front-line staff get it right first time; and they can also pass on their expertise to others

The Board welcomed the strong partnership approach taken and noted the huge demand for services and support. Discussions identified the following key issues:

- Consultation with children and young people revealed that Mental Health and Wellbeing was their No.1 priority and also a priority for school head teachers. Additionally, anxiety and depression was recorded at 25% in girls and young women.
- A national pilot – Children's Outcomes Consortium – would measure the success of this approach. Additionally, a dashboard was being developed having regard to the national standards set by NHS England

Discussion identified the role of the HWB as being to ensure that the work outlined in the report was delivered. The Board also agreed a suggestion for PEG to consider how HWB continues this work

RESOLVED -

- a) To support, approve and champion the Future in Mind: Leeds strategy and underpinning Local Transformation Plan (LTP), noting that the refresh of the Leeds LTP has to be published on NHS Leeds CCGs and council websites by the end of October 2016 (NHS England requirement).
- b) To recognise and share the achievements to date (detailed in the plan), progressed in the first years of the Future in Mind LTP funding allocations.
- c) To endorse how the child and young person's voice has been integral in developing the priority work-streams and going forward is embedded in the co-production of their delivery.
- d) To note the contents of the discussions on how the Board will support the delivery of the vision, the strategy and underpinning plan.
- e) To receive regular updates on progress

28 Director of Public Health Annual Report 2016

Dr Ian Cameron, Director of Public Health, presented his Annual Report entitled "1866-2016: 150 years of Public Health in Leeds – a story of continuing challenges" which included reviews of the Health and Wellbeing Strategy and the recommendations of Annual Report 2014/15.

Discussions noted the significant reductions in health budgets at a time when more is asked of the services and emphasised the benefits of working collectively with partners and external organisations to make a difference. The Board also welcomed the historical context contained within the report and; in terms of specific issues, briefly discussed the findings of the "feeling anxious " and breastfeeding indicators.

In conclusion, Dr Cameron noted that Public Health England had reviewed all Leeds Public Health outcomes against the prescribed indicators and concluded that Leeds was doing well.

RESOLVED -

- a) To note the availability of:
 - (i) This year's digital Annual Report at www.leeds.gov.uk/dphreport
 - (ii) The digital materials on 150 years of Public Health in Leeds
 - (iii) Indicators on the current health status for the Leeds population
- b) To support the inclusion, by Leeds City Council, 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.
- c) To recommend 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 & Well Being Strategy.

- d) To note the progress made on the recommendations of the Director of Public Health Annual Report 2014/15.

29 For Information - Update on Leeds Transforming Care Three Year Plan

The Board received a report from the Chief Officer, NHS Leeds North CCG which provided an update on the Transforming Care Programme – developed to address the national programme of work set out in the “Building the Right Support” (2015) national plan.

Nigel Gray presented the update report and highlighted two specific issues:

- The work undertaken in conjunction with LCC Adult Social Services which looked at an holistic approach to care when moving an individual from institutional to community care
- The aim to prevent patients being treated outside of the Leeds locality.

RESOLVED -

- a) To note the partnership work which is already happening to meet the requirements of the transforming care programme.
- b) To receive further reports on progress against the Transforming Care programme

30 For Information - Leeds Let’s Get Active Evaluation Findings

The Board received a report from the Director of Public Health providing an outline of the Year 3 evaluation report of the Leeds Let’s Get Active scheme. The key findings of the evaluation report were detailed; emphasising the scheme’s potential to engage with individuals with wider lifestyle risk factors and be used as a vehicle for promoting wider lifestyle changes. The HWB noted LCC’s thanks to CCG partners who had resourced the final 8 months of the initiative in order for the evaluation to take place

RESOLVED - To note the update of LLGA and evaluation findings based on research from Year 3 of project delivery.

31 Any Other Business

RESOLVED – To note that Board members had received invitations to the Kings Fund Conference scheduled for 12th December 2016

32 Date and Time of the Next Meeting

RESOLVED - To note the date and time of the next formal Board meeting as Monday 20th February 2017 at 9.30am (with a pre-meeting for Board members from 9.00 am)

EXECUTIVE BOARD

WEDNESDAY, 19TH OCTOBER, 2016

PRESENT: Councillor J Blake in the Chair

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

79 Exempt Information - Possible Exclusion of the Press and Public

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

- (a) Appendix 1 to the report entitled, 'Vine: Proposal to Transfer to Leeds City College', referred to in Minute No. 94 is designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that it relates to the financial or business affairs of particular persons, or organisations, and of the Council. This information is not publicly available from the statutory registers of information kept in respect of certain companies and charities. It is considered that since this information is to be used as part of one to one negotiations in respect of the leases of these properties in this report, it is not in the public interest to disclose this information at this point in time. Also it is considered that the release of such information would, or would be likely to prejudice Leeds City Council's commercial interests in relation to other similar transactions of other similar properties.

80 Late Items

With the agreement of the Chair, a late item of business was admitted to the agenda entitled, 'Outcome of the Call In of the Decision taken at Executive Board on 21st September 2016 in relation to the 'Better Lives Programme: Phase Three: Next Steps and Progress Report'. This report had been submitted as a late item of business, as this matter, originally considered by Executive Board on 21st September 2016, had been the subject of the Call In procedure, and as such was considered by the Scrutiny Board (Adult Social Services, Public Health & NHS) on 11th October 2016, which resolved to refer the matter back to Executive Board for reconsideration. The Scrutiny report detailing the outcomes of that Call In meeting was circulated on the 14th October 2016, as required. Given the statutory requirement to publish the Executive Board agenda by the 11th October 2016, there was not the opportunity to include such matters in the published agenda. However, the

Draft minutes to be approved at the meeting
to be held on Wednesday, 16th November, 2016

Council's Executive & Decision Making Procedure Rules require that where a Scrutiny Board resolves that a decision is to be referred back to the decision taker for reconsideration, where this is the Executive Board, the report is to be submitted to the next meeting of the Executive Board. As such, with the agreement of the Chair, the matter was submitted for consideration as a late item of business (Minute No. 83 refers).

In addition, and also with the agreement of the Chair, prior to the meeting, Board Members were provided with an updated version of paragraph 4.5.4 to agenda item 16 (Vine – Proposal to Transfer to Leeds City College) for their consideration (Minute No. 94 refers).

81 Declaration of Disclosable Pecuniary Interests

There were no Disclosable Pecuniary Interests declared at the meeting, however, in relation to the agenda item entitled, 'Sustainability and Development of Cultural Organisations in New Briggate', Councillor Yeadon drew the Board's attention to her position as a member of the Leeds Grand Theatre Board and Opera House Board of Management (Minute No. 85 refers).

82 Minutes

RESOLVED – That the minutes of the previous meeting held on 21st September 2016 be approved as a correct record.

HEALTH, WELLBEING AND ADULTS

83 Outcome of the Call In of the Decision taken at Executive Board on 21st September 2016 in relation to the 'Better Lives Programme: Phase Three: Next Steps and Progress Report

Further to Minute No. 60, 21st September 2016, the Director of Adult Social Services submitted a report which presented the outcome of the Scrutiny Board (Adult Social Services, Public Health & NHS) Call In meeting held on 11th October 2016, and which addressed the recommendations made by the Scrutiny Board in its statement when referring the matter back to Executive Board for reconsideration. Finally, Executive Board was invited to further consider those decisions taken on 21st September 2016, in light of the recommendations made by the Scrutiny Board.

For those reasons set out within the submitted report, and as detailed at Minute No. 80, the Chair agreed for this matter to be considered as a late item of business.

The Board paid tribute to the extensive and detailed consideration that the matter had been given by the Scrutiny Board on 11th October 2016.

In presenting the report, the Executive Member undertook to work with any individuals and families who were affected by any actions taken as a result of the decisions made by the Board on this matter.

Responding to a specific enquiry, the Board received an update with regard to the current position in respect of the Manorfield House site. With regard to the current 9 residents at Manorfield House, the Board was assured that they would be guaranteed to receive a level of provision which was at least equal in quality, if not better, to the standard of their current provision, with the caveat that should an individual or the family of that individual choose provision that was rated less than their current standard, then where appropriate, checks may be duly undertaken in order to ensure that that choice was in the individual's best interest. In addition, the Board also received assurances regarding the due regard which had been given to the equality impact procedures in respect of Manorfield House.

Also responding to an enquiry, Members received clarification regarding the occupancy numbers in respect of the Radcliffe Lane Day Centre, and that, as appropriate, further information would be provided to the Member in question in response to the enquiry raised.

With regard to The Green, responding to a Member's enquiries, the Board noted that the intention was to utilise the facility for immediate care / recovery beds, subject to further discussion and agreement with NHS commissioners. However, if such agreement was not reached and the new facility was not progressed, then the current facility would need to be closed. Also, it was confirmed that should this circumstance arise, a further report would be submitted to the Board on this matter, and that in any event, the Board would be kept up to date on the progress of these issues.

It was confirmed that with the agreement of Group Whips, the ordering of the business at the 9th November 2016 Council meeting would be amended in order to facilitate Member comment upon this matter.

In discussing the provision of adult social care in the city, together with the role of the Council and other providers, emphasis was placed upon the importance of ensuring that older people in the city had access to good quality adult social care provision, with the role and involvement of Elected Members being highlighted. Emphasis was also placed upon the importance of the relationship between Elected Members and the Adult Safeguarding Board in terms of safeguarding the welfare of older vulnerable citizens.

In conclusion, the Chair reiterated the importance of continuing to highlight the level of resource that the Local Authority needed in order to ensure that there were the necessary levels of social care provision for older people in the city.

RESOLVED –

- (a) That the Scrutiny Board's recommendations, as detailed at 3.2.1 to 3.2.6 of the submitted report, be accepted, subject to the additional comments in relation to The Green, as per resolution (b) below;
- (b) That the original decisions taken by the Executive Board on 21st September 2016, be re-affirmed, subject to The Green being retained until there can be a seamless transition to the new facility, with it being

noted that the establishment of that new facility is subject to agreement with NHS commissioners, and it also be noted that if such agreement was not reached and the new facility was not progressed, then the current facility would need to be closed;

- (c) That it be noted that a further report will be submitted to Executive Board in order to update the Board on the transition of The Green to the new facility;
- (d) That it be noted and highlighted that the input of the Scrutiny Board is appreciated, and that it also be noted that the Scrutiny Board will be kept informed in order to enable it to monitor the progress made against any decisions taken.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Carter required it to be recorded that he abstained from voting on the decision to re-affirm the resolutions made on 21st September 2016 as referred to within this minute, whilst under the same provisions, Councillor Golton required it to be recorded that he voted against the decision to re-affirm the resolutions made on 21st September 2016 as referred to within this minute)

(In accordance with the Council's Executive and Decision Making Procedure Rules, the matters referred to within this minute were not eligible for Call In, as the power to Call In decisions does not extend to those decisions which have been the subject of a previous Call In. The Executive's decisions in respect of such matters were originally taken by the Board on 21st September 2016 (Minute No. 60 refers) and subsequently Called In. The Scrutiny Board (Adult Social Services, Public Health & NHS) considered the Call In on 11th October 2016 and referred the matter back to the decision taker for reconsideration, with those decisions being further considered by Executive Board at today's meeting (19th October 2016)

ENVIRONMENT AND SUSTAINABILITY

84 Parks and Countryside Attractions Development Plan

The Director of Environment and Housing submitted a report which sought support to the principle of continuing the process of improving attractions at Tropical World, Home Farm and Lotherton Hall Bird Garden. In addition, the report also highlighted the discussions which had taken place regarding the potential to develop an aerial adventure course within Roundhay Park.

Members highlighted the improved offer that the proposals would deliver, and noted how investment in such visitor attractions was able to act as a catalyst for growth in income, and as such making the facilities more sustainable.

In considering the proposals, Members discussed matters including associated consultation exercises, accessibility to the facilities, whilst in response to an enquiry, it was noted that the provision of parking facilities at the three sites would be taken into consideration when progressing the proposals.

RESOLVED –

- (a) That the principle of incurring expenditure to an estimated value of £3.1m in order to deliver the improvements to attractions which are outlined in the submitted report be approved, and that each phase of development at each site be subject to separate approvals, once detailed design and cost estimates are in place;
- (b) That the Chief Officer Parks and Countryside be requested:
 - (i) To implement proposals outlined in the submitted report that will continue the themed development of the visitor attraction elements of the Arnold and Marjorie Ziff Tropical World;
 - (ii) To enter into an agreement with 'Go Ape' regarding the establishment of an aerial adventure concession within Roundhay Park and to support the development of a detailed design from which planning consent is to be sought;
 - (iii) To develop plans and gain any necessary consent that may be required in order to implement the proposals outlined in the submitted report relating to the development of Lotherton Hall Bird Garden; and
 - (iv) To develop plans and gain any necessary consent that may be required in order to implement the proposals outlined in the submitted report relating to the development of Home Farm Temple Newsam.

ECONOMY AND CULTURE

85 Sustainability and Development of Cultural Organisations on New Briggate

Further to Minute No. 25, 22nd June 2016, the Director of City Development submitted a report which provided an update on the issues and opportunities regarding the regeneration of the area around New Briggate. In addition, the report also identified current proposals, and detailed the actions being taken by the Council and other stakeholders to re-energise the area.

Responding to an enquiry, Members were assured that the proposal to lease 34-40 New Briggate would be subject to support for the scheme being obtained from The Grand Theatre and Opera House Board, and also subject to a successful application for Arts Council funding being received, and if such funding was not obtained, then the matter would be resubmitted to the Executive Board for further consideration.

Members also highlighted the importance of ensuring that any wider proposals for regeneration in this area were of benefit to the whole of the city and were complimentary to those buildings which were key to Leeds' cultural offer, such as the Grand Theatre.

RESOLVED –

- (a) That the leasing of 34-40 New Briggate to Opera North Ltd. at market rent be approved, subject to support for the scheme from The Grand

Theatre and Opera House Board, a successful application for Arts Council funding and also the required planning approval;

- (b) That the agreement of the detailed terms for the disposal be delegated to the Director of City Development under delegated powers, with the matter being reported back to Executive Board;
- (c) That it be noted that the £750,000 currently in the capital programme to finance a reverse premium will no longer be required to fund landlord improvements at 34-40 New Briggate, and instead it is proposed that this funding contributes towards complementary public realm improvements as part of the wider regeneration of the New Briggate area, as outlined within Section 3.2 of the submitted report;
- (d) That officers reporting to the Director City Development be requested to continue partnership working in order to develop more detailed design of the public realm and the funding options to implement public realm improvements.

86 Storm Eva: Recovery Update

Further to Minute No. 21, 22nd June 2016, the Assistant Chief Executive (Citizens and Communities) submitted a report providing an update on the impact of Storm Eva in Leeds, specifically with respect to the recovery plan, lessons learned, flood alleviation proposals for the city and the support provided to those businesses and residents affected.

The Chair highlighted a cross-party delegation which had met with Therese Coffey MP, and also reiterated the importance of continuing to highlight to Government the need to ensure that Leeds received the required support in order to establish appropriate flood alleviation and defence mechanisms.

Responding to an enquiry, the Board received further information and clarification on the levels of take up in respect of the Community Support Scheme and also the Property Level Resilience Scheme.

Members also received an update regarding the actions being taken, in partnership with the Environment Agency, to clean up the River Aire.

Responding to an enquiry, officers undertook to provide Board Members with an update in respect of the work being undertaken around the compilation of riparian land ownership details in respect of the River Aire.

In conclusion, Members welcomed the regular updates that the Board had received on such matters since the events of Storm Eva in December 2015, and welcomed the submission of any further updates in the future, as and when appropriate.

RESOLVED –

- (a) That the updates detailed within the submitted report, including the details regarding the progress of the Strategic Recovery Plan, be noted;
- (b) That the progress regarding the recommendations from the lessons learned review, be noted;
- (c) That support be provided for the decision to formally close the Council's recovery phase of work and for remaining issues to now be allocated to 'business as usual' projects and programmes, or service delivery;
- (d) That approval be given for the additional Communities and Business Recovery Scheme initiative of £100,000 for phase two of the River Aire clean-up activity, subject to the Director of City Development consulting with the Local Enterprise Partnership;
- (e) That approval be given for the additional Communities and Business Recovery Scheme initiative of £150,000 to introduce a business growth scheme specifically to support Business Growth projects in affected areas, subject to the Director of City Development consulting with the Local Enterprise Partnership.

EMPLOYMENT, SKILLS AND OPPORTUNITY

87 The Leeds Adult Learning Programme

The Director of Children's Services submitted a report which outlined the delivery plans for the Council's Adult Learning programme for the 2016/17 academic year and which also summarised the achievements to date. The report presented the potential future changes as part of the proposals to devolve the Adult Education Budget to local areas and detailed the planned work to respond to this which would look to ensure that all citizens could continue to access provision and achieve positive outcomes.

Responding to a Member's enquiry, the Board received an update on the current position regarding the Government's proposed transfer of control of the Adult Education Budget to the West Yorkshire Combined Authority.

RESOLVED –

- (a) That the current programme offer and its contribution towards the achievement of Council objectives, be noted;
- (b) That the planned approach towards developing a place based approach to adult skills with local stakeholders under the proposed devolved funding arrangements, be supported;
- (c) That it be noted that the responsible officer for the implementation of such matters is the Head of Project and Programmes, Employment and Skills.

RESOURCES AND STRATEGY

88 Financial Health Monitoring 2016/17 - Month 5

The Deputy Chief Executive submitted a report which presented the Council's projected financial health position for 2016/17, as at month 5. The report reviewed the position of the budget and highlighted any potential key risks and variations at this stage of the financial year.

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

89 Payment of a Minimum Hourly Rate of £8.25 to Leeds City Council Employees

Further to Minute No. 50, 23rd September 2015, the Deputy Chief Executive submitted a report which provided an update on the progress made in the past twelve months as the Council worked towards paying a recognised living wage rate. In addition, the report also set out the further work which was proposed in order to support this commitment.

Responding to a Member's enquiry, it was noted that £8.25/hour was the current minimum pay rate as recommended by the National Living Wage Foundation, which was reviewed on an annual basis.

RESOLVED –

- (a) That the progress made in addressing low pay and in-work poverty issues amongst the workforce regionally, in response to signing the Low Pay Charter, be noted, and that it also be noted that whilst the Council is not an accredited Living Wage Employer, it is committed to the West Yorkshire Low Pay Charter and the Ethical Care Charter;
- (b) That the work that the Council is undertaking, as detailed within the submitted report, be noted, and that the Board's agreement be given to increasing the minimum hourly rate to £8.25 from January 2017, which is the current Living Wage Foundation recommended rate. It also be noted that this minimum rate of pay is inclusive of any pay award which is applied in April 2017 and in the instance where the pay award exceeds the minimum proposed rate of £8.25, then the higher amount of the two will be paid. It also be noted that such matters will be implemented by the Deputy Chief Executive;
- (c) That the Board's agreement be given to the Council continuing to engage suppliers, partners and the business community in Leeds in order to help tackle the wider issues of poverty in the city and develop projects to build a stronger local economy and compassionate city, which will reflect commitments made in the West Yorkshire Low Pay Charter and integrate with Breakthrough Projects.

90 Local Government Association Corporate Peer Challenge: Findings and Initial Response

The Deputy Chief Executive submitted a report which presented the findings from the Local Government Association (LGA) Peer Challenge of the Council that took place in July 2016. The report summarised the scope of the Peer Challenge and the approach taken by the review team, provided headline messages, detailed the key resulting recommendations and set out the Council's initial response, together with the further work planned.

Members welcomed the submitted report together with the findings and recommendations arising from the Corporate Peer Challenge. It was highlighted that the recommendations made were very much valued and were being taken into consideration as part of the approach to move the Council forward in line with the Best Council Plan priorities.

In conclusion, the Chief Executive paid tribute to all staff for their contribution towards what was a very positive outcome.

RESOLVED – That the following be noted:-

- (i) The content of the Corporate Peer Challenge feedback report, as appended to the submitted report;
- (ii) The initial assessment of actions and progress being made by the Council against the key recommendations;
- (iii) That further improvement work to use the findings will be delivered through existing initiatives, such as the Best Council Plan 2017/18 refresh, the organisational service reviews including the Locality Review, the annual review of the Constitution and the People and Culture strategy;
- (iv) That the Deputy Chief Executive will be responsible for taking forward the improvement work, and that an update will be submitted to Executive Board in October 2017.

REGENERATION, TRANSPORT AND PLANNING

91 Establishment of the Leeds Tech Hub Fund

Further to Minute No. 50, 27th July 2016, the Director of City Development submitted a report providing an update on the development of proposals for a Tech Hub, and which also proposed the establishment of a Leeds Tech Hub Fund, with the running of an open grant competition in Autumn 2016 in order to determine the most appropriate project(s) to support via the fund. In addition, the report also sought approval to delegate subsequent authority to the Director of City Development with regard to the selection of the winning project(s) and also to enter into any associated funding agreements.

Members welcomed the approach being taken in respect of the open grant competition and also welcomed the involvement of the tech sector in this initiative.

RESOLVED – That in recognising the opportunity that has been provided by the £3.7m Department of Culture, Media and Sport (DCMS) grant for a Tech Hub in Leeds:

- (i) Approval be given to the establishment of a Leeds Tech Hub Fund;
- (ii) The necessary authority be delegated to the Director of City Development in order to run an open competition for the allocation of the Leeds Tech Hub Fund, together with the selection of the successful project(s) to be supported via the Fund;
- (iii) The decisions being made in line with the resolutions above be supported via input from the tech sector, through input from the Leeds Digital Board.

HEALTH, WELLBEING AND ADULTS

92 The Director of Public Health Annual Report 2016

The Director of Public Health submitted a report which presented a summary of the background to, and content of the Director of Public Health's 2016 Annual Report entitled, "1866-2016: 150 Years of Public Health in Leeds – A Story of Continuing Challenges".

Responding to a Member's enquiry, the Board received an update on the progress being made in respect of developers following the principles set out in the *Neighbourhood for Living* document and using the Director's 2015 Annual Report as a guide on the public health benefits of good design.

In addition, Members also discussed, and received an update on the actions being taken to address the issue of stress and anxiety being experienced by young people.

RESOLVED –

- (a) That the availability of the following be noted:-
 - (i) This year's digital Annual Report at www.leeds.gov.uk/dphreport;
 - (ii) The digital materials on 150 years of Public Health in Leeds;
 - (iii) Indicators on the current health status for the Leeds population;
- (b) That 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 towards the delivery of the Health & Wellbeing Strategy and the Best Council Plan, be supported;
- (c) That it be recommended 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 towards the delivery of the Health & Wellbeing Strategy;
- (d) That the progress made on the recommendations of the Director of Public Health Annual Report 2014/15 be noted.

CHILDREN AND FAMILIES

93 Outcome of School Admission Arrangements 2016

The Director of Children's Services submitted a report presenting statistical information on the annual school admissions round for entry into Reception and Year 7 for September 2016.

Officers responded to comments made regarding the provision of school places available in the North East of the city.

RESOLVED – That the following be noted, as detailed within the submitted report:-

- (i) The number of applications for both phases of education; the percentage of successful first preferences for Secondary admissions being 82.4%; and for Reception admissions the figure being 87%;
- (ii) The percentage of parents receiving one of their top three preferences being 95% for Secondary, and 96% for Primary; and
- (iii) That the officer responsible for such matters is the Admissions and Family Information Service Lead.

94 Vine - Proposal to Transfer to Leeds City College

The Director of Children's Services submitted a report which provided information on the current governance situation regarding Vine, outlined the potential options for future governance arrangements and provided recommendations in respect of future arrangements for Members' consideration.

It was noted that prior to the meeting, an updated version of paragraph 4.5.4 of the submitted report had been circulated to Board Members for their consideration which superseded the version of that paragraph, as contained within the original agenda papers.

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

RESOLVED –

- (a) That the contents of the submitted report be noted, subject to paragraph 4.5.4 being superseded by the updated text as provided to the Board prior to the meeting;
- (b) That the transfer of the Vine Service from Leeds City Council to Leeds City College, be approved;
- (c) That, following the approval given in resolution (b) (above), it be noted that the transfer is scheduled for completion on 1st November 2016;

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to be held on Wednesday, 16th November, 2016

- (d) That it be noted that the officer responsible for the implementation of such matters is the Complex Needs Area Lead West North West – Disability, Children’s Services;
- (e) That approval be given to the granting of a lease, with the approval of detailed terms being delegated to the Director of City Development, at a rental level, as set out within exempt Appendix 1 to the submitted report.

95 Outcome of consultation to increase learning places at Carr Manor Community School

Further to Minute No. 151, 9th March 2016, the Director of Children’s Services submitted a report detailing proposals brought forward to meet the local authority’s duty to ensure sufficiency of both school and Special Educational Needs (SEN) places. Specifically, this report described the outcome of the consultation regarding proposals to expand primary school provision and establish SEN provision at Carr Manor Community School, noted why the proposals had not been progressed previously and sought permission to publish a new statutory notice in respect of such proposals.

RESOLVED –

- (a) That the publication of a Statutory Notice be approved to expand primary provision at Carr Manor Community School from a capacity of 210 pupils to 420 pupils with an increase in the admission number from 30 to 60, with effect from September 2018, and also to establish provision for pupils with Complex Communication Difficulties including children who may have a diagnosis of ASC (Autistic Spectrum Condition) for approximately 12 pupils (6 primary, 6 secondary), with effect from September 2018;
- (b) That it be noted that the officers responsible for the implementation of such matters are the Head of Learning Systems and the Head of Complex Needs.

COMMUNITIES

96 High Rise Strategy

The Director of Environment and Housing submitted a report providing an update regarding the progress made in respect of developing a new approach towards the management of High Rise blocks, and which also set out a number of proposals regarding the future management of such accommodation.

Responding to a Member’s comments, it was undertaken that car parking provision would be taken into consideration when developing the new approach.

Also, in response to a Member's request, officers undertook to provide the Member in question with details of all high rise blocks in the city, and the management model which was being foreseen for each one.

RESOLVED –

- (a) That agreement be given for Housing Leeds to implement the housing management models and approaches, as detailed within section 3.1 of the submitted report – namely: 'Family Friendly'; 'Enhanced Support' and 'Retirement/Retirement plus';
- (b) That the following proposed changes to the lettings framework for high rise be approved, namely:
 - (i) Restrict lettings to applicants with children (and access rights) in high rise blocks which are deemed unsuitable for children;
 - (ii) Restrict lettings to high rise flats for 16 and 17 year olds;
 - (iii) Awarding those families with children who choose to move to family friendly blocks priority to move, flagging them for a direct offer of accommodation and backdating their priority and direct let status to the date of their original acceptance on the housing register should they wish to move, giving them additional preference on the housing register.
- (c) That the Council's approach to developing a 10 year investment strategy for High Rise accommodation, be approved.

DATE OF PUBLICATION: FRIDAY, 21ST OCTOBER 2016

**LAST DATE FOR CALL IN
OF ELIGIBLE DECISIONS:** 5.00 P.M., FRIDAY, 28TH OCTOBER 2016

(Scrutiny Support will notify Directors of any items called in by 12.00 noon on Monday, 31st October 2016)

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Report author: Richard Jones CBE,
 Independent Chair, Leeds Safeguarding Adults Board
 Tel: 0113 24 76925

Report of: The Independent Chair, Leeds Safeguarding Adults Board

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

Date: 22 November 2016

Subject: Leeds Safeguarding Adults Board Annual Report and Strategic Plan

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for call-in?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary of main issues

- 1) This report introduces the Leeds Safeguarding Adults Board Annual Report for 2015/16 and its Strategic Plan for the next three years, providing members with an update on its work and achievements in Q3 of 2016-17.
- 2) In April 2015 the Safeguarding Adults Board became a statutory body. During 2015/16 the Board has seized this as an opportunity to undertake a significant review of its membership, structures, sub-groups and future priorities. This provides the foundations for the Board to take forwards its ambitions in future years. This review has formed the basis of the Board's activity and achievements in 206-17 so far.
- 3) The Annual Report is attached at Appendix 1 and is also available to access at www.leedsafeguardingadults.gov.uk.

Recommendations

- 4) Members of the Board are requested to note the contents of the Leeds Safeguarding Adults Board 2015/16 Annual Report and the Board's Strategic Plan going forward, together with its achievements thus far.

1 Purpose of this report

- 1.1 This report introduces the Safeguarding Adults Board's Annual Report 2015/16 and Strategic Plan. Together these documents summarise the Board's achievements over the last twelve months and set out its ambitions for the coming year. This report also provides a summary of the Board's activity and achievements through to Quarter 3, 2016-17.

2 Background information

- 2.2 The Leeds Safeguarding Adults Board became a statutory body in April 2015, in accordance with the requirements of the Care Act 2014. Richard Jones CBE is the Independent Chair, appointed by Tom Riordan, Chief Executive in October 2015.
- 2.3 The Board includes representation from a broad range of key organisations within the city, including local authority, police and clinical commissioning groups who are all statutory members of the Board. The full list of member organisations on the Board is included within the Annual Report
- 2.4 The Safeguarding Adults Board has for a number of years produced an Annual Report setting out its achievements each year and an Annual Plan setting out its objectives. This year, under Schedule 2 of the Care Act this has become a legal duty, with an additional requirement that a copy of the report should be sent to "the chief executive and the leader of the local authority which established the SAB".

3 Main issues

Annual Report 2015/16

- 3.1 The Leeds Safeguarding Adult Board Annual Report 2014/15 details the achievements of the Board over the last 12 months.
- 3.2 This year, as in recent years, the Annual Report is accompanied by an Easy Read Version that is intended to make the information accessible to a wider range of people, including those with learning disabilities.
- 3.3 In April 2015 the Board became a statutory body with specific duties and requirements under the Care Act. The report notes that the Board has welcomed this as an opportunity to review and develop how it works to support citizens in Leeds.
- 3.4 This has provided an opportunity to restructure the Board with a revised membership, a new constitution, and to develop its work programmes and sub-groups going forward. This is alongside a review of the Board's support unit, which is currently being restructured and refocused to provide the impetus to take forward the Board's work programme.
- 3.5 The Board has a new Executive Group to support the Board and to coordinate the work of its four sub-groups; Citizen Engagement, Quality Assurance and Performance, Safeguarding Adults Reviews and Learning and Improvement. Together these work streams provide the focus for supporting the Board to achieve its ambitions.

- 3.6 Over the last 12 months, the Board has invested in setting its foundations, and identifying clear ambitions going forward.
- 3.7 Key areas of development and success however have been in relation to developing multi-agency responses and approaches to abuse and neglect. This has involved developing new multi-agency safeguarding adults policy and procedures, to be compliant with the expectations of the Care Act and the Care and Support Statutory Guidance.
- 3.8 Our multi-agency safeguarding adults policy and procedures are now shared with West Yorkshire, North Yorkshire and York. This collaborative approach provides for the sharing of knowledge and expertise across the region. The changes within the multi-agency procedures support the Board to take forward its ambitions.
- 3.9 Central to the new approach is a greater focus on a personalised approach to safeguarding through:
- Listening to and working towards the person's desired outcome
 - Ensuring people have the support they need to take part in the safeguarding process
 - More flexible and individually tailored responses
 - Proportional and timely responses.
- 3.10 Similarly, the Board has worked to support the development of multi-agency responses to domestic abuse and violence, through the support of its members agencies to the Front Door Safeguarding Hub. The Front Door Safeguarding Hub brings together relevant agencies so as to respond to concerns as a partnership, with a shared understanding of risk and opportunities to provide support.
- 3.11 The Board has also been developing its approach to continuous learning and improvements, thus providing the foundation for ensuring the workforce continually learns from citizen experiences.
- 3.12 Over the last 12 months, this has included learning from national events, such as the tragic death of Connor Sparrowhawk in Oxford and lessons from the Savile enquiries.

Learning from Experience

- 3.13 The Leeds Safeguarding Adults Board is committed to *learning from experience*; this is one of its ambitions for 2016-19. This learning includes that from national inquiries and it is essential that this includes learning from inquiries concerning the abuse perpetrated by Jimmy Savile, some of which took place in Leeds.
- 3.14 In relation to the latter, the Board worked closely with the LSCB in 2014, ensuring that adult safeguarding practitioners had access to and attended learning workshops that were facilitated by the Savile Legacy Unit. These sessions were convened jointly with the LSCB and provided practitioners working with adults and children the opportunity to come together to learn about how to prevent such abuse.

- 3.15 In addition, the Leeds Safeguarding Adults Board has developed a Learning Pack for use by all organisations working with adults with care and support needs in Leeds. This pack is attached at Appendix 2 and provides all organisations in Leeds with a thorough understanding of the learning from the inquiries into the abuse perpetrated by Jimmy Savile.
- 3.16 The Leeds Safeguarding Adults Board has asked all its member organisations to disseminate the pack within their organisations and provide assurance that this has taken place. The Board has also shared the learning pack with the Leeds Safeguarding Children Board.
- 3.17 The Board has been working closely with the Leeds Safeguarding Children Board and with the Community Safety Partnership, Safer Leeds to consider joint development in 2016-17 and that development will ensure that lessons from Savile Inquiries are reflected on inform a part of that agenda.
- 3.18 The Board has been developing its approaches to quality assurance and having developed a range of audit tools, it is in the process of developing multi-agency reflective practice session approaches that will enable us to evaluate our practice across agencies.

Strategic Plan

- 3.19 The Board's vision is for Leeds to be a 'Safe Place for Everyone'.
- 3.20 In support of this vision, the Board has developed a three year strategic plan, identifying four key ambitions that will be the focus of all its work going forward.

Ambition one: Seek out the voice of the adult at risk

This reflects our ambition to help ensure we provide people with opportunities to disclose abuse and that wherever possible our response is focused on achieving the person's desired outcomes

What we want to achieve for people is:



"I am asked if I feel safe and what help I want,
and this informs what happens"

Ambition Two: Improve awareness of safeguarding across all out communities

This reflects the desire to ensure that everyone knows how to report abuse and has the confidence to do so. In particular the Board wants to focus on reaching out across the diverse communities of the city.

What we want to achieve for people is:



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

Ambition Three: Improve responses to domestic abuse and violence

This ambition recognises that there have been 19 Domestic Homicide Reviews in Leeds since April 2012, and together with our partner strategic Boards we need to focus on ensuring we provide the best possible responses to domestic abuse and violence.

What we want to achieve for people is:



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

Ambition Four: Learn from experience to improve how we work

This ambition recognises the need to take every opportunity to learn from our experiences to improve how we work to safeguard people in the city.

What we want to achieve for people is:



“I am confident that my feedback and experience will help others”

- 3.21 The Board Strategic Plan (Appendix 3) includes an Annual Plan with more specific objectives for each year.
- 3.22 For the first time this year the Strategic Plan includes an addendum document. This sets out Board Member Organisation Commitments to safeguarding adults. It identifies what each agency will do within its organisation and networks to help promote each of these ambitions. (Appendix 4).

LSAB Annual Plan – Progress

- 3.23 The LSAB has set out an ambitious programme of work over the three years from 2016 onwards. In 2016, the Board has sought to embed its new statutory role and membership, establishing its foundations and consulting with stakeholders to ensure its priorities are theirs too
- 3.24 Since April 2016, the Board has achieved the following:
- Development of a Strategic Plan and associated Action Plan that is based on learning from citizens' experiences, using lessons from local Safeguarding Adults Reviews and Domestic Homicide Reviews in Leeds where victims have had care and support needs to inform its ambitions
 - Establishment of a robust Board with sub-groups that have membership from all statutory agencies and work plans that feed into the Board's ambitions;
 - Engagement with all key stakeholders, discussing and seeking to understand their priorities and views about what works well and what needs further development and strategic attention; this has seen over 200 people being engaged in discussion and consultation between September and October 2016. In addition, the Board has initiated discussions with those providing linked services and agenda, such as those relating to Human Trafficking, Forced Marriage, Sexual Exploitation and Anti-social Behaviour.
 - The Board held a development session on 25th October to meet 30 representatives of the consultation events and to discuss in greater detail their views and experiences of safeguarding adults in the City. The Board was aided in its thinking by a presentation provided by Leep 1, a self-advocacy group of adults with learning disabilities. Its Chief Executive, Susan Hanley and two of the group's members, Paul and Chris talked about what it means to feel safe in Leeds and their experiences of abuse, support and recover
- 3.25 The outcome of this engagement and consultation is a focused approach to the Board's reflection on and development of its
- Multi-agency safeguarding adults policy and procedures;
 - Learning and development priorities;
 - Approaches to performance and quality assurance

3.26

4. Corporate Considerations

Strategic Plan - Consultation and Engagement

- 4.1 The Board has consulted on its ambitions in the development of its strategic plan. This included:
- Health and Wellbeing Board
 - Domestic Violence Programme Board

- Safer Leeds Executive
- Leeds Safeguarding Children Board

4.2 In addition the Alliance of Service User Experts was consulted and views through the following networks, as well by publication on the Board's website:

- Healthwatch – newsletter, Take 10 Network and social media
- Adult Social Care – Full Circle newsletter and social media
- Leeds Forum Network
- Voluntary Action Leeds Network

Equality and Diversity / Cohesion and Integration

4.3 The Leeds Safeguarding Adults Board ambitions recognise the need to promote awareness across Leeds diverse communities. The Board is currently exploring approaches and networks that will help us to achieve this going forward.

Council Policies and Best Council Plan

4.4 The Safeguarding Adults Board works together with the Leeds Safeguarding Children Board and the Safer Leeds Executive to support people in Leeds to be safe from abuse and neglect. As such this work contributes to the Best Council Plan priority of 'Keeping people safe from harm' and Breakthrough Project: Tackling Domestic Violence and Abuse.

Resources and value for money

4.5 The Board is funded jointly by Leeds Adult Social Care, NHS Leeds Clinical Commissioning Groups and, from this year, West Yorkshire Police; the Board's three statutory members. With this change to funding arrangements the Board has engaged in discussions about how financial decisions will be reached, and this will be captured in a new 'memorandum of understanding' later in the year.

Legal Implications, Access to Information and Call In

4.6 None.

Risk Management

4.7 This report is part of the risk management and assurance arrangements for Leeds City Council.

5) 5. Conclusions

5.1 The Annual Report provides evidence that the Board has undertaken a significant review of its structures and work programmes so as to be compliant with the Care Act and provide the foundations for driving forward the work programme

5.2 Work throughout 2015/16 has enabled us to develop and adopt new multi-agency safeguarding adults policy and procedures, that we now share with our partner Boards in West Yorkshire, North Yorkshire and York. This provides the foundation for more flexible and individually tailored responses, in line with Care Act 2014 and making Safeguarding Personal principles.

5.3 The Strategic Plan sets out a clear focus for the Board's work going forward, and the Member Organisation Commitments help to illustrate how partners have committed to a continuing programme of work designed help us all achieve the Board's ambitions for people in Leeds.

6) 6. Recommendations

6.1 Members of the Board are requested to note the contents of the Leeds Safeguarding Adults Board 2015/16 Annual Report and the Board's Strategic Plan going forward.

7) 7. Background documents¹

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.



Leeds Safeguarding
Adults Board

LEEDS: A SAFE PLACE FOR EVERYONE

ANNUAL REPORT 2015/16



To report a crime:

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

To report a safeguarding concern or seek advice:

- **Contact Adult Social Care: Tel. 0113 222 4401**
- **Out of hours: Tel. 07712 106 378**

Foreword

I am pleased to introduce the Leeds Safeguarding Adults Board's Annual Report for 2015/16.

This last year has been a period of change. The Care Act came into effect in April 2015, making safeguarding adults boards statutory with new duties and responsibilities; and it brought changes to how we work in practice to safeguard adults in the city.

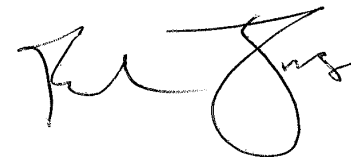
When I joined the Board as its new Independent Chair in October 2015, I found a Board that saw these challenges as opportunities to refocus its aims and ambitions, and to review how it can work most effectively together to make 'Leeds, A safe place for everyone'.

During the year we have reconstituted the Board, with a new constitution and newly developed workstreams; and introduced new multi-agency safeguarding adults policy and procedures that we are pleased to share with West Yorkshire, North Yorkshire and York.

Much of our work this year has been helping us to set the foundations that will enable us to drive forward in the years to come. We have developed a three year strategic plan, with four clear ambitions that will guide all of our work.


Whilst there is much to do, I am pleased that we have set out on a clear journey that will help us to be really focused on making a difference to the lives and experiences of people in Leeds.

On a personal note, I would like to thank everyone who has welcomed me into my role, and I look forward to working with all our partners to develop our approaches over the coming year.



Richard Jones CBE,
Independent Chair
Leeds Safeguarding
Adults Board





“Much of our work this year has been helping us to set the foundations that will enable us to drive forward in the years to come. We have developed a three year strategic plan, with four clear ambitions that will guide all of our work.”

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1. Leeds Safeguarding Adults Board 2015/16

1.1 The Board and its Vision

Leeds – A Safe Place For Everyone

The Leeds Safeguarding Adults Board is a partnership of organisations that work to end abuse in Leeds. The focus of the Board's work is to safeguard adults with care and support needs from abuse and neglect.

The Board works with the Leeds Safeguarding Childrens Board, Safer Leeds Executive and Leeds Health and Wellbeing Board to make Leeds a safe place for everyone.

The Board includes statutory organisations such as the police, local authority and NHS organisations as well as Healthwatch and voluntary sector and citizen representatives.

In October 2015, the Board appointed Richard Jones CBE as its Independent Chair, providing for independent perspective, challenge and support to the Board in achieving its ambitions.

The Board has a website on which it publishes minutes of its meetings as well as other information about safeguarding adults and the work of the Board:
www.leedssafeguardingadults.org.uk

1.2 Board Development - Summary

In April 2015, the Board became a statutory body with specific duties and requirements as set out in the Care Act 2014.

The Board welcomed the introduction of the Care Act with its legislative framework for safeguarding, and saw this as an opportunity to review and develop how it works to safeguard people in Leeds.

Informed also by its learning from the Local Government Association, Peer Review of Safeguarding in Leeds during 2014, the Board has put in place a range of new arrangements to improve how it works.

The Board reviewed its membership to ensure that all key agencies were included, alongside Adult Social Care, Clinical Commissioning Groups and the Police, who became statutory members under the Care Act. (A full list of member organisations is include in Appendix 2).

The Board revised its workstreams to make sure it was able to drive forward the work of the Board. We now have four focused sub-groups working on Citizen Engagement, Learning and Improvement, Safeguarding Adults Reviews and Quality Assurance and Performance.

The Board also introduced a new Executive Group, made up of the Independent Chair and the Chairs of each of the Sub-groups. The Executive Group supports the Board by coordinating the work of the sub-groups, and by developing the strategic agenda for the Board.

The Board has implemented new multi-agency safeguarding adults policy and procedures, that it now shares with West Yorkshire, North Yorkshire and York. The new procedures reflect the new Care Act duties to make enquiries, to provide representation and advocacy, and to be truly focused on the needs and wishes of the person at risk.

The Board has also revised its 'Constitution' which sets out the governance arrangements of the Board, and how we work together as partners.

Alongside this, the Board also updated its Information Sharing Agreement that supports agencies in Leeds to work together, including within it new Care Act provisions around information sharing.

These new arrangements help to ensure the Board meets its new legal duties, and provides the foundations for the Board to work effectively towards making a difference in the lives of people in Leeds.

2 Making a difference in Leeds

The Care Act emphasised the importance of six safeguarding principles, in guiding how everyone responds to abuse and neglect

1. Prevention:

Take action to prevent harm from occurring

2. Empowerment:

Support people to be in control of their lives and to exercise choice

3. Protection:

Support those in need to be safe

4. Proportionality:

Working to support people in the least intrusive way

5. Partnership:

Work together as a partnership to respond to abuse and neglect

6. Accountability:

Ensuring our practice meets the expectations of people in Leeds

This Annual Report outlines a summary of our achievements in each of these important areas.

2.1 Prevention in Leeds

Prevention involves the responsibility of everyone to take action to prevent harm before it occurs.

As a Safeguarding Adults Board we have focused on developing our approaches to bring learning into practice, to safeguard others in the future.



“I am confident that services are working to keep me safe from harm.”

2.1.1 Continuous Learning and Improvement

The Leeds Safeguarding Adults Board works to ensure that practitioners have the skills, knowledge and confidence to work with people at risk and safeguard them from harm.

The Board has developed a Learning and Improvement Framework that sets out its approach to continuous learning and development across all aspects of safeguarding adults work.

This will help organisations in Leeds to learn from people’s experiences, whether this be through lessons from Safeguarding Adults Reviews, Domestic Homicide Reviews, through people’s feedback or from our performance management processes.

An example of this approach is that key lessons from Safeguarding Adults Reviews in Leeds have been clearly fed into all the training provided by the Partnership Support Unit going forward

These lessons include:

- Improving assessment of risk
- Listening to the views of the individual
- Applying the principles set out in the Mental Capacity Act (2005)
- Recording effectively
- Sharing information about risk across agencies

This approach will help us establish a continual cycle of learning, where we learn from everything we do, and change how we work as a result.

2.1.2 Learning from national concerns

The Board is committed to learning not just from local issues, but from national ones as well. This can help prevent such incidents occurring in Leeds.

Connor Sparrowhawk, AKA 'Laughing Boy'

The Board reflected on the death of Connor Sparrowhawk at its meetings in October and December 2015.

Connor died on 4th July, at the age of 18, having drowned in a bath. He was an informal patient in the Short Term Assessment and Treatment Team (STATT),



an in-patient unit run by Southern Health NHS Foundation Trust in Oxford.

Connor's inquest concluded on 16th October 2015 with a finding that his death had been caused by an 'epileptic seizure contributed to by neglect'.

In reaching their conclusions, the jury highlighted contributory failures in his care, noting specifically:

- A lack of clinical leadership on the unit
- A failure in the systems in place in relation to training and guidance
- A failure to obtain a history and conduct a risk assessment
- Inadequate communication with Connor's family and between staff regarding Connor's epilepsy care, needs and risks.

One of key messages from Connor's family, has been the importance of seeing the person, not their diagnosis or our own assumptions. My Life, My Choice, a self-advocacy group for people with learning disabilities in Oxford worked with Connor's family to make a short film about his life which clearly illustrates this point:

<https://vimeo.com/130521001>

As a result of Connor's experience, NHS England commissioned Mazars LLP to conduct a review of unexpected deaths at Southern Health and their report was published in December 2015. It can be found here:

<https://www.england.nhs.uk/2015/12/mazars/>

The Mazars report identified that of 10,306 deaths of service users between April 2011 and March 2015, 722 were categorised as unexpected; of these 30% were investigated. Sixty-four per cent of investigations did not involve the family and fewer than 1% of deaths in learning disability services were investigated.

The Board identified that the learning was relevant to all agencies that either commission or provide care and support to all adults, not solely those people with learning disabilities and mental health diagnoses.

The issues raised in this report were discussed at the February 2016 Board meeting and assurances sought from Board members as to how their organisation had learned from these findings.

Learning from the Savile Inquiries

Following his death in 2011, it soon became clear to the whole country that Jimmy Savile was a serial sexual abuser. In doing so, he operated across the country, with access to vulnerable people and children through his work at the BBC, by visiting children's homes and in over forty NHS hospitals around the UK, including Leeds General Infirmary. Many of those vulnerable people, both children and adults were assaulted in institutions; hospitals, children's homes, schools, radio studios and television studios.

Detective Superintendent Gray who led Operation Yewtree, the Metropolitan Police investigation said that Savile was, *'hiding in plain sight and using his celebrity status and fundraising activity to gain uncontrolled access to vulnerable people across six decades... He only picked the most vulnerable, the ones least likely to speak out against him.'*¹

It is vital that in Leeds, those of us who work with people who are at risk of abuse and unable to speak up, learn from the inquiries that have been held into Savile's abuse and ensure that we help safeguard others against such harm.

The Leeds Safeguarding Adults Board has been acutely aware that although he operated nationwide, Jimmy Savile had a particular affiliation with Leeds and therefore received briefings and updates at all of its Board meetings following the launch of the investigation into matters relating to Savile at Leeds Teaching Hospitals NHS Trust. Further, Dr Paul Kingston, then Independent Chair of the Board was a member, together with Jane Held, then Chair of the Leeds LSCB of the Local Oversight Panel, and additionally reported on this matter to the Board on a regular basis. When Leeds Teaching Hospitals NHS Trust published its investigation report in February 2014², the findings were reported to the Leeds Safeguarding Adults Board.

In 2014, the Leeds Safeguarding Adults Board, together with the Leeds Safeguarding Children's Board provided Lessons Learned briefings jointly to practitioners in adult and children's safeguarding.

The Leeds Safeguarding Adults Board received a summary of the key learning issues from the Savile Inquiries at its meeting in October 2014.

¹<https://www.nspcc.org.uk/globalassets/documents/research-reports/yewtree-report-giving-victims-voice-jimmy-savile.pdf>

²<http://www.leedsth.nhs.uk/savile-report/>

In February 2016, Dame Janet Smith's Independent Investigation of the BBC in respect of Jimmy Savile concluded³. With this being the final report concerning the actions of Jimmy Savile, we have included this summary of work to learn these enquiries.

Looking forward and continuing the work from previous years, the Board has developed a learning tool for all services providing care and support to adults in Leeds. This will be put into practice during 2016-17 and will help ensure that the lessons continued to be learnt in Leeds.

Learning and changing how we work

The Board's learning from Connor's death, his family's subsequent experience, and the Mazars findings, as well as the lessons from Savile inquiries and investigations have provided the Board with significant sources of learning.

In addition to the actions during the year, these lessons have influenced the Board going forward. This is evident in the Board's ambitions to always focus on the person, reach out and hear peoples voices, and its ongoing commitment to continually learn and improve.

2.1.3 Safeguarding Adults Reviews

A Safeguarding Adults Review is held when an adult at risk of abuse dies or has experienced serious neglect or abuse, and there is concern that partner agencies could have worked together more effectively to prevent that harm.

The purpose of a Safeguarding Adults Review is to learn the lessons about how professionals and organisations work together, and to consider how the learning can be used to improve practice for others in the future; it is not about holding agencies to account or re-investigating what happened.

In April 2015, the conducting of Safeguarding Adults Reviews became a statutory requirement under Section 44 of the Care Act. There is also a new duty to include within each year's Annual Report information about ongoing reviews, findings from concluded reviews that year and the actions taken to put the learning into practice.

The Board has always had a strong commitment to undertaking these reviews, conducting fourteen reviews between 2010 and 2015, with the learning directly influencing the development of safeguarding in the city. There has not however, been any Section 44 Safeguarding Adults Reviews commenced or

³<http://www.damejanetsmithreview.com/>

concluded during 2015/16. Information about those undertaken next year will be reported within the Annual Report.

The Leeds Safeguarding Adults Board has however participated in three Domestic Homicide Reviews that have been conducted by the Leeds Community Safety Partnership during 2015-16. This has been in relation to three deaths in which there were safeguarding adults considerations. These Domestic Homicide Reviews are currently on-going. The Safeguarding Adults Board is committed to close working with the Safer Leeds Community Safety Partnership and will ensure that the learning from these Domestic Homicide Reviews when complete, will be central to its learning and development going forward.

2.2 Partnership in Leeds

Supporting people to be safe and achieve the changes they want, often involves a number of organisations working together, and with the person at risk to find the best way of providing support.

Over the last 12 months, the Board has worked on having common approaches that allow us to respond to concerns as a partnership, rather than just individual agencies.



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

Examples of this approach, include the Board’s new multi-agency policy and procedures and the Front Door Safeguarding Hub.

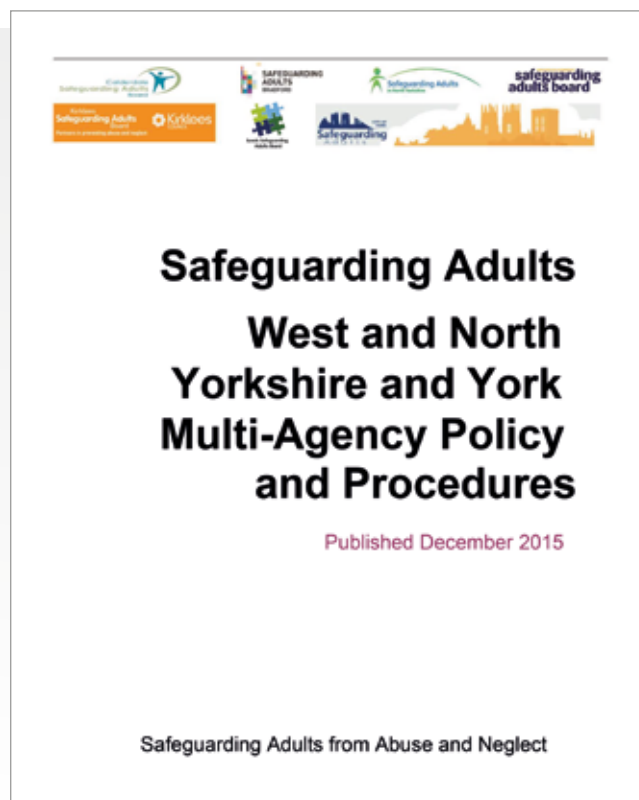
2.2.1 Multi-agency safeguarding policy and procedures

The multi-agency safeguarding adults policy and procedures provide the framework for all organisations to work together to safeguard adults from abuse.

In May 2015, we launched our new multi-agency policy and procedures. These had been revised so as to be compliant with the Care Act, and provide for flexible responses tailored to the needs and wishes of the person at risk.

We have developed this policy and procedure together with our partner Boards in West Yorkshire and North Yorkshire, before being updated in December 2015 when they were also adopted by York.

This partnership approach enables there to be common approaches across the region. This helps organisations such as the many care providers who work across the area to be clear on their responsibilities and the process to be followed. This joined up approach, also provides a basis for us to share learning and develop best practice with the support and expertise of other Boards in the region.



2.2.2 Front Door Safeguarding Hub

The Front Door Safeguarding Hub brings together a range of organisations, such as Police, Adult Social Care, Children's Services, Housing Services and NHS Trusts to work together and find the best ways of responding to concerns.

Daily partnership meetings focus on high risk cases reported to the police. In instances of domestic abuse and violence there can be many contributory factors. These include alcohol or drug misuse, mental health needs or people's care and support needs.

To respond to such concerns, often more than one agency needs to be involved. Working closely together through the hub enables agencies to have:

- A fuller understanding of the person's needs and circumstances
- A better understanding of the risks in the person's life
- An opportunity to respond to underlying issues and not just immediate concerns
- Improved decision making with agreed plans owned by all agencies
- Improved early interventions.

Working together – Case Example

Front Door Safeguarding Hub

Eileen has dementia and lives in a residential care home. She has lived there for the last 3 years. Her family visit her every Sunday and have been delighted with the care she receives.

One night however she was very tired, but couldn't sleep because she was confused and disorientated. Instead of being provided with support and reassurance, a new member of staff was seen to pull Eileen towards her bedroom. He did this by roughly pulling on Eileen's arm, causing it to twist sharply. This was painful for Eileen and she started crying. Eileen had a small skin tear from the incident.

Later Eileen was unable to remember what happened, but another member of staff had intervened and had carefully recorded what they had seen. The Police worked closely with Adult Social Care to gather evidence and make sure that such an incident would not happen again in the future.

The member of staff was prosecuted for Ill Treatment and Wilful Neglect of a person without mental capacity. They were reported to the Disclosure and Barring Service to prevent them being able to work with adults with care and support needs in the future.

Adult Social Care identified much-needed improvements in how the home worked, that would reduce the risk of such incidents happening in the future. Adult Social Care worked with the Care Quality Commission (the regulator for care homes), Commissioners and the home to make the necessary changes.

Eileen continues to live in the home, she is happy there and her family feel confident that she is safe from anything like this happening again.

2.3 Protection in Leeds

Protection involves all the work included within this report. A key part of this however is all the work undertaken to help people to recognise abuse, and to have the knowledge and confidence to seek help and advice.



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



2.3.1 Improving awareness

The Care Act came into effect in April 2015. Since then we have updated all our leaflets to make sure the information is up to date and is easy to understand.

There are new leaflets for staff and volunteers and members of the public, including an easy read leaflet. You can see them on our website: www.leedssafeguardingadults.org.uk

The Board wants everyone to know how to report abuse and to have the confidence to do so. Everyone can help people to get the support they need by displaying our posters or giving out our leaflets and cards.

These can be obtained from Safeguarding Adults Partnership Support Unit.

To order free copies:
Tel: 0113 24 769 25
Email: safeguarding.adults@leeds.gov.uk

2.4 Empowerment in Leeds

Empowerment is the principle that we should support people to be in control and have choices about their own life. This means that when people are seeking help, that we should work with them to understand what they want, and how we can help them achieve this.



“I get help so that I am able to take part in the safeguarding process to the extent to which I want”.

Safeguarding adults involves supporting people to weigh up risks and take actions that promote, not just their safety, but their overall well-being.

This is sometimes called Making Safeguarding Personal, because it means being really focused on the needs and wishes of the person at risk. This was a key requirement of the Care Act when it came into force in April 2015.

As a result, we have made improvements to our multi-agency policy and procedure during 2015/16 to be more person-centred and outcome focused. This involves always asking the person what changes they want to achieve, working with them towards their goals, and checking whether we have achieved the changes they wanted.

It also involves keeping people at the heart of the process, making sure that people are involved in decision making to the extent that they would like.

2.4.1 Advocacy

When some one has a substantial difficulty taking part in decision making, and has no friends or family, there is now a legal duty for an independent advocate to be provided.

Advocates work in partnership with the people they support and take their side.

Their role includes helping people to:

- Express their views, wishes and concerns
- Access information and services
- Have their interests represented
- Protect their rights
- Explore options and choices

Supporting people to be heard – Case example

Sarah has cerebral palsy and a learning disability, and lives in supported accommodation. When Sarah was abused by another tenant, it was reported as a safeguarding concern.

The social worker wanted to make sure that Sarah was given the opportunity to be fully involved in decisions. Sarah was able to make her own decisions about what she wanted to happen, but she needed support to understand what was being said and to think through the options. As Sarah did not have any relatives, with Sarah's agreement the social worker asked for an advocate to support her.

The advocate realised that Sarah had lots of questions as to what would now happen. He supported her to write all these down and arranged a meeting with the social worker. With the support of the advocate, Sarah was able to go through her list of questions and get support to understand the answers.

When a meeting was arranged to discuss how to prevent this happening again in the future, Sarah asked the advocate to come with her to support her. Sarah found the meeting difficult because there were some people there who were talking about the different options in a way she found difficult to understand.

The advocate was able to speak up on Sarah's behalf, asking those people present to explain their ideas more clearly. The advocate helped Sarah explain that she needed time to think about what was said.

The meeting paused to allow Sarah to have time to think about what she wanted to happen. The advocate helped her to remember all that was said and think through the options. When the meeting continued again, Sarah was able to make an informed decision about what she wanted to happen next. This would not have been possible without the support she received.

2.4.2 Independent Mental Capacity Advocates (IMCAs)

IMCAs are a form of advocacy, that was introduced by the Mental Capacity Act 2005. IMCAs can be used to support people with certain specific decisions:



Where an advocate is representing a person without mental capacity, their role will be to ensure their wishes, needs and best interests are the focus of decision making. In recent years, Leeds has had the highest use of IMCAs in the country⁴, which has helped to protect the rights of those citizens most in need of protection.

⁴ 7th Year of the Independent Mental Capacity Act (IMCA) Service

2.5 Proportionality in Leeds

Proportionality is about working to support people in ways that leave them in control of their lives, and gives them choices. Safeguarding is not just about keeping people safe, but promoting their well-being.



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

In Leeds we have introduced new multi-agency safeguarding adults procedures, which allow for flexible and proportionate responses, enabling us to focus on what we are trying to achieve for the person at risk.

Safeguarding Adults practice – Case example

Supporting people to regain control over their lives

Peter is in his 60's and lived in warden-supported accommodation. Peter does not have a formal diagnosis, but he has difficulties processing information and adapting to new situations.

Earlier this year, Peter told the warden that he was engaged to be married to Kerry, who was in her early 20's. Peter told the warden that she was working in a massage parlour and that he had given her most of his savings to pay for their wedding and a deposit on a flat. Peter said that she had kept asking for the money until he agreed. Peter also said that two men had visited him several times, saying that Kerry was in trouble, and had taken him to a cash machine to get money.

The social worker worked with Peter to help him recognise that he was being exploited. Peter was able to recognise that when he was under pressure he became flustered and couldn't recognise other people's motives. He realised that he needed to make decisions about Kerry and the men when they were not present.

With support Peter was able to decide how he wanted to manage these risks.

Peter asked social care to hold his bank cards as a temporary measure. When the two men visited the following week, Peter did not open the door. He told them, as he had planned, that he did not have his cards anymore so they might as well leave him alone. He felt pleased with himself that he had been able to do this.

Peter decided he wanted to make a fresh start in another part of Leeds. The social worker and housing officer worked together to find alternative accommodation. He did not tell anyone where he was moving to.

Peter has now built a new life for himself. His experiences have been very distressing for him, but he is pleased that he himself was able to take back control over his life and received the support to do so.

2.6 Accountability in Leeds

The Board works to ensure that all partners recognise and act upon their responsibilities to safeguard adults at risk of abuse and neglect.



“I can be confident in the support that I receive and in the decisions made about my safety and wellbeing”.

The Board works in a number of ways to ensure everyone is working effectively to safeguard adults at risk. For example, member organisations of the Board completed an annual self-assessment to check that each and everyone has the systems in place to prevent and respond to abuse and neglect.

To ensure that practice is effective and consistent the Board has developed Quality Assurance and Performance Standards and a series of audit tools, to ensure that we are working together effectively under our new procedures.

Performance information is continually collated and analysed, to identify areas of focus or development. We have based this approach on looking at trend data over the last two years, so that we can identify emerging issues for the Board to consider.

We have been reviewing our approaches to developing best practice. We are developing Reflective Practice Sessions, whereby each organisation first reviews their own practice and then comes together to review how we could have worked better and more effectively towards achieving the person’s wishes, safety and wellbeing. We have been developing this approach in 2015/16, but it will come in practice in the coming months.

Similarly, the Board has been reviewing how it gathers feedback from people who have been involved in the safeguarding adults process. The Board wants to base its future priorities on the learning from people’s experiences. The Board has been reviewing best practice nationally, and with this preparation work completed, we will be adopting new approaches in Leeds next year.

3 Going Forward

Ambitions for 2016/19

The Board's Strategic Plan sets out how the Board will work towards achieving its Vision, Leeds – A safe place for everyone.

Four key ambitions will be the focus of our work over the next three years.

- 1. Seek out the voice of the adult at risk**
 - 2. Improve awareness of safeguarding across all our communities**
 - 3. Improve responses to domestic abuse and violence**
 - 4. Learn from experience to improve how we work**
-

3.1 Our Ambitions for 2016/19

The Leeds Safeguarding Adults Board has identified four key ambitions that will guide all of our work over the next three years.

These are summarised below. In our Strategic Plan 2016/19 we set out the actions we will take next year to help us achieve each of these ambitions.

You can read this Strategic Plan 2016/19 in full. It can be found on our website:
www.leedssafeguardingadults.org.uk

Ambition 1: Seek out the voice of the adult at risk

“I am asked if I feel safe and what help I want, and this informs what happens.”

Our ambition is to seek out the voice of the adult at risk and for this to be a key focus in all our work.

- We will reach out to people who may be at risk of abuse and neglect,
- We will involve people in decisions about how we respond to their concerns,
- We will work with people to achieve the changes they need to feel safe.

Ambition 2: Improve awareness of safeguarding across all our communities

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

Our ambition is for everyone to know how to seek help and to have confidence in our response.

- We will promote awareness across the city,
- We will reach out to diverse communities,
- We will assess the effectiveness of the work we do.

Ambition 3: Improve responses to domestic abuse and violence

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

Our ambition is for everyone to receive the advice and support they need if they experience domestic abuse and violence.

- We will improve how we respond together, as a partnership
- We will ensure practitioners have the skills and knowledge to provide the support needed,
- We will learn by continually reviewing practice.

Ambition 4: Learn from experience to improve how we work

'I am confident that my feedback and experience will help others'

Our ambition is for us to improve how we work, based on the experiences of those concerned.

- We will ask people to give us feedback,
- We will learn from people's experiences,
- We will put this learning into practice.



4/5 Appendices

4 Appendix One

Work of Board Member Organisations

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

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

4.1 Leeds City Council: Adult Social Care

Since the implementation of the Care Act 2014 in April 2015, Adult Social Care has been working to implement new multi-agency safeguarding adults procedures. This has involved adopting a more personalised approach, focusing on the person's wishes, desired outcomes and how they would like to be supported.

Alongside more personalised approaches, during 2015/16 Adult Social Care has been working to embed multi-agency approaches, including working with partners in the development of the Front Door Safeguarding Hub that works to provide effective and coordinated responses to abuse. This involves daily meetings of agencies to discuss and formulate an action plan for any high risk domestic violence incidents which have occurred during the previous 24 hours.

As part of the commitment to responding to domestic abuse and violence, Adult Social Care have been working to achieve the Leeds Domestic Violence Charter mark. Staff training has been provided with dedicated training, and there are now Domestic Violence Champions in key teams to support staff in responding to such concerns.

Best Practice Panels also provide social workers with support managing and responding to complex cases, often involving legal frameworks, mental capacity,

risk and safeguarding adults. The Approved Mental Health Professional (AMHP) Professional Lead and Safeguarding and Risk Managers chair the panel and make recommendations for practice, helping to make sure we respond in the most appropriate way to support people.

The Deprivation of Liberty Safeguards (DoLS) are an important protection for people in hospitals and care homes who lack the mental capacity to make decisions about their care and treatment, but who need to be deprived of their liberty to protect them from harm. Since changes to the law in 2014 many more people are covered by these safeguards than previously, and Adult Social Care has been working to ensure that all partners, including Care Quality Commission, care home providers, social workers and health professionals have a shared understanding of legislation and that systems are in place to respond to the increased demands for assessments.

The Mental Capacity Act 2005 forms a key element of all practice. Within Access and Care Services there is a continued focus on good practice in this area. During 2015/16, this included participation within the Principle Social Workers' MCA Call to Action event, a national event focused on developing best practice in relation to issues of mental capacity.

4.2 West Yorkshire Police

West Yorkshire Police continues to develop and improve safeguarding structures to focus upon protecting the vulnerable and ensuring a consistent and corporate approach to safeguarding, against HMIC recommendations.

Within Leeds, the Police Safeguarding Unit has increased resources at Constable, Sergeant and Inspector level. The increase in managers allows a greater overview of investigations and criticality across Leeds. The Unit now deals with all rape investigations and the teams work later into the evening to able to deploy appropriately trained staff in a more flexible and dynamic manner. The Unit has also increased resources into the dedicated Domestic Abuse Team to accommodate the increased demands. The end to end approach around Domestic Abuse remains a key priority particularly the quality of the initial response and investigation. There are nominated thematic leads for adult protection matters, Domestic Abuse and other crime types linked to the safeguarding of adults.

The innovative and effective multi agency work at the Front Door Safeguarding Hub (FDSH) continues to evolve. The transition of the MARAC arrangements into a daily function is a key priority. The joint working around adult safeguarding between Police and Adult Social Care is now an established part of the hub with a number of notable successes. The Police team will be expanded to incorporate a joint investigation

capability working with adult and children's social care. The principles of joint working, information sharing and early assessment of risk is now being considered in the Police Control Room. The recent success of mental health pilot at this location is seen as starting point to consider how other partners can contribute at an early stage in protecting vulnerable people.

4.3 Clinical Commissioning Groups (CCGs)

The Safeguarding Team is based at NHS Leeds South and East Clinical Commissioning Group (CCG) and work across all three Leeds CCGs. The prime focus of the team is to support all health services in Leeds to provide high quality safeguarding services to empower and protect patients.

In July 2015 NHS England published their revised Assurance and Accountability Framework which clearly sets out the safeguarding roles, duties and responsibilities of all organisations commissioning NHS Healthcare. Therefore, in readiness for the additional safeguarding responsibilities for CCGs through fully delegated commissioning of Primary Care from April 2016 the Safeguarding Team has had additional investment to ensure it has the capacity and resources to respond. The revised team structure fully integrates and reflects the 'Think Family, Work Family' approach adopted by Leeds.

The CCG Training Strategy and Training Programme has been reviewed and revised this year to reflect the NHS England Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document which was published in February 2016. This guidance sets out the minimum training requirements for all NHS staff to ensure that they acquire and maintain knowledge and skills drawing upon lessons from research, case studies, critical incident reviews and analysis and Safeguarding Adult Reviews. The team have seen an increase in the numbers of health staff accessing Prevent training and have been proactive in raising the profile of Safeguarding Adults, MCA, DoLS, Prevent and Domestic Violence and Abuse in primary care.

There has been full involvement from the CCG and health providers in the DHR process and lessons learned being implemented, and the safeguarding team have been engaged in the strategic development of the Front Door Safeguarding Hub and are confident that 2016/17 will see primary care fully represented at the Front Door.

This year the CCG MCA/DoLS Lead has worked closely with the Professional Lead/DoLS Manager within Leeds Adult Social Care to identify cases and fully understand the process for making applications to the Court of Protection for deprivation of liberty authorisations for those who receive care in their own homes and are funded through continuing healthcare. This work will continue throughout 2016/17 plus the team will continue to support the local authority and health providers

to ensure that all DoLS applications are made and authorised within legal timeframes.

4.4 Leeds Teaching Hospital NHS Trust (LTHT)

As a member and partner of the LSAB the Leeds Teaching Hospitals are committed to supporting the achievement of the boards vision of Leeds - a safe place for everyone.

During 2015-16 the Trust has continued to build on the work and success of previous years to safeguard vulnerable adults in our care and to work in partnership across the health and social care community to safeguard vulnerable adults in Leeds.

During 2015-16:

- The education and training of our staff to ensure they are able to recognise and act on safeguarding concerns has been a focus. Over 92% of staff have received level 1 and 81% of staff have received level 2 safeguarding training
- The Trust has reviewed and updated its policies, procedures and practice to meet the requirements of the Care Act and continuing to work in partnership with Local Authority colleagues to ensure the requirements are fully embedded in practice

- We have actively engaged in the PREVENT agenda. Over 5000 staff have now received their PREVENT training.
- Keeping our patients safe and preventing harm has remained a priority. The Trust has championed work to recognise when a pressure ulcer is a safeguarding concern and is leading work with partners to establish an ambition to eliminate avoidable grade 4 pressure ulcers in the city.
- The continued rise in the number of DoLS applications within the Trust demonstrates positive practice and increasing staff awareness of these safeguards
- The Trust Board has continued to take an active interest in safeguarding with specific board workshop sessions being provided in addition to regular assurance updates.

4.5 Leeds and York Partnership NHS Foundation Trust (LYPFT)

In 2015-16 the Leeds and York Partnership NHS Foundation Trust has continued to work to embed Safeguarding as a core element to mental health and learning disability care. We have strengthened partnerships across Leeds to support the development of Safeguarding within the city. Internally, there has

been a commitment to the expanding agenda and the team has grown to include a deputy Head of Safeguarding and 2 safeguarding adult specialist practitioners.

Highlights have been full engagement with the Domestic Violence Hub initiative and a recognition that a significant number of those reviewed both victim and perpetrator have in the past or currently had involvement with services. Domestic Violence training is being developed within the Trust and will be rolled out in 2016.

In 2015 we audited how staff progress safeguarding advice. Some of the learning recommended better recording so we secured a designated section in the Trusts electronic recording system (PARIS). This is to progress embedding safeguarding advice within patient records. It is hoped this will enable a stronger audit trail for safeguarding advice and risk and support staff with accessing safeguarding information out of hours.

The implementation of the Care Act during the year brought some changes. Amongst the opportunities that came with this challenge was developing learning and expanding our knowledge of trafficking, modern slavery, FGM and Think Family. The Adult and Child practitioners have worked together to integrate and develop a unified understanding and approach on a number of areas reflecting the needs of the service users and families seeking support and advice. The FGM minimum data set is also embedded into our records.

An external audit of Care Act 2014 compliance was completed in early 2016. This was carried out by the West Yorkshire Audit Consortium. The audit identified the Trust provided 'Significant' evidence that it was compliant with the Care Act and had successfully put in place changes to policy and practice to comply with new legislation.

An audit of PREVENT referrals was carried out and is almost complete.

Finally the LYPFT training strategy was updated in the year introducing a 'level 3' training package. This is aimed at senior clinical staff that have responsibility for supervising and leading teams. We anticipated that this would make us compliant with the Adult intercollegiate document (2016) and plan to review all of the training to ensure compliance. The ultimate aim being to put safeguarding at the centre of what we do.

to Domestic Violence and Abuse (DVA) in our services, as well as being an active partner in the Front Door Safeguarding Hub, ensuring a swift co-ordinated response to individuals and families where DVA is an issue.

Our appetite for constant innovation has led to the introduction of a Safeguarding Adults Champions model for practitioners, building on the success of that approach to address the Mental Capacity Act and Deprivation of Liberty Safeguards agenda.

We continue to review complaints and incident reports, providing the safeguarding perspective to organisational learning from these events; a new aspect of this role has come about through the introduction of a Pressure Ulcer Panel in LCH, which aims to reduce the severity and incidence of pressure ulcers through timely review of incidents, swift remedial action and sharing of best practice across services.

The LCH Safeguarding Team while being available to support all our practitioners, also reaches out to support services delivering healthcare to some of the most vulnerable people of Leeds e.g. through supervision to the York Street Practice for asylum seekers and those of no fixed abode; or working with LCH health practitioners in Police Custody Suites across Yorkshire to identify and address their safeguarding priorities.

4.6 Leeds Community Healthcare NHS Trust (LCH)

Leeds Community Healthcare safeguarding team offer advice, support, guidance and training to services and practitioners across the Trust.

During 2015-16 we have supported services to embed the Think Family, Work Family ethos in practice and have begun the roll-out of routine enquiry with regard

Safeguarding can only be effective through partnership working; it is at the heart of all we do as the LCH Safeguarding Team and is fundamental to ensuring that as an organisation, we deliver the best possible healthcare to every community in Leeds.

4.7 Healthwatch Leeds

The Health and Social Care Act (2012) provided a remit for all Healthwatch organisations in England to bring local people's voices to decisions about their health and care. Healthwatch Leeds is a member of the Safeguarding Adults Board, aiming to raise awareness and promote good practise in engagement and learning from the experiences of local people. Healthwatch representatives have statutory rights to visit publically funded health and social care services to look at how services are provided, and to talk to service users, their relatives and carers. These are known as Enter and View visits and may be undertaken on premises such as hospital, residential homes, GP practices and dental surgeries.

As a stakeholder in the LSAB, Healthwatch Leeds aims to promote engagement and learning as well as awareness raising in the city. All staff have safeguarding training and volunteers are briefed on safeguarding issues prior to any work with members of the public. We also use and promote awareness material and opportunities to take part through our networks and media.

4.8 West Yorkshire Fire and Rescue Service (WYFRS)

During 2015/16 WYFRS embarked on new innovative partnership arrangements to ensure vulnerable adults are safer within their own homes. We seconded a full time operational member of staff to Leeds City Council for 12 months. This member of staff works full time across Adult Social Care and Public Health. In addition we seconded a member of staff into Leeds and York Partnership NHS Foundation Trust. The purpose of these posts is to share expertise across both organisations and work jointly to identify and reduce the risk of fire for those adults who are at highest risk of being seriously injured or killed in an accidental dwelling fire.

This project includes up-skilling front line professionals to recognise risk of fire during their routine work and a collaborative approach to managing and reducing risk. The project has gone from strength to strength and has been extended for a further 12 months. The investment in the project is a commitment from WYFRS to make people living in Leeds Safer. We have established a multi-agency steering group that has representatives from Social Care, Mental Health, Public Health and Third sector to drive the effectiveness of the project.

In addition, WYFRS continues to be a virtual partner within the Front Door Safeguarding Hub. We process referrals for Home Fire Safety Checks and all front-line

operational staff in Leeds have had domestic violence awareness training. Our aim is to ensure that victims of domestic violence are safe from fire.

4.9 Leeds City Council Housing

Housing Leeds has undertaken an extensive Safeguarding training programme and 85% of staff received Safeguarding training during 2015/16. Specialised information sessions have also taken place to ensure that Officers are aware of their duties under the Care Act.

Campaigns promoting awareness of issues (such as Hate Crime, FGM, CSE, drugs and alcohol) have been supported from within Housing to ensure that officers are able to access support pathways and appropriately help vulnerable tenants. A Hoarding Toolkit has been developed which is designed to aid Housing Officers in providing support to people who hoard. The way that we support tenants who hoard has recently been re-modelled to ensure that tenant needs are identified and support put in place at the earliest of stages. Housing will work with partners and support agencies to encourage independent living and sustainable tenancies.

Housing Leeds are fully engaged in the Domestic Violence Front Door Hub work to better help victims of domestic violence and to put in place interventions

that help perpetrators change their behaviour. This involves daily attendance at the Hub and a focus on cases having a housing dimension. This could include preventative action such as sanctuary installation, priority awards for rehousing, ongoing assistance to facilitate rehousing and setting up emergency or supported accommodation.

Housing Leeds works with commissioned services to ensure that safeguarding adults is embedded in practice. Mears for example, are commissioned to provide property maintenance services to Leeds City Council. Mears have a nominated safeguarding champion who is part of the wider Leeds City Council safeguarding lead officer group. When new contracts are procured Housing Leeds work with contractors to ensure that they have robust safeguarding policies and processes in place.

The safeguarding lead officer acts as the point of contact for staff and clients, and is responsible for promoting safeguarding awareness and practice within the organisation using training and briefings. Being part of the wider safeguarding network supports Mears to review and discuss working practises, identify changes within safeguarding procedures and updates on national incidents.

4.10 National Probation Service

The National Probation Service (NPS) provides sentencing advice to the courts and works with high risk offenders in custody and in the community. The organisation was established in June 2014, when the former, locally based, Probation Trusts ceased to have responsibility for offenders in the community. Over the past two years the new organisation has been working to build a single national approach to its work.

In June 2015 the NPS published a National Partnership Framework detailing its commitment to the work of Safeguarding Adults Boards. In March 2016 a similar framework covering the work of Multi Agency Risk Assessment Conferences was published.

The NPS in Leeds is committed to working as part of Front Door Safeguarding Hub (FDSH). This partnership has been expanded to improve the safety and support of victims of domestic violence and abuse and is now a key part of the work of the NPS.

NPS has a statutory duty to work with the victims of serious violent and sexual crime. The agency ensures that their views are made known to prisons, and to the Parole Board as offenders make progress through their sentence and that key information about the offenders progress through the prison system and plans for release are shared with the victim.

Together with West Yorkshire Police and HM Prison Service the NPS is a Responsible Authority for Multi-Agency Public Protection Arrangements (MAPPA). In Leeds we work in a strong and effective partnership with the Health Sector, with Adult and Children's Social Care and with Third Sector partners to manage the 'critical few' high risk offenders and to ensure that communities and victims are protected.

4.11 Community Rehabilitation Company

The main focus of the Community Rehabilitation Company has been to develop its services and operating model for low and medium risk offenders. This has necessitated the development of a new operating model called the Interchange Model and with that the development and implementation of a range of new policies and procedures.

During this process we have maintained the attendance at the board and become part of the domestic homicide sub group.

Within the Community Rehabilitation Company we continue to put resources into the Front Door Hub supporting the inter agency work there in addition to contributing to the MARAC process. Specific work continues to address the risk posed by perpetrators of domestic violence. This work will in time be integrated in our new Interchange Model of working.

Work continues with offender managers to ensure they are aware of the need to consider adult safeguarding in their day to day work and that they are aware of how to take concerns forward or seek further advice. This work will be ongoing in the coming year in conjunction with the development of new working systems.

5. Appendix Two:

Safeguarding Adults Board Member Organisations

Member Organisations: April 2015 to March 2016

Leeds City Council: Adult Social Care

West Yorkshire Police

Leeds Clinical Commissioning Groups

Leeds Teaching Hospital NHS Trust

Leeds and York Partnership NHS Foundation Trust

Leeds Community Healthcare NHS Trust

Healthwatch Leeds

West Yorkshire Fire & Rescue Service

Leeds City Council: Housing

Leeds City Council: Community Safety

Leeds City Council: Public Health

Leeds City Council: Children's Services

National Probation Service

West Yorkshire Community Rehabilitation Company

Advonet

The Alliance of Service Experts

HMP Leeds & Wealstun



Leeds Safeguarding
Adults Board

To report a crime:

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

To report a safeguarding concern or seek advice:

- **Contact Adult Social Care: Tel. 0113 222 4401**
- **Out of hours: Tel. 07712 106 378**





Leeds Safeguarding Adults Board

Learning from Savile

Learning Pack

**For use by all organisations working with adults with care and support needs in
Leeds**

October 2016

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8. Advice and Support

1. Foreword

Savile was, 'hiding in plain sight and using his celebrity status and fundraising activity to gain uncontrolled access to vulnerable people across six decades... He only picked the most vulnerable, the ones least likely to speak out against him.'

Many of those vulnerable people, both children and adults were assaulted in institutions; hospitals, children's homes, schools, radio studios and television studios. Detective Superintendent Gray said: *'For that reason, it is important that in Leeds, those of us who work with people who are at risk of abuse and unable to speak up learn from the inquiries that have been held into Savile's abuse and ensure that we help safeguard others against such harm'.*

This Learning Pack is designed to support that learning in all agencies in Leeds that work with adults with care and support needs. We believe that there are clear lessons to be learned by people in all roles and at all levels of organisations and I hope this pack is of help in enabling them to do so.

Richard Jones CBE
Leeds Safeguarding Adults Board Independent Chair
October 2016

2. Introduction

i. Purpose

This Learning Pack has been developed to enable all organisations in Leeds that work with adults with care and support needs to reflect on how Savile was able to abuse so many people, over so many years, largely in public organisations where people are meant to be safe and to consider how to apply that learning in their own service.

The Leeds Safeguarding Adults Board is committed to supporting organisations to continually reflect, learn and develop and where inquiries such as those into Savile's actions are relevant, to help achieve that learning as effectively as possible and provide assurance to the Board that they have done so.

The Learning Pack has been developed to provide key learning points with a hand-out, a Power Point presentation to adapt and individual and organisational checklists to use. These can be downloaded from this pack. These are provided together with a summary of the findings of the various reports published since the start of the Metropolitan Police criminal investigation, Operation Yewtree and the associated inquiries in the BBC, Police and NHS. The Learning Pack is designed to be used in a range of formats, dependent upon their audience; it can be used in a team meeting to promote discussion or over a longer workshop, with the discussion topics used as group activity discussion areas.

ii. Audience

This Learning Pack is designed for use by those providing or commissioning services for adults with care and support needs who may be at risk of abuse and neglect at all levels of organisations.

The presentation can be adapted to meet the needs of different groups of staff or volunteers but the core messages remain the same.

iii. Assurance

Leeds Safeguarding Adults Board asks each member agency to provide assurance of its use of the Learning Pack, including detail about the number of people who have accessed it, their role and the date on which they accessed it. The pack contains two assurance checklists, one for organisations and one for individuals. The latter could be used in supervision or team meeting sessions.

iv. Important Considerations

Regardless of the audience, organisations should be aware that discussing matters concerning historical sexual abuse can cause distress and may encourage disclosure of abuse. Facilitators should therefore be familiar with the contact details and sources of advice and support at the end of this pack and highlight them as is indicated in the PowerPoint presentation.

3. Inquiries and Investigations

i. Overview

James Wilson Savile was born in Leeds in 1926. He died in Leeds aged 84 in 2011. During his lifetime he was a radio disc jockey, television presenter, media personality and charity fundraiser and his long association with hospitals in Leeds, together with his fundraising meant he was very much associated with the City. Savile received many accolades during his lifetime, including an OBE in 1972, an Honorary Doctorate in Law from Leeds University in 1986, a Knighthood in 1990 and a Papal Knighthood in the same year.

Initially highlighted in an ITV '*Exposure*' documentary first shown in October 2012, and then through subsequent investigations including Operation Yewtree led by the Metropolitan Police Service, it is now known that Savile was also a prolific sexual predator, paedophile and rapist, with, the MPS has stated, 214 criminal offences being recorded across the UK, with the earliest being 1955 in Manchester and the latest, 2009 in Leeds. Savile clearly operated across the country, with access to

vulnerable people and children through his work at the BBC, by visiting children's homes and in over forty NHS hospitals around the UK, including Leeds General Infirmary.

ii. **Investigations and inquiries**

Following the October 2012 ITV 'Exposure' programme, a number of investigations and inquiries have been undertaken. Operation Yewtree, led by the Metropolitan Police Service was the criminal investigation, which concluded in January 2013.

The BBC, as Savile's employer and also because of concerns about decision-making in not broadcasting a programme exposing Savile's activities was subject to four separate but linked inquiries.

Operation Outreach was conducted by Surrey Police into allegations of abuse by Savile at Duncroft School in Staines, Surrey.

Her Majesty's Inspectorate of Constabulary investigated whether previous criminal investigations into allegations prior to Savile's death were flawed and the Director of Public Prosecutions conducted a review of the decision not to prosecute Savile as a result of historical allegations of sexual assault in 2009.

Three Hospitals, Leeds General Infirmary, Broadmoor and Stoke Mandeville conducted investigations and at the request of the Secretary of State for Health, independent oversight was provided from Kate Lampard CBE, former practising barrister and former Deputy Chair of the Financial Ombudsman Service.

A further thirty-eight hospital sites conducted investigations, the last of which was published in February 2015. In total, investigations took place in 41 hospitals (including 5 secure or mental health hospitals and 2 children's hospitals.) In addition investigations have happened at a children's convalescent home, an ambulance service and a hospice.

While much of Savile's abusive activity took place in a time when attitudes were different and society and organisations such as children's homes and the NHS were less regulated, there are clear lessons about how all professionals and public organisations prevent, identify and respond to abuse.

The learning identified from all of the investigations and inquiries undertaken since 2012 inform the areas for reflection and consideration that have been set out in this pack.

4. Learning

i Learning themes and analysis

These themes provide more detail about what was discovered during the Savile inquiries. This information can be used to support learning activity.

a) Exercising care when allowing access to adults at risk of abuse and neglect

Savile was allowed free rein at the three hospitals with which he had strongest links; Stoke Mandeville, Leeds General Infirmary and Broadmoor. Similarly he was able to come and go at Duncroft School as he wished. He was able to access all wards without supervision in Leeds General Infirmary and Stoke Mandeville and was able therefore to abuse those he wished to. At Broadmoor Hospital, a high-security hospital, his access was less free, but still highly inappropriate.

This concern was highlighted in the Broadmoor Hospital Investigation Report, which noted that in addition to the abuse of patients by Savile, there was also the matter of patients' dignity that should have been considered; he is recorded as walking through wards when women were being bathed and changing and reportedly enjoying their embarrassment.

Organisations did not exercise policies that monitored and restricted access to adults with care and support needs or to children.

While the use of the internet and social media was inevitably not a significant feature of Savile's activity, in terms of services for adults with care and support needs being safe and those who may pose a risk being supervised, the need for vigilance must be extended in services to matters relating to social media and all staff should be aware

of this issue and able to safeguard children and adults from abuse through that medium.

All organisations providing care and support to adults at risk of abuse and neglect should consider how they manage visitors, whatever their role and the role of volunteers in that matter as well. All organisations should reflect on access to their buildings and to staff and patients and consider how to balance people's safety to delivery of open and accessible services.

b) Encouraging people to speak up: Valuing and demonstrating the value of feedback, comments and complaints

All reports note that victims often felt unable to speak up. The Stoke Mandeville Hospital Report stated, *"Victims felt unable at the time to report Savile's behaviour. This was because they feared they would not be believed as Savile was seen as being a powerful and influential figure."* The same report highlights that patients with spinal injuries are, *'totally dependent on hospital staff for every aspect of their daily existence in the immediate days and weeks following injury. When faced with paralysis, most patients experience both extreme physical and psychological trauma. On admission, the world as they have known it is turned upside down, they cannot move, feed themselves or even evacuate their own bowels unaided..... vulnerable adults who were the victims of Savile's sexual abuse remained silent because they feared reprisals'*.

Some victims did speak up and were dismissed or ignored; a woman at Broadmoor Hospital commented when interviewed that when she had said something, it was seen as an illustration of her paranoia. Another former patient from Stoke Mandeville said that she told a senior nursing sister who said, *'Be quiet you silly girl, do you know what he has done for the hospital?'*

It is important that complaints procedures do not simply exist, but that everyone in an organisation understands them, promotes them and enables people to access them, using advocacy, for example. Those in senior leadership positions have an important role in sending messages to staff about the importance and value of complaints processes.

Similarly, those working in organisations need to both know how to raise a concern themselves and also to blow the whistle on poor practice. It is well-known that often

it is exceptionally hard for people to speak up as employees in an organisation and to comment on practice; the balance of power is loaded against them. However, if leaders and managers do not listen to those who know what is happening day in, day out, how will they know what the problems are, where the weaknesses are and what needs action?

All the Savile investigation reports detail staff who knew what he was doing or suspected it. They had no clear or easy means of reporting their concerns and apparently did not work in environments that enabled that to happen. Ideally, whistleblowers should not be an exception; they should be an organization's eyes and ears. Organisations need to espouse a culture that enables staff to speak up and feel comfortable doing so and this takes much more than having a policy or procedure. Those organisations that achieve this will be ones that are also likely to also deliver excellent care, encourage feedback and use this to shape services.

c) Exercising Good Governance and Accountability

Kate Lampard has noted in her overview report of the NHS Savile investigations that poor governance allowed Savile unfettered access to positions of influence in the NHS, in Broadmoor recruiting the Hospital's General Manager. This was also true of his role at Duncroft School.

Policies and procedures can, as Ms Lampard notes in her report, feel like bureaucratic red tape, but in fact these are the means by which public organisations can openly and honestly manage services safely. All of those working with adults with care and support need to be mindful of good governance and demonstrate that they are working in the public interest. This can be achieved by explaining decisions, engaging with user and patient groups and encouraging them to participate in decision-making, for example in the recruitment of staff.

d) Encouraging a culture of zero tolerance of abuse

The investigations that have taken place since October 2012 have all highlighted the fact that in public organisations, Savile's abuse was either accepted, seen as 'the norm', or ignored.

Savile operated in the full view of staff in hospitals, the BBC and at children's homes and schools, but they either turned a blind eye or pretended not to see it. In some circumstances, staff sought to avoid Savile having such opportunities by using avoidance techniques, for example, at Stoke Mandeville Hospital, it is reported that to avoid him coming into contact with young adults on an orthopaedic ward, staff told them to pretend to be asleep.

This is also about demonstrating the need for demonstrating that zero tolerance at all levels. At Broadmoor, the investigators reported that there was an incident where a nurse was found to have had an inappropriate relationship with a patient, but that this was apparently dealt with informally and the nurse was reportedly asked just to leave with a possible pay-off. This contributed to the atmosphere where inappropriate behaviour was tolerated.

This has been identified as key issue at the BBC, in the NHS and at Duncroft School. It reflects a culture where abusive behaviour is normalised and allowed to continue.

Organisations need to ensure that they value safeguarding and this is reflected in learning and development opportunities, supervision arrangements, leadership and communication. Similarly, it is also vital that practitioners know how to respond to disclosures of abuse and know where and how to raise concerns. It is also essential, when services are being provided to adults with care and support needs that clear messages are provided to them about behaviour is acceptable and that which is not.

li Learning: Principles for Organisations and Staff

All the learning relates to the need for organisations and people working with adults with care and support needs to:

- Be clear about their safeguarding values and attitudes;
- Know that celebrity and /or power should not mean someone is able to act unacceptably
- Think about dignity and safety and consider who has access to where and why;
- Have good governance in placeand exercised and seen to be exercised
- Be open and transparent, internally and externally
- Exercise safe recruitment approaches

- Have accessible, valued and robust complaints procedures, with a demonstrably clear culture of wanting to hear patient / user views
- Make sure everyone knows how to escalate concerns and the whistle-blowing policy
- Have a policy of non-acceptance of any form of abuse and communicate this at all levels of the organisation
- Value safeguarding adults and children and place this at the heart of their work

5. Assurance Checklists

The following checklists have been based on the learning identified in this review. The first is for organisations' use and the second for individuals. Both are available as downloads at the Learning Pack's Resources section, towards the end of this document.

(i) Learning from Savile: Organisational Checklist

This checklist is intended to allow organisations to self-assess their own learning from Savile and where necessary to identify any areas for development.

No.	Action	Assurance (please describe)	Additional actions identified
1	Are the organisation's safeguarding values clear? Are they communicated at all levels of the organisation?		
2	Has the organisation made clear its commitment to zero tolerance of abuse and neglect? Has it made it clear that celebrity and / or power should never mean that anyone can behave unacceptably?		

No.	Action	Assurance (please describe)	Additional actions identified
3	Does the organisation have good governance, (e.g. around decision-making) in place that is demonstrated and seen by those operating at all levels?		
4	Is the organisation open and transparent about all its safeguarding-related activity, both internally and externally?		
5	Does the organisation exercise safe recruitment approaches at all levels?		
6	Is the organisation's complaints and feedback procedure well-advertised and accessible to all?		
7	Is the organisation's whistleblowing policy and procedure well-advertised and accessible to all?		
8	Does the organisation have policies and procedures in place that ensure that access to children and adults with care and support needs is monitored and restricted?		

(ii) Learning from Savile: Individual Checklist

Please use this to self-assess your own learning and development needs

The fourth column also enables you to identify any learning and development needs and to highlight any action proposed to address these. This is intended to support, not replace appraisal and personal development processes and records within organisations.

No.	Action	Response (describe)	Learning and Development need identified with proposed action(s)
1	Are you clear about your own safeguarding values? Do you demonstrate these in all your work?		
2	Are you committed to zero tolerance of abuse and neglect? Are you clear that celebrity and / or power should never mean that anyone can behave unacceptably?		
3	Do you understand the governance arrangements of your organisation? (e.g. around decision-making) and do you always follows these requirements?		
4	Are you open and transparent about all		

No.	Action	Response (describe)	Learning and Development need identified with proposed action(s)
	your safeguarding-related work, both internally and externally?		
6	Do you know how your organisation's complaints and feedback processes work and do you actively promote these to people? Are you aware of how to signpost or refer people to advocacy services if they experience 'substantial difficulty'?		
7	Are you aware of your organisation's whistleblowing policy and procedure?		
8	Do you know and understand your role in ensuring that access to children and adults with care and support needs is monitored and restricted?		

6. Learning Pack Resources

Downloadable PowerPoint Presentation

This pack contains a PowerPoint Presentation for use when learning from the Savile inquiries and investigations.

This contains core messages that must be used in all learning activity, but can be embellished and enhanced by adding further slides to make the presentation suitable for different audiences. It is available download from the here as a PDF document for use as is, or as a Microsoft PowerPoint document, which can be edited.



Learning from Savile
LSAB Resource 2016.



Learning from Savile
LSAB Resource 2016.

7. Further information about Savile Inquiries

Giving Victims a Voice

Joint Report by Operation Yewtree, Metropolitan Police and NSPCC

<http://content.met.police.uk/mwg-internal/de5fs23hu73ds/progress?id=60QcySjAj6yHxZUPoxG9P2oGVvUtASIdocfh6ZWVcqU,&dl>

Themes and Lessons Learned from Savile Inquiries – Kate Lampard

The Secretary of State for Health asked former barrister Kate Lampard to produce a ‘lessons learned’ report, drawing on the findings from all published investigations and emerging themes.

The report includes 14 recommendations for the NHS, the Department of Health and wider government.

<https://www.gov.uk/government/publications/jimmy-savile-nhs-investigations-lessons-learned>

Reports of all NHS Investigations

<https://www.gov.uk/government/collections/nhs-and-department-of-health-investigations-into-jimmy-savile>

Dame Janet Smith Review

Dame Janet Smith Review of the culture and practices of the BBC during the years that Jimmy Savile worked there.

<http://www.damejanetsmithreview.com/>

8. Advice and Support

West Yorkshire Police

Police: In case of immediate danger - 999
Non-emergency (ask for the Police Safeguarding Unit) 101

Safeguarding Adults in Leeds

To raise a safeguarding adults concern:
Leeds Adults Social Care: 0113 222 4001

Leeds Safeguarding Adults Board
www.leedssafeguardingadults.org.uk

NAPAC

www.napac.org.uk
National Association for People Abused in Childhood
0800 085 3330

NSPCC

www.nspcc.org.uk
National Association for Prevention of Cruelty to Children
0800 500 5000

Samaritans

www.samaritans.org
0113 245 6789

SARSVL (Support after Rape and Sexual Violence Leeds)

www.supportafterrapeleeds.org.uk

Helpline 0808 802 3344

Confidential support for women and girls who have been affected by sexual violence at any time in their lives.

Text on 07797 803 211 or email support@sarsvl.org.uk

SARSVL Advocacy

SARSVL Advocacy Service supports women and girls who have been affected by rape or sexual violence at any time in their lives to empower them to be heard and have control of issues affecting them in their lives. (including the criminal justice system)

0113 200 2030

advocacy@sarsvl.org.uk

Victim Support – West Yorkshire

ISVA Service 01274 535 432

A free Independent Sexual Advisor Service (ISVA) for females and males any age. Emotional and practical support (including the criminal justice system) throughout West Yorkshire.

Victim Support Referral Centre

www.victimsupport.org

For support for all victims of crime.

0300 303 1871



**Leeds Safeguarding
Adults Board**

Strategic Plan 2016/19



Leeds – A safe place for everyone

Foreword:

The Leeds Safeguarding Adults Board, Strategic Plan for 2016/19 sets out our Ambitions for the next three years.

We have developed our plans based on the new requirements of the Care Act, key messages from the Local Government Association Peer Review, the views of our partners and our communities, and our learning and reflections on how we can achieve the best outcomes for the people of Leeds.



This Strategic Plan sets out 4 Ambitions that will be the focus of all our work. These are designed to help us reach out to everyone in our communities, improve our responses to abuse and domestic violence and achieve a culture of continual learning and challenge where the person at risk is at the center of all we do.

In the future we will define our ambitions in terms of the difference we can make to people's lives and to be able to measure real progress. We however have some work to do before we can always present our plans in this way. To achieve this we will develop better ways to learn from people's experience of safeguarding and develop better ways to gather intelligence from across the partnership. This will help us to identify and focus on the key priorities where we can reduce harm and make the biggest difference to the lives of people in Leeds.

As we set out our plans for the next three years, we are aware of how much can be achieved by working in partnership. We wish to develop our working relationships with Safer Leeds, Leeds Safeguarding Children Board, and the Health and Wellbeing Board so that in the future, we are not just talking about ambitions for our Board, but ambitions for our City and how we will work together to achieve these.

A handwritten signature in black ink, appearing to read 'Richard Jones'. The signature is stylized with a large, looping 'J' and 'S' at the end.

Richard Jones,
Independent Chair
Leeds Safeguarding Adults Board

Our Vision:

Leeds – A safe place for everyone

The Leeds Safeguarding Adults Board is a statutory body made up from a range of organisations across the city, including:

- the police
- the local authority and
- NHS organisations.

The Board works together and with partners to end abuse of adults in Leeds.

Together we will:

- Prevent abuse
- Challenge abuse wherever it is found
- Campaign to raise awareness
- Reach out to provide people with the help they need
- Enable people to have choices and control over how they want to live
- Help people to recover from their experience of abuse and neglect
- Continually learn and improve how we work to safeguard people in Leeds.

Our Ambitions for 2016/19



Ambitions for 2016/19

The Board's Strategic Plan sets out how the Board will work towards achieving its Vision, Leeds – A safe place for everyone.

Four key ambitions will be the focus of our work over the next three years.

1. Seek out the voice of the adult at risk
2. Improve awareness of safeguarding across all our communities
3. Improve responses to domestic abuse and violence
4. Learn from experience to improve how we work

Each year we will set out the actions we will take to achieve each of these ambitions.

Ambition 1:
Seek out the voice of the adult at risk



*"I am asked if I feel safe and what help I want,
and this informs what happens."*

Our ambition is to seek out the voice of the adult at risk and for this to be focus of all our work.

- We will reach out to people who may be at risk of abuse and neglect,
- We will involve people in decisions about how we respond to their concerns,
- We will work with people to achieve the changes they need to feel safe.

Ambition 2:
Improve awareness of safeguarding across all our communities



*"I receive clear and simple information about what abuse is,
and how I can get help"*

Our ambition is for everyone to know how to seek help and to have confidence in how we will respond.

- We will promote awareness across the city,
- We will reach out to diverse communities,
- We will assess the effectiveness of the work we do.

Ambition 3:
 Improve responses to domestic abuse and violence



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

Our ambition is for everyone to receive the advice and support they need if they experience domestic abuse and violence.

- We will improve how we respond together, as a partnership
- We will ensure practitioners have the skills and knowledge to provide the support needed,
- We will learn by continually reviewing practice.

Ambition 4:
 Learn from experience to improve how we work



*'I am confident that my feedback and experience
 will help others'*

Our ambition is for us to improve how we work, based on the experiences of those concerned.

- We will ask people to give us feedback,
- We will learn from people's experiences,
- We will put this learning into practice.

Our Plans for 2016/17

The Annual plan sets out specific actions each year, that help the Board achieve its Ambitions:

1. Seek out the voice of the adult at risk
2. Improve awareness of safeguarding across all our communities
3. Improve responses to domestic abuse and violence
4. Learn from experience to help others

Alongside these ambitions are Annual Development Objectives, new arrangements we need to put in place to support the ongoing development of safeguarding in Leeds.

This plan is reviewed at each Board meeting to make sure we are on track to achieve our aims.

Progress is rated on the following scale, as a quick guide to our progress:

Progress rating			
Blue Action Complete	Green Action on Track	Amber Action Delayed	Red Action not being achieved




If any person feels an important action has been missed out of this plan, they may make recommendations to:

Richard Jones, Independent Chair of the Leeds Safeguarding Adults Board,
c/o Safeguarding Adults Partnership Support Unit, 2nd Floor, 2 Great George Street, Leeds, LS2 8BA

Email: LSAB.Chair@leeds.gov.uk


Safeguarding Adults Board, Annual Plan 2016/17

1. Seek out the voice of the adult at risk


Year 1 objectives: 2016/17	Actions / Performance Measures	Target Date	Lead	Progress (comments and rating)
1.1 Reach out  "I am asked if I feel safe, whenever I am in contact with services"	a. Develop a 'reach out' strategy with strategic partners, to ensure we ask people if they feel safe during contacts with services	October Board 2016	Executive Group	Need to review achievable timescales for this action. Green
	b. Develop engagement materials promoting this new approach	October Board 2016	Citizen Engagement Sub-group	On hold pending agreement of strategy. Green
2.1 Listen  "I am asked what would make me feel safe and this directly informs what happens."	a. Safeguarding practitioners will always ask what outcomes/changes the person at risk wants to achieve, with performance reported to the Board every 3 months.	February Board 2017	Quality Assurance and Performance Sub-group	Actions established in procedures. Requirements being added to Quarterly Performance Reports Green
	b. The outcomes/changes people want to achieve are defined by them.	February Board 2017	Quality Assurance and Performance Sub-group	Review of audit tools to ensure this requirement is captured. Green
	c. Safeguarding practitioners will always ask if we have achieved the changes the person wanted, with performance reported to the Board every 3 months.	February Board 2017	Quality Assurance and Performance Sub-group	Actions established in procedures. Requirements being added to Quarterly Performance Reports Green
2.1 Involve  "I am involved in safeguarding, as much as I can be and as much as I want to be"	a. Undertake Reflective Practice Sessions with practitioners to identify best practice and any barriers to fully involving people in the safeguarding process.	February Board 2017	Quality Assurance and Performance Sub-group	Sub-group have reviewed a proposed format for these and will be consulting with wider partners during October. Green
	b. Make sure that all training explains how the adult at risk is to be included within the safeguarding process and why.	October Board 2016	Learning and Improvement Sub-group	The LSAB Learning and Improvement Strategy is needed before this can be actioned. This is due December 2016. Amber

Safeguarding Adults Board, Annual Plan 2016/17

2. Improve awareness of safeguarding across all our communities


Year 1 objectives: 2016/17	Actions / Performance Measures	Target Date	Lead	Progress (comments and rating)
2.1 Spread the word  "I receive clear and simple information about what abuse is, and how I can get help"	a. Review our engagement materials. Make sure they are easily understood and accessible.	February Board 2017	Citizen Engagement Sub-group	Feedback on current materials currently being sought. Green
	b. Identify links and community networks to reach diverse communities	February Board 2017	Citizen Engagement Sub-group	Ongoing actions of the sub-group; currently exploring representation from Equalities Assembly Green
	c. Develop approaches to improve awareness within black, minority ethnic communities	February Board 2017	Citizen Engagement Sub-group	Revised messages within safeguarding information being considered. Green
	d. Include citizen representation at the Board that support links with black, minority ethnic communities	February Board 2017	Independent Chair	Options for representation being explored with Third Sector Leeds. Green
	e. Identify communities in need of awareness raising, to inform priorities for 2017/18	February Board 2017	Citizen Engagement Sub-group	Evaluate at end of year. Green

3. Improve responses to domestic abuse and violence

Year 1 objectives: 2016/17	Actions / Performance Measures	Target Date	Lead	Progress (comments and rating)
3.1. Skilled responses  "I am confident that professionals will work in the best way to support me with domestic abuse and violence"	a. Develop approaches that enable us to respond more quickly and in an multi-agency way to domestic abuse and violence	February Board	Board members organisations	Green
	b. Following an allegation being made, the adult at risk is always spoken to away from the person who may pose a risk to them.	December Board	Learning and Improvement	Green
	c. Undertake Reflective Practice Sessions to identify improved responses	February Board	Quality Assurance and Performance	Sub-group will consult on a proposed format during October. Green
	d. Make sure that all safeguarding training provides practitioners with the skills and knowledge to respond to domestic abuse and violence	October Board	Learning and Improvement	The LSAB Learning and Improvement Strategy is needed before this can be actioned. (Dec 2016) Amber

Safeguarding Adults Board, Annual Plan 2016/17

4. Learn from experiences to improve how we work

Year 1 objectives: 2016/17	Actions / Performance Measures	Target Date	Lead	Progress (comments and rating)
4.1 Find out people's experience of safeguarding  "I am confident that my feedback will help others"	a. An independent service is commissioned to gather feedback from the adult at risk (or representative)	October Board 2016	Executive Group	Initial consideration of requirements being undertaken. Green
	b. Pilot of interviews held with the adult at risk (or representative)	February Board 2017	Executive Group	Green
	c. Channels established for 'other interested parties' to provide feedback	October Board 2016	Executive Group	On-line formats being explored for feedback. Green
	d. Learning from feedback reported to the Board for action planning.	February Board 2017	Executive Group	Green

5. Annual Development Objectives

Year 1 objectives: 2016/17	Actions / Performance Measures	Target Date	Lead	Progress (comments and rating)
5.1 Develop a broader understanding of the significant issues in the city	a. Develop multi-agency, intelligence led approaches to identifying Board priorities	February Board 2017	Quality Assurance & Performance Sub-group	Sub-group exploring information held by members to inform broader understanding Green
5.2 Undertake a review of the Board's Vision statement	a. Evaluation of Board Vision statement in preparation for 2017/18 Annual Plan	February Board 2017	Independent Chair	Green
5.3 Evaluate effectiveness of the Board working arrangements	a. Evaluate Board arrangements and roles b. Updated constitution agreed	December Board 2016	Independent Chair / Executive Group	Green
5.5 Develop working relationships to support citywide initiatives	a. Develop effective working relationships with Leeds Safeguarding Children Board, Safer Leeds Executive and the Health and Wellbeing Board	February Board 2017	Independent Chair / Executive Group	Joint Boards paper to be provided for December 2016 Board Green



**Leeds Safeguarding
Adults Board**

Member Organisation Commitments

LSAB: Strategic Plan

The Leeds Safeguarding Adults Board, Strategic Plan sets out the Board's ambitions for the next 3 years, and an Annual Plan with its aims for the first year.

This document sets out the additional work of member organisations to support the Board achieve our shared ambitions for Leeds.



**Leeds Safeguarding
Adults Board**

Member Organisation Commitments

LSAB: Strategic Plan

Member Organisation Commitments		
Organisation: Adult Social Care	Completed by: Shona McFarlane	Date: 18th July 2016
Notes:	<p>Please consider and outline how your organisation can help to take forward the Board's Ambitions.</p> <p>This should not be a detailed response, but rather a high level overview of how your organisation can contribute to these Ambitions for Leeds.</p> <p>Please consider each of these Ambitions broadly, and take into consideration the range of services your organisation provides, and where relevant, those services that you commission.</p> <p>Every organisation is different and it may be that not every organisation will be able to provide responses for every Ambition.</p> <p>These commitments will form an addendum to the Board's Strategic Plan, and members will be asked to summarise their achievements in next year's Annual report.</p>	

1. Ambition: Seek out the voice of the adult at risk

Notes:

Please consider how your organisation can help ensure that the voice of the adult at risk is at the heart of your organisations safeguarding practice.

- We will do this **through providing training and accessible information**. For example, ensuring that the wider communities we support understand 'What is an adult at risk'. This will enable individuals to recognise when they or others maybe experience harm thus promoting self-referrals.
- We aim to **establish an individual's desired outcomes** as soon as possible and ensure that these are reviewed throughout to reflect any changes in an individual's desired outcome.
- Where an individual lacks capacity, **a representative or advocate** is identified at the start to promote and articulate the adult at risk views.
- Continuing to **work in partnership with providers and partner agencies** to support identification and participation of safeguarding.
- Viewing and meaningfully **establishing adults at risk at the heart of strategy and review meetings** to ensure that they remain central to the process and their view are heard throughout.
- We have increasing evidence for staff seeking desired outcomes from service users, this based on our performance monitoring data. The weakness we have identified is in the consistency of those desired outcomes. The quality presently varies from excellent to poor. The positive of this being that we have good examples at both ends of the spectrum to inform training and development. **We have a plan in place to address these inconsistencies.**
- We also need to ensure all staff are aware of the need to ascertain desired outcomes in difficult circumstances, when for example the individual lacks Mental Capacity or when work is being carried out on a posthumous basis as this is where the information is weakest. **This will be incorporated into an action plan.**
- At the onset of the safeguarding process, staff ask adults at risk about their 'desired outcomes', i.e. what they want to achieve via the safeguarding process. This information is recorded on their electronic record and at the end of the process, the adult at risk is asked whether the outcome has been achieved. The information is **monitored and reported** on a regular basis.
- Within our Commissioning Services, we will ensure that all contracts with independent sector commissioned services contain **relevant clauses relating to safeguarding** including staff being trained in safeguarding practices, relevant policies are in place including a safeguarding policy and whistleblowing policy
- We will ensure that **Quality Standards within contracts reflect best safeguarding practice** and these standards are monitored throughout the life of the contract.
- We will ensure as part of **the monitoring process** that we seek the views of the adult at risk as part of this process.

2. Ambition: Improve awareness of safeguarding across all our communities

Notes:

Please consider how your organisation can promote awareness of safeguarding adults through its services and networks. Please give particular consideration as to how your organisation can help us promote awareness within Black Minority Ethnic Communities.

- We achieve this **through engaging in multiagency events** and regional conferences to ensure that we are equipped with the most up to date knowledge in order to share with our colleagues and communities
- We **continue to offer safeguarding training** that can be accessed by both the statutory and voluntary sectors
- The move by our **Area Teams into Integrated Neighbourhood Teams** such as local medical centres enables us to promote direct working with a wide range of local and diverse communities.
- The provision of **joint safeguarding training with local health trust** aims to ensure that professionals from a range of disciplines are able to promote awareness across all communities as part of their day to day work. For example Mental Health Services working with LYPFT to provide joint safeguarding training to health professionals and the Domestic Violence Team working with G.P's.
- ASC continues to work within the concept of 'Think Family', promoting the use of wider family networks, providing a holistic approach to safeguarding. In addition, the implementation of **strength based social care** will embed a community and family based approach, and will ensure that social workers are engaging more proactively with local people, communities and organisations.
- As many new communities develop their groups or organisations, they are, like any organisation required to adhere to the national framework of standards for good practice and outcomes to protect both adults and children. However, this is an extremely complex topic to discuss with new migrant communities where barriers of language, culture and understanding of the concept creates a range of barriers to the discussion, and therefore makes implementation within their community groups very difficult. The **Migrant Access Project continues to build relationships with new and established communities to discuss safeguarding** at an appropriate informal level that is acceptable to the communities. This long term outcome is the important factor to give time and space for communities to think about this and develop ways of implementing safeguarding that fit with their communities.
- We will use our **various provider forums** to promote awareness of safeguarding adults.
- We will ensure that **safeguarding training for staff** is a key requirement within our Learning and development strategy.

- Many of the Migrant Community Networkers (of the Migrant Access Project), Refugee Community Organisations and other Community Leaders are now much more aware of safeguarding, but still fear what it means, as their countries of origin do not have such legislation. Some of them have attended the Leeds City Council Safeguarding Level 1 training but the feedback highlights that services must take another approach that is more basic and gives the opportunity for discussion, not just with the trainer, but within the communities themselves in terms that are meaningful for the community facilitating an understanding of the rights of individuals including to be free from abuse. The Migrant Access Project **will continue to work with the third sector**, mainly Voluntary Action Leeds to develop sustainable plans to deliver pre Level 1 Safeguarding training - both Adults and Children. This is key to raise awareness of their responsibilities as professionals, as citizens and for the role they play within their community groups.
- Feedback from a wide range of consultation and engagement events has indicated a lack of understanding in Black and Minority Ethnic groups of what safeguarding is, in some cases large portions of communities appear to have no knowledge of safeguarding. It is not uncommon to be greeted with blank stares when the subject is introduced. There is some evidence that the term Safeguarding itself and the language used around safeguarding is acting as a barrier to reporting, especially in communities where the first language is not English. **The Adult Social Care Consultation and Engagement team are working to identify potential ways to overcome these barriers.** One example is the actions undertaken by the Migrant Access Project which has had some success in reaching a number of the new migrant communities. Thus one of the areas for consideration is to apply this learning from the new communities in Leeds to those who are more established but may still experience some of the issue.
- The team (Consultation and Engagement) are looking at a range of Social care information and are **offering to work in partnership with the Safeguarding Board** to ensure information provided can be clearly understood by individuals who speak English but where this is not their first language.
- **Information about service users**, including their ethnicity, age, gender, primary support reason and health conditions is recorded and reported on a regular basis, providing opportunities to see and analyse trends.

3. Ambition: Improve responses to domestic abuse and violence

Notes:

Please consider actions your organisation can take to improve responses

- **Mandatory training** specific to social workers, social work assistants and Team Managers has been devised to expand the knowledge of Domestic Violence and Abuse and the responses required by ASC.
- **Increased partnership** working with other statutory agencies including the police and health and also the independent/voluntary agencies
- Involvement and participation at the daily **Front Door Safeguarding Hub meetings**. This has enabled the development of knowledge, sharing of information and increased understanding of the role of other organisations in response to domestic violence and abuse.
- **Achievement of the DV&A Quality Mark** – standards 1 and 2, this should be across all spheres concerned with safeguarding. In this arena many of the issue identified above regarding barriers to accessing safeguarding also apply.
- There are also examples of good work being undertaken to **provide pathways for communities to report safeguarding** however the issues around Domestic Violence in some communities are extremely complex and will require diligent work by the team.
- However in this most sensitive of areas a one size fits all approach is not appropriate, evidence indicates that solutions need to be tailored to communities. **Adult Social Care’s Equality and Diversity Board is leading on understanding who uses our services, what is their experience of those services and what difference our interventions make**. This work has as a key component talking directly to communities, the equality Board accepts that the communities themselves are the best placed to tell us what they need. To support this the Consultation and Engagement team have excellent links into many communities and are working to develop more of particular interest is links into the LCGB&T* community where specific issues exist. By incorporating safeguarding and domestic violence as considerations into this work we can provide more effective and culturally appropriate services through informing our commissioning processes.
- We will ensure **staff in commissioned services** are made aware of the issues relating to domestic violence through organised briefing sessions.

4. Ambition: Learn from experience to improve how we work

Notes:

Please consider how your organisation is learning from people's experiences of safeguarding. This may include learning from Safeguarding Adults Reviews, Domestic Homicide Reviews, performance information or feedback from adults at risk.

- **Active Participation in DHR's** to ensure that all lessons learnt are cascaded to relevant colleagues and other professionals and robustly implemented and reviewed. A Head of Service is an active DHR panel member.
- Continuing to involve an adult at risk or their representative throughout, **including attendance at strategy and review meetings**. Evidencing where desired outcomes have been achieved and where they have not recording and feeding back a reason why.
- Ensuring that the **person at risk has an opportunity to provide their views** on all formal enquiries and also their views on the outcome of those enquiries.
- Implementing a **clear strategy and governance framework in order to record priorities**, evidence achievements and provide a clear and transparent framework to govern and drive excellent practice.
- We are able to collate a range of **what good and bad looks like from a range of sources**, internal and external audit feedback and surveys to inform service development.
- The Equality Board work around who uses services and what is their experience will include work around safeguarding resulting in a **"you said we did" type of approach** followed up by monitoring of the impact of this work.
- Based on this information **continuous feedback** to front line staff from Audit and Quality Assurance is used to develop the quality of the service, there are also a number of cross agency pieces of work being undertaken to share what good looks like in joint working.
- A range of information about safeguarding is **reported on a monthly and quarterly basis** including information about safeguarding concerns and started and concluded enquiries. Data from the safeguarding national return is also used for comparative purposes. This information is shared and discussed throughout the organisation and at the QA and Performance Safeguarding sub-group and the Safeguarding Adults Board.
- We will **coproduce any major adult social care contract with service users** to reflect people's views of safeguarding

Please could responses be sent to LSAB.Chair@leeds.gov.uk by 21st July 2016



**Leeds Safeguarding
Adults Board**

Member Organisation Commitments

LSAB: Strategic Plan

Member Organisation Commitments		
Organisation: West Yorkshire Police	Completed by: DCI Mark Griffin	Date: 20/7/16
Notes:	<p>Please consider and outline how your organisation can help to take forward the Board's Ambitions.</p> <p>This should not be a detailed response, but rather a high level overview of how your organisation can contribute to these Ambitions for Leeds.</p> <p>Please consider each of these Ambitions broadly, and take into consideration the range of services your organisation provides, and where relevant, those services that you commission.</p> <p>Every organisation is different and it may be that not every organisation will be able to provide responses for every Ambition.</p> <p>These commitments will form an addendum to the Board's Strategic Plan, and members will be asked to summarise their achievements in next year's Annual report.</p>	

1. Ambition: Seek out the voice of the adult at risk	
Notes:	<i>Please consider how your organisation can help ensure that the voice of the adult at risk is at the heart of your organisations safeguarding practice.</i>
<ul style="list-style-type: none"> • Identification of vulnerability at the point of reporting • Appropriate risk assessment conducted and safeguarding plans put in place • Appropriate victim contact throughout investigations, taking into account the views of the victim when deciding an outcome 	
2. Ambition: Improve awareness of safeguarding across all our communities	
Notes:	<i>Please consider how your organisation can promote awareness of safeguarding adults through its services and networks. Please give particular consideration as to how your organisation can help us promote awareness within Black Minority Ethnic Communities.</i>
<ul style="list-style-type: none"> • Intelligence and crime analytical reports to include wider partnership data to identify priorities for all partners • Prioritise daily and 6 weekly tasking arrangements towards vulnerability • Further develop thematic safeguarding areas and plans to improve awareness and understanding for all staff 	

3. Ambition: Improve responses to domestic abuse and violence	
Notes:	<i>Please consider actions your organisation can take to improve responses</i>
<ul style="list-style-type: none"> • Identify risk and vulnerability at the initial point of contact and ensure a timely response • Improve the initial response to incidents to ensure the protection of victim and other valuable people/children within the household • Improve awareness, understanding and problem solving around vulnerable victims and repeat perpetrators 	
4. Ambition: Learn from experience to improve how we work	
Notes:	<i>Please consider how your organisation is learning from people's experiences of safeguarding. This may include learning from Safeguarding Adults Reviews, Domestic Homicide Reviews, performance information or feedback from adults at risk.</i>
<ul style="list-style-type: none"> • Embed learning from all reviews, inspections, near misses and good practice • Auditing of action plans to ensure learning cycle is sustained • Further develop performance measures to accurately reflect safeguarding demands 	



**Leeds Safeguarding
Adults Board**

Member Organisation Commitments

LSAB: Strategic Plan

Member Organisation Commitments		
Organisation: NHS Leeds Clinical Commissioning Groups (Leeds South and East, Leeds West, Leeds North)	Completed by: Gill Marchant, Designated Nurse Safeguarding Children and Adults	Date: 15/07/16
Notes:	<p>Please consider and outline how your organisation can help to take forward the Board's Ambitions.</p> <p>This should not be a detailed response, but rather a high level overview of how your organisation can contribute to these Ambitions for Leeds.</p> <p>Please consider each of these Ambitions broadly, and take into consideration the range of services your organisation provides, and where relevant, those services that you commission.</p> <p>Every organisation is different and it may be that not every organisation will be able to provide responses for every Ambition.</p> <p>These commitments will form an addendum to the Board's Strategic Plan, and members will be asked to summarise their achievements in next year's Annual report.</p>	

1. Ambition: Seek out the voice of the adult at risk

Notes: *Please consider how your organisation can help ensure that the voice of the adult at risk is at the heart of your organisations safeguarding practice.*

- The CCG's will continue to work with individuals, Patient Assurance Groups and key organisations to ensure that the voice and views of adults at risk are sought, considered and incorporated into the commissioning and reviewing of all services.
- The CCG's commission a number of Personal Health Budget (PHB) Support Services, as part of an on-going evaluation of PHB implementation the CCGs will continue to seek service user's views in relation to their PHB experience which will inform the re-commissioning of such services.
- The CCG's Designated Safeguarding Adult Professionals will continue to provide expert advice and support to the commissioning leads across the CCG's as part of the commissioning process including the commissioning and re-commissioning of services, service reviews and service redesigns.
- The need to seek out the voice of the adult at risk, and work restoratively with people to achieve the changes they need to feel safe will be included in all levels of safeguarding training, including the bespoke training that is delivered to GPs, CCG clinical staff and Commissioning Leads.

2. Ambition: Improve awareness of safeguarding across all our communities

Notes: *Please consider how your organisation can promote awareness of safeguarding adults through its services and networks. Please give particular consideration as to how your organisation can help us promote awareness within Black Minority Ethnic Communities.*

- Improving awareness of safeguarding across all our communities including Black Minority Ethnic Communities will be incorporated in the CCG Safeguarding Children and Adults Team Business Plan for 2016/17
- The CCGs Safeguarding Children and Adults Team will continue to take responsibility for raising awareness of safeguarding adults and how to report abuse via a variety of methods including staff training, safeguarding supervision, bi-annual safeguarding newsletter, safeguarding bulletins, engagement events, and working collaboratively with the patient engagement teams to undertake a targeted approach to those adults most in need.

3. Ambition: Improve responses to domestic abuse and violence

Notes: *Please consider actions your organisation can take to improve responses*

- The CCGs are fully committed to ensuring that the health economy, including primary care, is fully engaged in the Front Door Safeguarding Hub daily partnership meetings. The CCG will fund a scoping project to be completed during 2016/17 to identify what resources are required to ensure that the health economy is a full and active partner within this process.
- The CCGs will continue to support and promote the GP Routine Enquiry Pilot that is currently being led by the LCC Domestic Violence Team.
- The CCG's Designated Nurse for Safeguarding Children and Adults will chair the Health Domestic Violence and Abuse Strategic Delivery Group to ensure the health economy in Leeds provides an effective response to domestic violence & abuse.

4. Ambition: Learn from experience to improve how we work

Notes: *Please consider how your organisation is learning from people's experiences of safeguarding. This may include learning from Safeguarding Adults Reviews, Domestic Homicide Reviews, performance information or feedback from adults at risk.*

- The CCGs commission a Patient Experience Survey from 'Leeds Involving People' regarding patients experiences of services received from Leeds Teaching Hospitals NHS Trust. A section regarding safeguarding adults was included in 2015 and has been revised and expanded for use during 2016/17.
- The learning from Safeguarding Adults Reviews, Learning Lessons Reviews and Domestic Homicide Reviews are incorporated into all safeguarding training that is delivered to CCG and GP staff. Bespoke learning lessons training has been developed specifically for GPs and will be delivered during 2016/17.
- As stated in Section 1 the CCG's will continue to work with individuals and key organisations to ensure that the voice and views of adults at risk are sought, considered and incorporated into the commissioning and reviewing of all services.



**Leeds Safeguarding
Adults Board**

Member Organisation Commitments

LSAB: Strategic Plan

Member Organisation Commitments		
Organisation: Leeds Community Healthcare NHS Trust	Completed by:	Date:
Notes:	<p>Please consider and outline how your organisation can help to take forward the Board's Ambitions.</p> <p>This should not be a detailed response, but rather a high level overview of how your organisation can contribute to these Ambitions for Leeds.</p> <p>Please consider each of these Ambitions broadly, and take into consideration the range of services your organisation provides, and where relevant, those services that you commission.</p> <p>Every organisation is different and it may be that not every organisation will be able to provide responses for every Ambition.</p> <p>These commitments will form an addendum to the Board's Strategic Plan, and members will be asked to summarise their achievements in next year's Annual report.</p>	

1. Ambition: Seek out the voice of the adult at risk

Notes:

Please consider how your organisation can help ensure that the voice of the adult at risk is at the heart of your organisations safeguarding practice.

- Through services annual records audits we will establish the extent to which service users are treated as individuals; their care and protection needs are assessed; and care plans are outcome focused
- LCH will continue to promote and engage in the Dementia Friends campaign

2. Ambition: Improve awareness of safeguarding across all our communities

Notes:

Please consider how your organisation can promote awareness of safeguarding adults through its services and networks. Please give particular consideration as to how your organisation can help us promote awareness within Black Minority Ethnic Communities.

- LCH will promote awareness of safeguarding through engagement with our Trust membership
- We will use our “Safeguarding Week” to challenge staff to make safeguarding everybody’s business and to think about how we reach out to safeguard all of our communities and client groups

3. Ambition: Improve responses to domestic abuse and violence	
Notes:	<i>Please consider actions your organisation can take to improve responses</i>
<ul style="list-style-type: none"> • The Safeguarding Adults Champions group will be the conduit used to ensure services consider the possibility of domestic violence when assessing risk • We will continue to promote and extend the use of “Routine Enquiry” to offer a space for clients to voice concerns surrounding their personal safety • We will continue to be actively involved in the development and delivery of services through the Front Door Safeguarding Hub 	
4. Ambition: Learn from experience to improve how we work	
Notes:	<i>Please consider how your organisation is learning from people’s experiences of safeguarding. This may include learning from Safeguarding Adults Reviews, Domestic Homicide Reviews, performance information or feedback from adults at risk.</i>
<ul style="list-style-type: none"> • We will implement actions from SARs DHRs and Serious Incidents to ensure learning is disseminated and embedded from serious safeguarding incidents • We will respond in a timely manner to service user feedback; valuing client input as partners in service delivery and development • Safeguarding practitioners will continue to monitor and review all incidents occurring in the Trust where safeguarding issues have been identified and exercise our Duty of Candour 	



**Leeds Safeguarding
Adults Board**

Member Organisation Commitments

LSAB: Strategic Plan

Member Organisation Commitments		
Organisation: Leeds Teaching Hospitals Trust	Completed by: Rachel Stanton Interim Head of Safeguarding	Date: 27.07.16
Notes:	<p>Please consider and outline how your organisation can help to take forward the Board's Ambitions.</p> <p>This should not be a detailed response, but rather a high level overview of how your organisation can contribute to these Ambitions for Leeds.</p> <p>Please consider each of these Ambitions broadly, and take into consideration the range of services your organisation provides, and where relevant, those services that you commission.</p> <p>Every organisation is different and it may be that not every organisation will be able to provide responses for every Ambition.</p> <p>These commitments will form an addendum to the Board's Strategic Plan, and members will be asked to summarise their achievements in next year's Annual report.</p>	

1. Ambition: Seek out the voice of the adult at risk

Notes:

Please consider how your organisation can help ensure that the voice of the adult at risk is at the heart of your organisations safeguarding practice.

- **Signposting to the PALS service**
- **Friends and Family Test**
- **Learning from complaints and incidents - using the learning to shape service provision and influence service delivery**
- **Ensure, where possible, that the opinion of the adult is sought and documented and forms the focus of care provision.**

2. Ambition: Improve awareness of safeguarding across all our communities

Notes:

Please consider how your organisation can promote awareness of safeguarding adults through its services and networks. Please give particular consideration as to how your organisation can help us promote awareness within Black Minority Ethnic Communities.

- **Visible posters and signposting**
- **Communication in alternative languages readily available**
- **Friends and family test**
- **Complaints and compliment feedback**
- **Attendance and engagement with multi agency partnership working**
- **Raising awareness at all levels of training**

3. Ambition: Improve responses to domestic abuse and violence

Notes:

Please consider actions your organisation can take to improve responses

- **Consider a Domestic Violence standalone policy**
- **Consider the introduction of routine enquiry for all clients at entry into the trust.**
- **Consider developing further training.**
- **We already have Domestic Violence Champions in key areas of the trust (such as the ED)**
- **Feedback from cases where lessons have been learned so that staff understand why we need to respond.**

4. Ambition: Learn from experience to improve how we work

Notes:

Please consider how your organisation is learning from people's experiences of safeguarding. This may include learning from Safeguarding Adults Reviews, Domestic Homicide Reviews, performance information or feedback from adults at risk.

- **Lessons learned sessions**
- **Communications to all staff via media available**
- **Operational group to identify how we can improve our response**
- **Supervision for staff specific to Domestic Abuse cases**
- **Debrief for staff where involved in cases - consider a 'buddying' system to support concerns being raised.**



**Leeds Safeguarding
Adults Board**

Member Organisation Commitments

LSAB: Strategic Plan

Member Organisation Commitments		
Organisation: LYPFT	Completed by: Lindsay Britton-Robertson/Richard Hattersley	Date: 13.7.16
Notes:	<p>Please consider and outline how your organisation can help to take forward the Board's Ambitions.</p> <p>This should not be a detailed response, but rather a high level overview of how your organisation can contribute to these Ambitions for Leeds.</p> <p>Please consider each of these Ambitions broadly, and take into consideration the range of services your organisation provides, and where relevant, those services that you commission.</p> <p>Every organisation is different and it may be that not every organisation will be able to provide responses for every Ambition.</p> <p>These commitments will form an addendum to the Board's Strategic Plan, and members will be asked to summarise their achievements in next year's Annual report.</p>	

1. Ambition: Seek out the voice of the adult at risk

Notes:

Please consider how your organisation can help ensure that the voice of the adult at risk is at the heart of your organisations safeguarding practice.

- **Making Safeguarding Personal has been embedded within our response to all safeguarding enquiries either within the Trust or via a section 42 investigation.**
- **We have representation on the public involvement sub group. It was decided that the LYPFT representation should be from our involvement specialist. The aim was for a Trust wide response to engaging service users and the public in Safeguarding practice.**
- **The Trust have embedded the Safeguarding publicity in public areas within key hospital sites. The aim is to encourage service users to recognise safeguarding issues and raise them with practitioners.**

2. Ambition: Improve awareness of safeguarding across all our communities

Notes:

Please consider how your organisation can promote awareness of safeguarding adults through its services and networks. Please give particular consideration as to how your organisation can help us promote awareness within Black Minority Ethnic Communities.

- **Links have been made with LYPFT inclusion lead to attend and advise within the Trustwide Safeguarding Committee.**
- **Work has begun to scope ethnicity of service users who have been referred to the LYPFT safeguarding team, this is early work intended to identify key areas for concern and target support and information where a need is identified.**
- **The LYPFT have representation on the Mental Health Legislation Operational and Leadership Group, the aim is to link in with work being done to identify patterns of ethnicity of those patients being treated under mental health legislation. Certain groups have longstanding over representation in this area. The aim is for shared learning and opening up dialogues with black and ethnic minority groups.**

3. Ambition: Improve responses to domestic abuse and violence

Notes:

Please consider actions your organisation can take to improve responses

- The LYPFT Safeguarding team attend the daily DV HUB. The team act as a link to staff and clinicians supporting both victim and perpetrator with an aim of providing support and sharing information.
- The DASH assessment has now been embedded within the LYPFT clinical recording system in order to better support staff in timely assessment.
- Domestic Violence training is being planned to be rolled out across the Trust in Autumn 2016 to include routine enquiry and DASH awareness.
- All mandatory safeguarding training now has DV embedded within presentations.
- The 'Level 3' Safeguarding Training has embedded multi agency discussion and learning, representation from the police safeguarding unit and HALT have attended session in the past 6 months.

4. Ambition: Learn from experience to improve how we work

Notes:

Please consider how your organisation is learning from people's experiences of safeguarding. This may include learning from Safeguarding Adults Reviews, Domestic Homicide Reviews, performance information or feedback from adults at risk.

- The LYPFT have attended a number of Domestic Homicide Reviews, the learning from such reviews has been linked to higher level safeguarding training (level 3). Those senior clinicians involved in this training are provided with group supervision and regular updates on safeguarding themes arising from such reviews. The aim is to cascade the learning and better embed such learning into practice.
- Specific Lessons Learned have been shared with whole teams (Community Mental Health Teams) to embed and to give teams involved in DH cases the opportunity to discuss and participate in the learning to better embed change.
- LYPFT safeguarding reps attend the SAR sub group and actively promote learning across the Trust.
- As a response to the MAZARs report (Southern Health) the LYPFT have set up a regular monthly review of all deaths, the mortality group is attended by a LYPFT safeguarding team rep in order to enable learning to be shared and identify themes which may link with wider multi agency reviews.



**Leeds Safeguarding
Adults Board**

Member Organisation Commitments

LSAB: Strategic Plan

Member Organisation Commitments		
Organisation: Strategy & Commissioning Team	Completed by: Bridget Emery	Date: 04/07/16
Notes:	<p>Please consider and outline how your organisation can help to take forward the Board's Ambitions.</p> <p>This should not be a detailed response, but rather a high level overview of how your organisation can contribute to these Ambitions for Leeds.</p> <p>Please consider each of these Ambitions broadly, and take into consideration the range of services your organisation provides, and where relevant, those services that you commission.</p> <p>Every organisation is different and it may be that not every organisation will be able to provide responses for every Ambition.</p> <p>These commitments will form an addendum to the Board's Strategic Plan, and members will be asked to summarise their achievements in next year's Annual report.</p>	

1. Ambition: Seek out the voice of the adult at risk

Notes:

Please consider how your organisation can help ensure that the voice of the adult at risk is at the heart of your organisations safeguarding practice.

- Safeguarding features in service specifications. As commissioners we request that the service has robust policies and procedures in place for safeguarding adults at risk.
- All commissioned service staff and volunteers should be trained and supported at a level appropriate to their role to safeguard adults at risk.
- Safeguarding is discussed in support sessions and quality assessments should highlight that service users feel confident in knowing what and how to report a concern along with the confidence the service will take appropriate action.
- The quality assessment process is currently being revised ready for the implementation of the new commissioned services in April 2017. This needs to allow the voice of the adult service user to be heard.

2. Ambition: Improve awareness of safeguarding across all our communities

Notes:

Please consider how your organisation can promote awareness of safeguarding adults through its services and networks. Please give particular consideration as to how your organisation can help us promote awareness within Black Minority Ethnic Communities.

- Circulate key messages to commissioned services.
- Promote available training courses for commissioned service staff to attend.
- All services are required to have a nominated safeguarding lead.

3. Ambition: Improve responses to domestic abuse and violence	
Notes:	<i>Please consider actions your organisation can take to improve responses</i>
<ul style="list-style-type: none"> • Commissioned services are requested to ensure that they are able to identify risk and responds appropriately and effectively to incidents of Domestic abuse and violence. • Service contractors are asked to fully engage in the daily MARAC process and participate and engage with other multi-agency initiatives to support and protect victims of domestic violence and abuse. • Newly commissioned services are required to attain the Domestic Violence Quality Mark (level 2) within 12 months of the contract start date. • Currently out to tender for the new city-wide Domestic Violence and Abuse service for vulnerable adults and families who have support needs due to domestic violence and abuse. (Lot 1: Advice and Support, IDVA Support, Community Based 1-1 Support, Drop-Ins, Groups and Courses, Training, Peer, Befriending and Volunteer Support. Lot 2: Emergency Accommodation and Resettlement Support). 	
4. Ambition: Learn from experience to improve how we work	
Notes:	<i>Please consider how you organisation is learning from people's experiences of safeguarding. This may include learning from Safeguarding Adults Reviews, Domestic Homicide Reviews, performance information or feedback from adults at risk.</i>
<ul style="list-style-type: none"> • Circulate lessons learnt to all commissioned services • Safeguarding is discussed as part of the quality assessment process and service users are given the opportunity to feedback regarding what safeguarding means to them and their awareness of the services safeguarding process. • The strategy and commissioning teams' internal safeguarding process is regularly reviewed and updated accordingly. • Safeguarding is embedded within contract management. 	



**Leeds Safeguarding
Adults Board**

Member Organisation Commitments

LSAB: Strategic Plan

Member Organisation Commitments		
Organisation: Leeds City Council: Housing	Completed by: Mandy Sawyer	Date: 18th July 2016
Notes:	<p>Please consider and outline how your organisation can help to take forward the Board's Ambitions.</p> <p>This should not be a detailed response, but rather a high level overview of how your organisation can contribute to these Ambitions for Leeds.</p> <p>Please consider each of these Ambitions broadly, and take into consideration the range of services your organisation provides, and where relevant, those services that you commission.</p> <p>Every organisation is different and it may be that not every organisation will be able to provide responses for every Ambition.</p> <p>These commitments will form an addendum to the Board's Strategic Plan, and members will be asked to summarise their achievements in next year's Annual report.</p>	

1. Ambition: Seek out the voice of the adult at risk

Notes:

Please consider how your organisation can help ensure that the voice of the adult at risk is at the heart of your organisations safeguarding practice.

- Annual Home Visits – all tenants visited annually to review any issues with their tenancy, including review of support need / arrangements, identification of safeguarding issues. 97% of tenants visited in 15/16 – highlighted number of tenants with additional support needs which service previously not aware of.
- Restorative Practice training for all staff to encourage staff to adopt RP principles when working with customers – focus on qualitative conversations with customers, working with customers to jointly agree solutions.
- Sheltered Support Officer – support plans reviewed every 6 months to review support needs / identify safeguarding issues, and regular visits / contact to ensure wellbeing of sheltered residents.
- All Housing Leeds staff have undertaken Safeguarding training to ensure that they actively consider safeguarding risks as part of their day to day work.
- Housing Leeds supports case conferencing approach – multi agency working to consider wrap around service to tenant / applicant at risk. Housing Leeds attendance on regular case conferences – bi-weekly Young Persons Move On Group, daily Front Door Safeguarding HUB, weekly Adaptations Panel meeting.

2. Ambition: Improve awareness of safeguarding across all our communities	
Notes:	<i>Please consider how your organisation can promote awareness of safeguarding adults through its services and networks. Please give particular consideration as to how your organisation can help us promote awareness within Black Minority Ethnic Communities.</i>
<ul style="list-style-type: none"> • We offer safeguarding training for all tenants involved in tenant groups so that they can promote awareness in communities. We also offer support to Tenants And Residents Associations (TARAs) to ensure that they have appropriate safeguarding arrangements in place, and this is reviewed on an annual basis. We have also worked closely with the Leeds Safeguarding Childrens Board to promote awareness of children’s safeguarding issues to community groups and are keen to develop similar links with the Leeds Safeguarding Adults Board. • Safeguarding training for repairs operatives, safeguarding lead officers within partner contractors to ensure that operatives respond appropriately to safeguarding concerns when undertaking repairs. • Supporting Council / multi-agency publicity campaigns to promote awareness of particular safeguarding issues, via posters / social media e.g. Get Comfortable With It / Euro 2016 Domestic Abuse campaign. • We are keen to strengthen safeguarding information available to customers on the Housing web pages – this is a priority for 2016. 	
3. Ambition: Improve responses to domestic abuse and violence	
Notes:	<i>Please consider actions your organisation can take to improve responses</i>
<ul style="list-style-type: none"> • Housing Leeds staff represented on Front Door Safeguarding HUB to ensure that housing needs of cases are proactively managed. • Senior Managers in Housing Leeds identified as DV Champions who are responsible for ensuring that we respond appropriately to DV cases. DV lead officers in each housing office who are currently being trained to support officers in responding to cases - implementation of Caada Dash form and training for all front line officers. • Housing Leeds has budget available to install additional security measures to properties where the occupant has experienced domestic abuse. • Leeds Housing Options have secured the DV Quality Mark – rest of Housing Leeds working towards this quality mark. 	

4. Ambition: Learn from experience to improve how we work

Notes:

Please consider how your organisation is learning from people's experiences of safeguarding. This may include learning from Safeguarding Adults Reviews, Domestic Homicide Reviews, performance information or feedback from adults at risk.

- Housing Leeds Safeguarding Lead Officers – attend Council wide Safeguarding Lead Officer meetings, where good practice and lessons learnt are discussed.
- Regular updates to staff on safeguarding / Safeguarding Case of the Month in weekly staff “Hot Topics” email bulletin. Updates / cases discussed at weekly team meetings.
- Housing Leeds senior manager co-ordinates Housing Leeds role in Domestic Homicide Reviews and Serious Case Reviews, and considers learning opportunities.
- Case conferences used as opportunity to identify service weaknesses and opportunities for lessons learnt.

Please could responses be sent to LSAB.Chair@leeds.gov.uk by 21st July 2016



**Leeds Safeguarding
Adults Board**

Member Organisation Commitments

LSAB: Strategic Plan

Member Organisation Commitments		
Organisation: Healthwatch Leeds	Completed by: Tanya Matilainen	Date: July 2016
Notes:	<p>Please consider and outline how your organisation can help to take forward the Board's Ambitions.</p> <p>This should not be a detailed response, but rather a high level overview of how your organisation can contribute to these Ambitions for Leeds.</p> <p>Please consider each of these Ambitions broadly, and take into consideration the range of services your organisation provides, and where relevant, those services that you commission.</p> <p>Every organisation is different and it may be that not every organisation will be able to provide responses for every Ambition.</p> <p>These commitments will form an addendum to the Board's Strategic Plan, and members will be asked to summarise their achievements in next year's Annual report.</p>	

1. Ambition: Seek out the voice of the adult at risk

Notes:

Please consider how your organisation can help ensure that the voice of the adult at risk is at the heart of your organisations safeguarding practice.

- Raise awareness of the ambition within team and review procedure
- Chair the Citizen Engagement sub-group and progress work plan actions
- Identify and promote the message through Leeds networks and channels

2. Ambition: Improve awareness of safeguarding across all our communities

Notes:

Please consider how your organisation can promote awareness of safeguarding adults through its services and networks. Please give particular consideration as to how your organisation can help us promote awareness within Black Minority Ethnic Communities.

- Promotion via social media, website and news letters
- Promotion of adult safeguarding when undertaking engagement activities with different group and communities
- Support outreach and inclusion of BME communities
- Healthwatch Leeds volunteers that take part in outreach work are either trained or briefed in Adult Safeguarding

3. Ambition: Improve responses to domestic abuse and violence

Notes:

Please consider actions your organisation can take to improve responses

- Promote good practise
- Act as a “critical friend” as designated
- Comment to improve accessibility of any reviewed material

4. Ambition: Learn from experience to improve how we work

Notes:

Please consider how you organisation is learning from people’s experiences of safeguarding. This may include learning from Safeguarding Adults Reviews, Domestic Homicide Reviews, performance information or feedback from adults at risk.

- Support anonymised feedback
- Promote feedback opportunities
- Look for ways to report and share learning



**Leeds Safeguarding
Adults Board**

Member Organisation Commitments

LSAB: Strategic Plan

Member Organisation Commitments		
Organisation: West Yorkshire Fire and Rescue Service	Completed by: Lisa Toner	Date: 10/08/2016
Notes:	<p>Please consider and outline how your organisation can help to take forward the Board's Ambitions.</p> <p>This should not be a detailed response, but rather a high level overview of how your organisation can contribute to these Ambitions for Leeds.</p> <p>Please consider each of these Ambitions broadly, and take into consideration the range of services your organisation provides, and where relevant, those services that you commission.</p> <p>Every organisation is different and it may be that not every organisation will be able to provide responses for every Ambition.</p> <p>These commitments will form an addendum to the Board's Strategic Plan, and members will be asked to summarise their achievements in next year's Annual report.</p>	

1. Ambition: Seek out the voice of the adult at risk

Notes:

Please consider how your organisation can help ensure that the voice of the adult at risk is at the heart of your organisations safeguarding practice.

- **Appropriate identification of vulnerable adults and proportionate and appropriate response to concerns. We visit around 12, 000 homes annually within Leeds giving us an opportunity to identify safeguarding concerns.**
- **We will support any publicity campaigns either through social media or displaying posters on community fire stations to encourage members of public to recognise signs of abuse and highlight them to a professional.**

2. Ambition: Improve awareness of safeguarding across all our communities

Notes:

Please consider how your organisation can promote awareness of safeguarding adults through its services and networks. Please give particular consideration as to how your organisation can help us promote awareness within Black Minority Ethnic Communities.

- **We will run a public consultation with the communities of West Yorkshire on our new “Safer Communities Strategy”. Within this consultation we endeavour to establish what the community feel is important to make them feel safer. Furthermore, we will ensure we consult with a cross section of the community covering all key protected characteristics including race, religion and disability.**
- **We will continue to take responsibility of raising awareness of safeguarding adults and how to report abuse through a variety of training methods including staff training and annual performance management station visits.**

3. Ambition: Improve responses to domestic abuse and violence

Notes:

Please consider actions your organisation can take to improve responses

- **WYFRS is a fully committed partner of the Front Door safeguarding Hub. We will continue to resource this partnership and deliver front line visits to all victims of domestic violence to make them safe from fire.**
- **All Leeds based operational front line crews have received bespoke Domestic Violence training including a brief on the Front Door safeguarding arrangements.**
- **Have robust process in place for dealing with victims of Domestic Violence experiencing arson threats in the community.**

4. Ambition: Learn from experience to improve how we work

Notes:

Please consider how your organisation is learning from people's experiences of safeguarding. This may include learning from Safeguarding Adults Reviews, Domestic Homicide Reviews, performance information or feedback from adults at risk.

- **Embed appropriate learning from reviews into staff training and consider good practice**
- **We have two full time members of staff seconded into Adult Social Care and LYPFT so we can learn from other agencies and improve the way we work. This collaborative approach allows us to work closely to identify shared risk in the community.**



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: 22 November 2016

Subject: Chairs Update – November 2016

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

1 Purpose of this report

1.1 The purpose of this report is to 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 papers¹

4.1 None used

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



Report author: Steven Courtney
Tel: 24 74707

Report of Head of Scrutiny

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

Date: 22 November 2016

Subject: Scrutiny Inquiry: Involvement of the Third Sector in the provision of Health and Social Care Services across Leeds - response to the recommendations

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

Summary of main issues

1. In September 2016, the Scrutiny Board agreed its report and recommendations following its inquiry, '*Involvement of the Third Sector in the provision of Health and Social Care Services across Leeds*'. Following agreement of the final recommendations, a response to the recommendations was subsequently requested.
2. Attached at Appendix 1 is a summary of the initial responses to the Scrutiny Board recommendations. In providing the response the following overall assessment of the inquiry report and recommendations has been provided:

'...[the report and recommendations] provide a fair overview of the commissioning arrangements, partnership working and organisational relationships between the statutory and third sector partners already in place and highlights the positive work happening in the city, whilst also identifying areas for further development'

Recommendations

3. The Scrutiny Board is asked to considers the details presented in the attached response; and determines any further scrutiny activity and/or actions, as appropriate

Background documents

4. None used¹

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.

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

***INVOLVEMENT OF THE THIRD SECTOR IN THE PROVISION OF HEALTH AND
SOCIAL CARE SERVICES ACROSS LEEDS***

SCRUTINY INQUIRY REPORT RECOMMENDATIONS

On behalf of the Commissioning, NHS Provider and Third Sector partners who have contributed to the Scrutiny Inquiry, and to this response, I would like to welcome the report. We believe it provides a fair overview of the commissioning arrangements, partnership working and organisational relationships between the statutory and third sector partners already in place and highlights the positive work happening in the city, whilst also identifying areas for further development.

The responses to the specific recommendations are noted in the table below for ease of access, but I can also assure Scrutiny Board that we will be sharing the report and recommendations within our organisations, and also across partnership structures, most notably the Third Sector Partnership, to inform our wider strategic plans in regard to third sector development.

Mick Ward
Interim Chief Officer, Commissioning
Adult Social Care
Leeds City Council

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
<p>Recommendation 1:</p> <p>To help assess the effectiveness of the new arrangements, by March 2017 the Scrutiny Board reviews the single health and social care forum service for the City, with the input of the Third Sector and commissioners, to ensure it continues to:</p> <ul style="list-style-type: none"> • Support the development of a strong and vibrant Third Sector; • Deliver support to people with care and support needs; and, • Enable the sector to actively contribute to and influence strategies, policies, and plans that have an impact on the sector and the people that use their services. 	Yes	<p>As it is a commissioned service, the single health and social care forum, known as 'Forum Central' will be reviewed on a regular basis by ASC Commissioning and contracts team on behalf of ASC and the CCG's.</p> <p>We welcome the additional over sight Scrutiny Board will bring to this process</p> <p>Forum Central are also supportive of this recommendation and look forward to working with Scrutiny Board on this review</p>	

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
<p>Recommendation 2:</p> <p>That, by November 2016, service commissioners across Leeds' health, wellbeing and social economy provide a joint report that clearly sets out the, current and projected, financial challenges for services commissioned through the Third Sector and how, through collaborative working, impacts across the sector have and will continue to be minimised and/or mitigated.</p>	Yes	<p>Commissioners are already sharing current financial plans, including commissioning and de-commissioning plans. This is being co-ordinated through the Integrated Commissioning Executive This work cuts across Third, Independent and Statutory sectors, but does include Third Sector organisations.</p> <p>Commissioners can share this information with Scrutiny Board as it develops further as budgets become set for 2017/18 and beyond</p>	

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
<p>Recommendation 3:</p> <p>By December 2016, commissioners produce a joint report in relation to joint commissioning across Leeds' health and social care sector that sets out, in detail, the progress made to date and any future proposed actions; with a particular emphasis on the efficiencies and improved outcomes achieved and targeted.</p>	Yes	This will be a continuum of the work overseen by ICE as noted above	

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
<p>Recommendation 4:</p> <p>By April 2017, Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust and Leeds and York Partnerships NHS Foundation Trust work collaboratively to set out the strategic relationship with the Third Sector and how that might contribute to the delivery of Trust objectives.</p>	Yes	<p>Each of the three NHS provider organisations actively engage with the Third Sector, this includes:</p> <p>Leeds and York Partnership Foundation Trust: LYPFTs strategic vision is developed from an understanding that partners and particularly those from the third sector can improve outcomes for service users by building a ‘scaffolding’ of support beyond statutory services. Initiatives in the Trust have been underway for many years from early beginnings with the Personality Disorder network to the recent Rehab and Recovery service development. These both represent examples where we are actively working with and sub-contracting elements of work to partners.</p> <p>LYPFT want to see increases in service developments that have been either co-produced, or where we have been commissioned to sub-contract with the third sector. How these services are specified, procured and contracted for, in a cost effective, sustainable, and legally sound way, is one aspect of the success of this</p>	

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
		<p>work.</p> <p>To ensure effective procurement LYPFT has recently completed a full tender process to create a framework of third sector providers. The Framework allows the Trust to balance the need to follow procurement rules whilst also ensuring it is in a position to mobilise service developments quickly. This is particularly important when needing to respond to commissioning or business opportunities and requirements and/or internal service strategy initiatives. Having a framework in place also allows the creation of a lead provider model which would enable the Trust to take responsibility for a full set of service outcomes whilst also establishing a partnership network to deliver elements of those outcomes.</p> <p>Leeds Community Healthcare NHS Trust:</p> <p>LCH's objectives around the development of integrated neighbourhood teams, new models of care and reviewing service models, provide opportunities for further collaboration and closer work with the third sector to extend their reach across the Leeds population with particular focus on</p>	

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
		<p>reducing health inequalities.</p> <p>This work builds on current successful collaboration with third sector partners. Examples of which include:</p> <ul style="list-style-type: none"> • being the lead member of a consortium with third sector partners providing improved access to psychological therapies (IAPT) service • the third sector providing activities for patients in an in-patient setting and connecting patients with activities in the community following discharge from hospital • working with third sector partners on developing innovative new models of care within our specialist services <p>Leeds Community Healthcare NHS Trust's stakeholder engagement strategy, due for review in early 2017, will promote a more strategic approach to relationship management with the third sector and other Trusts, particularly where partnerships span patient journeys across acute and community sectors. This will link to established city-wide collaborative approaches including the Sustainability and Transformation Plan (STP) and Compact for</p>	

<i>Scrutiny Board Recommendation</i>	<i>Agreed (Yes/No)</i>	<i>Initial Response</i>	<i>Recommendation Tracking</i>
		<p>Leeds.</p> <p>Leeds Teaching Hospital Trust: LTHT actively seeks to work collaboratively with a number of different stakeholders including the Third Sector. This is in terms of both strategic and operational relationships. The initiatives described below and similar in development will be instrumental in continuing to build on these intentions.</p> <ul style="list-style-type: none"> • LTHT have been involved in the development of a City Wide Co-production Charter. This has been achieved in partnership with a number of Third Sector organisations, in particular Touchstone and LIP. The charter was developed in June 2016 with a view to health and social care services being commissioned and delivered using the principles of co-production. • The LTHT Patient Reference Group and Patient Leaders programme are in development and will be bodies of individuals who can help shape and influence the services of the Trust. The Trust will be utilising Third Sector organisations as a conduit to engage with 	

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
		<p>people. Additionally, this work will contribute to the identification of additional opportunities for the Third Sector to partner with LTHT, as possibilities are discussed through these mechanisms.</p> <ul style="list-style-type: none"> • The Patient Advice and Liaison Service is now using community mapping to proactively engage with people and communities. The Third Sector has been essential in facilitating this process by supporting workshops and “PALS surgeries” at events and providing quiet areas to deal with sensitive issues. • LTHT will positively contribute to discussions currently underway and facilitated by Healthwatch Leeds to work with Providers across Leeds to maximise opportunities for involvement / engagement and thus improve service delivery by working better together. It would be appropriate for this model of working to be extended to consider the role of the Third Sector and maximising the benefits of developing strategic partnerships and LTHT are committed to supporting this approach. 	

<i>Scrutiny Board Recommendation</i>	<i>Agreed (Yes/No)</i>	<i>Initial Response</i>	<i>Recommendation Tracking</i>
		<p>The three organisations are committed to sharing this practice across organisations and to using the range of partnership arrangements in the city to develop further work collaboratively with the Third Sector</p>	

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
<p>Recommendation 5:</p> <p>That by March 2017, Leeds Health and Wellbeing Board:</p> <p>(a) Sets out its role in setting out the City's future vision for the role of the Third Sector in the provision of health and social care services and in reducing health inequalities and working with people across Leeds; and,</p> <p>(b) Agrees a clearly defined, articulated and understood vision for the Third Sector in the provision of health and social care services across commissioners and service providers in Leeds.</p> <p>(c) Reviews and reports on its relationship with the Third Sector Partnership, particularly focusing on formalising those aspects of work that are likely to have an impact on the delivery of Leeds Joint Health and Wellbeing Strategy (2016-</p>	Yes/ No	<p>The Leeds Health and Wellbeing Strategy 2016-21 sets out the vision and priorities for Leeds. It initiates action, encourages joint working, and allows individuals to identify their own role in achieving the city's vision to improve the health of the poorest the fastest.</p> <p>The Strategy states that:</p> <ul style="list-style-type: none"> • Leeds is well placed to respond to the 3 challenges in the 5 year Forward View – includes that we have a thriving third sector and inspiring community assets • Leeds has brilliant and diverse communities, well-established neighbourhood networks and a thriving third sector; we must harness these strengths (strong, engaged and well-connected communities) • Working fully in partnership with the third sector and those in caring and volunteer roles in the community will be crucial to make the most of our city wide assets (working as one workforce for Leeds) • We must build on the strengths of older people and recognise first and foremost their roles as employees, volunteers, investors and consumers (ageing well) 	

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
2021).		<ul style="list-style-type: none"> • With collaboration across private, public, academic and community organisations, Leeds is perfectly placed to be a great location for health innovation. <p>The Health and Wellbeing Board (HWB) has a designated member representing the Third Sector. This member is currently drawn from Forum Central.</p> <p>The HWB has hosted 6 opportunities (both workshops and public meetings) to engage in the development of the Leeds local Sustainability and Transformation Plan (STP). The Third Sector representative has also taken up further opportunities to engage that have not been arranged as part of the HWB's work.</p> <p>HWB members discussed the STP at the formal meeting on 21st April 2016. The minutes state:</p> <ul style="list-style-type: none"> • Acknowledged that it was crucial to encourage individual organisations to work together and have regard to all partners to ensure delivery of services in the light of the financial constraints • Recognition of the role that Leeds Healthwatch will play in the 	

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
		<p>consultation/engagement process</p> <ul style="list-style-type: none"> Recognised that the role of the members of the Third Sector as key partner organisations and solution providers should be emphasised within the STP. The recent establishment of the Third Sector Forum was noted and the Third Sector representative at the time of meeting extended an offer to work on the further development of the STP. <p>At the public meeting of the Health and Wellbeing Board in September 2016, the Board received a report on the current health and care partnerships for Leeds and West Yorkshire. The report explored the relationships between the ‘top tier’ structures and the Health and Wellbeing Board (HWB). Further work is now being undertaken to inform further discussions about appropriate third sector representation in all parts of the health and care system.</p> <p>The HWB also plans to further explore the role of the Third Sector in a private workshop in November 2016, led by Healthwatch, the Third Sector rep and Cllrs, looking at changing the conversation to work with people in Leeds.</p>	

<i>Scrutiny Board Recommendation</i>	<i>Agreed (Yes/No)</i>	<i>Initial Response</i>	<i>Recommendation Tracking</i>

<i>Scrutiny Board Recommendation</i>	<i>Agreed (Yes/No)</i>	<i>Initial Response</i>	<i>Recommendation Tracking</i>
<p>Recommendation 6:</p> <p>That all statutory and third sector organisations across Leeds health, wellbeing and social care economy continue to maintain a close dialogue in all aspects of their work to further strengthen the vibrant, mature and well established Third Sector that currently exists in Leeds.</p>	Yes	<p>This approach is embedded in the work of Third Sector Leeds and Forum Central and the partnership arrangements in place, including those with the statutory sector, notably the Third Sector Partnership and Young Lives Leeds. There are also a number of specific commissioning/provider forums where the third sector and statutory partners discuss relevant areas of current or future work. Work with the third sector is underpinned by the Compact for Leeds which is currently being re-freshed, overseen by the Third Sector Partnership.</p>	

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
<p>Recommendation 7:</p> <p>In maintaining the dialogue with Third Sector partners, by March 2017 commissioners across Leeds health, wellbeing and social care economy specifically:</p> <p>(a) Deliver a 'joint commissioning' workshop for third sector organisations to provide an update on work to establish joint commissioning arrangements and any associated governance framework(s).</p> <p>(b) Consider how to better engage with the third sector across the personalisation agenda.</p> <p>(c) Review options for the best and most effective use of the Supporting Links to Commissioning Manager resource.</p>	Yes	<p>a) There are currently a series of workshops planned to be delivered in the Third Sector, including workshops where commissioners have been asked to present on current commissioning plans. These can be further developed to include broader information on new and developing commissioning arrangements and governance.</p> <p>b) This is part of the current arrangements between ASC and the Third Sector, making use of the existing provider forums which cover a range of client groups. These can be used to support the ASC Better Lives re-refresh and the move to Strength Based Social Care, which has strong links to personalisation</p> <p>c) Through the Third Sector Partnership, individual organisational links, and specific areas of work, such as the joint training noted above, and the recent joint work on establishing the Leeds Social Value Charter, these are already strong, but commissioners will work with VAL to discuss optimum use of the resource</p>	



Report author: Steven Courtney
Tel: 247 4707

Report of Head of Governance Services

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

Date: 22 November 2016

Subject: Budget Monitoring

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

Summary of main issues

1. 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 – Half Year’* for consideration. This report is being considered by Executive Board at its meeting on 16 November 2016.
3. Appropriate representatives will be invited to the meeting to discuss the details as they relate to of Adult Social Services and Public Health, and address issues raised by the Scrutiny Board.
4. Members are reminded that arrangements for a more detailed budget discussion were requested at the Scrutiny Board meeting on 25 October 2016. Such arrangements continue to be progressed.

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 documents¹

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.

Report of the Deputy Chief Executive

Report to Executive Board

Date 16th November 2016

Subject: Financial Health Monitoring 2016/17 – Half-Year

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

Summary of main issues

1. 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. At the half-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 £3.9m.

5. The medium-term financial strategy approved by Executive Board in September 2016 assumes that the 2016/17 budget will be at a balanced position by the year-end. Work is ongoing through Directors and Budget Holders to bring-forward options and proposals across all directorates and services in order to reduce net spend in line with the budget.
6. At the half-year, the Housing Revenue Account is projecting a £0.35m surplus.

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 the half-year.
- 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 6 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 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 6, an overspend £3.9m 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 5 Position
		Staffing	Total Expenditure	Income	Total (under) /overspend	
		£000	£000	£000	£000	£000
Adult Social Care	Cath Roff	(2,457)	794	(794)	0	0
Children's Services	Steve Walker	(140)	8,183	(3,927)	4,256	5,254
City Development	Martin Farrington	(702)	1,390	(1,615)	(225)	(225)
Environment & Housing	Neil Evans	(648)	2,267	(2,362)	(95)	(85)
Strategy & Resources	Alan Gay	(953)	(1,166)	1,360	194	274
Citizens & Communities	James Rogers	84	2,278	(1,933)	345	479
Public Health	Dr Ian Cameron	(161)	(73)	1	(72)	(42)
Civic Enterprise Leeds	Alan Gay	1,845	2,465	(2,264)	201	205
Strategic & Central	Alan Gay	674	2,362	(3,076)	(714)	(871)
Total Current Month		(2,458)	18,500	(14,610)	3,890	4,989
Previous month (under)/over spend		(2,150)	17,271	(12,282)	4,989	

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, an unchanged position from the previous month. The estimated 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 anticipated, although contingency savings have also been identified to offset the impact. Within this, there is an estimated shortfall of £1.4m in delivering the specific actions within the community care packages budget, and specifically relating to learning disability services. Slippage of £0.9m relates to the budgeted savings around contracts and grants 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 in the financial dashboard at appendix 1.

3.2.2 Children's Services - overall at month 6 the directorate is reporting a projected overspend of £4.25m. There are a number of risks and assumptions within the forecast, which if all materialised, could increase the estimated year-end position. The directorate has committed to a number of actions to mitigate against these budget pressures including additional controls on recruitment and a targeted ELI scheme, 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 funding through a new innovations bid but this is subject to final approval. In respect of children in care, at period 6 the directorate is looking after an additional 39 looked after children in external residential (ER) placements and with Independent Fostering Agencies (IFAs) than the 2016/17 budget provides for, resulting in a projected £4.9m pressure around CLA demand budgets (£3.5m ER & £1.4m IFA). In the last quarter of 2015/16 numbers increased and continued to increase through to April but there has been a steady reduction in children looked after numbers since May. There are currently 1,226 CLA children (a reduction of 11

from month 5); this includes 50 with ER and 206 with IFA's. There is a £0.9m pressure on in-house fostering but this is partly off-set by additional income on adoption.

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 net pressure on the budget is currently identified at £1.7m after the appropriation of £1m from the specific demand/demography earmarked reserve.

- 3.2.3 Schools Budget/Dedicated Schools Grant (DSG) - within the DSG a number of budget pressures have emerged during 2016/17. These are mainly in the High Needs Block with a projected overspend of £5.3m in 2016/17. Some £1.5m of this is in relation to one-off costs associated with the provision of the new Social Emotional Mental Health academy and includes set up costs of £0.7m and the need to fund the deficit balances of the closing Pupil Referral Units of £0.8m. The other main pressures are an increase in demand on high needs top up payments as a result of Funding For Inclusion £1.9m and increased costs of outside placements £0.9m. There is also a projected overspend of £0.7m on the Early Years Block largely as a result of funding for the Portage service and Special Education Needs workers. Allowing for the surplus of £3.7m brought forward from 2015/16 and the funding of £2.3m approved as a contribution towards A Life Ready for Learning there is an overall projected deficit of £5.1m on the DSG. This position was reported to Schools Forum on the 6th October 2016. Schools Forum noted the projected financial position, including that the deficit could be carried forward into 2017/18, and that a further report would be presented to the next Schools Forum which would outline options for mitigating the budget pressures.
- 3.2.4 City Development – at month 6 the directorate is projecting an underspend of £0.23m against its £43m net managed budget. However it should be noted that the underlying position for the directorate 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.
- 3.2.5 Environment & Housing – at month 6 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 £0.2m due again to staffing savings, one-off income from the WYPCC and additional Ministry of Justice funding.
- 3.2.6 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 £0.2m against the Benefits, Welfare and Poverty budget resulting in an overall overspend of £0.35m for the Directorate as a whole.

- 3.2.7 Public Health – the public health budget and budget savings plans for 2016/17 reflect the continuing reduction to the ring-fenced grant. Overall, the budget plans are on track to be delivered other than the planned savings of £233k as part of the transfer of the TB contract which will not materialise, though work to find compensating savings is now completed and is currently predicted to offset this pressure. 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 resulting in savings to compensate for this risk. In addition, pay costs are projected to be £161k underspent on the general staffing budget and 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 £249k is projected on commissioning budgets.
- 3.2.8 Strategy & Resources – overall, the directorate is highlighting a potential overspend of £0.2m 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.
- 3.2.9 Civic Enterprise Leeds – the overall projected position at month 6 is an overspend of £0.2m 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.
- 3.2.10 Strategic & Central budgets – at month 6, the strategic and central budgets are anticipated to underspend by £0.7m. The key variations include;
- i. Debt - a net forecast pressure of £0.3m 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 £1.2m 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 £0.4m 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 £1.6m 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 September was 54.84% which is in line with the performance in 2015/16. At this stage of the year, the forecast is for an in-year collection rate of 95.9% collecting some £301m of council tax income.

3.3.2 Business Rates

The business rates collection rate at the end of September was 57.02% which is 0.66% ahead of 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 £383.5m of income.

4. Housing Revenue Account (HRA)

4.1 At month 6 the HRA is projecting a £0.35m surplus at the year-end. Projected income from rents and service charges are forecast to be marginally below the budget with a £0.1m estimated variation at the year-end. There are a number of variations against the expenditure budgets which together total an underspend of £0.47m, including an underspend of £0.8m on the employee budget due in the main to staffing vacancies, a pressure on the disrepair provision of £0.2m because of new cases, an overspend on capital charges of £0.2m due to lower interest receivable and a forecast overspend of £0.2m across the supplies and services budgets. Further detailed information is included in the HRA 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 approach 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 documents¹

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 - MONTH 6 (APRIL TO SEPTEMBER)

Overall narrative

The directorate is currently projecting a balanced position by the financial year-end, as also reported at P5. 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 outlined below.

The main variations at Month 6 across the key expenditure types are as follows:

Staffing (-£2.5m – 4.7%)

Savings within Access and Care Delivery total £1.4m. 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 – 16.4%)

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 (-£0.8m – 1.2%)

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														Total (under) / overspend £'000
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Health Partnerships	365	(112)	252	(87)	0	76	0	4	141	0	0	0	134	(225)	(91)
Access & Care Delivery	245,915	(39,420)	206,495	(1,368)	50	(207)	(116)	680	1,939	664	0	0	1,642	(325)	1,317
Commissioning Services	12,828	(24,298)	(11,470)	(514)	0	(177)	(3)	109	537	0	0	0	(48)	(599)	(647)
Resources and Strategy	6,985	(1,008)	5,977	(489)	(1)	(186)	(3)	(315)	60	0	0	0	(934)	354	(579)
Total	266,093	(64,838)	201,254	(2,457)	49	(495)	(122)	478	2,676	664	0	0	794	(794)	0

Key Budget Action Plans and Budget Variations:

		Lead Officer	Additional Comments	RAG	Action Plan Value	Forecast Variation against Plan/Budget
					£m	£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	J Crowther	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			(2.5)
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			0.8
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			(0.8)
5.	Income	Various	Mainly funding for staffing costs through the learning disability pooled budget and service user contributions			(0.8)
					Adult Social Care Directorate - Forecast Variation	
					0.0	

**CHILDREN'S SERVICES 2016/17 FINANCIAL YEAR
FINANCIAL DASHBOARD - MONTH 6 (APRIL TO SEPTEMBER)**

Overall - at period 6 the directorate is reporting a projected overspend of £4.25m. The directorate is still facing a number of budget pressures but 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 funding through a new innovations bid but this is subject to final approval.

CLA Obsession - at period 6, the directorate is looking after an additional 39 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 11 from P5); this includes 50 with ER and 206 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. The target has been reduced from Period 3 by £0.4m but the review currently taking place will generate further savings in 2017/18 to contribute to the directorate's budget strategy.

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 £1.7m, which is net of the appropriation of £1m from the specific demand & demography earmarked reserve.

Other Income - Additional income from the Innovations & Partners in Practise grant is anticipated (part of a new 3/4 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 a reduced level of funding supporting the Children's Centres.

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 £5.1m. School Forum on the 6th October received a report on the DSG budget which outlined the various pressures and have requested a further update and options to bring spend within budget in 2017/18. School Forum noted the projected

Budget Management - net variations against the approved budget

	Expenditure Budget	Income Budget	Latest Estimate	PROJECTED VARIANCES											Total (under) / overspend		
				Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income			
				£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000
Demand Led Budgets:																	
External Residential Placements	7,002	(2,775)	4,227							3,500					3,500	(115)	3,385
Independent Fostering Agencies	7,813	0	7,813							1,500					1,500		1,500
In House Fostering, Adoption, SGO and RO	22,921	0	22,921							959					959		959
SEN Outside Placements	4,857	(4,857)	0							871					871	(863)	8
Leaving Care	5,052	(1,160)	3,892							379					379	(263)	116
Transport	7,250	0	7,250				2,700						(1,000)		1,700		1,700
Sub total Demand Led Budgets	54,895	(8,792)	46,103	0	0	0	2,700	0	7,209	0	0	0	(1,000)	8,909	(1,241)	7,668	
Partner Funding																	
Schools Forum	0	(3,380)	(3,380)										875		875	152	1,027
Partner Funding of Children's Centres		(1,600)	(1,600)												0	600	600
Sub total Partner Funding	0	(4,980)	(4,980)	0	0	0	0	0	0	0	0	0	875	875	752	1,627	
Other Budgets																	
Partnership, Development & Business Support	12,217	(1,137)	11,080	641		(493)	0	41							189	(185)	4
Learning, Skills & Universal Services	129,277	(113,542)	15,735	(769)		(658)	1	(229)	(1,157)				153		(2,659)	1,566	(1,093)
Safeguarding, Targeted & Specialist Services	73,990	(19,212)	54,778	(12)	1	177	183	(66)	574		12				869	(4,820)	(3,951)
Central Overheads	8,894	(11,838)	(2,944)												0		0
Total	279,273	(159,501)	119,772	(140)	1	(974)	2,884	(254)	6,626	12	0	28	8,183	(3,928)	4,255		

Key Budget Action Plans and Budget Variations:		Lead Officer	Additional Comments	RAG	Action Plan Value £m	Forecast Variation £m
A. Significant Variations						
	Children Looked After	Steve Walker	Pressure on CLA demand led budgets (External Residential placements and Independent Fostering Agencies) partly off			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. The current projection will be reviewed in October once the latest transport data is available.			1.70
	Income - DSG	Steve Walker	The current projection allows for a £0.75m shortfall against the budgeted income. The other pressures on the DSG could be partly met by exploring options in relation to balances and re-examining eligibility criteria. Options to be presented to School Forum in October.			0.75
	Income - DfE BID	Steve Walker	New BID submitted in 2016/17. Good progress is being made in the discussions with the DfE.			(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. The saving target has been reduced as savings have been 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. School Forum in October has now approved this funding.	G	2.40	0.00
A2	Additional Funding For Children's Centres	CSLT	Funding options being pursued.	R	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.	A	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.	A	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	A	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.	G	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.	G	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.	G	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.	G	2.29	(0.95)
Children's Services Directorate - Forecast Variation						4.25

**CITY DEVELOPMENT 2016/17 FINANCIAL YEAR
FINANCIAL DASHBOARD - MONTH 6 (APRIL TO SEPTEMBER)**

Overall - At month 6 the reported position is a projected underspend of **£226k**. However it should be noted that there are a number of fluctuations within the directorate that are being managed through additional income receipts and specific actions such as the use of Bridgewater Place money estimated at £916k and Arena Debt savings of £450k. These variances continue to be managed with the expectation that they will not cross over into 2017/18.

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 a number of vacant posts.

In Economic Development the large variations on supplies and services and income is reflective of the Flood Alleviation expenditure and grant income. Income receipts at Kirkgate Market are 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 increased to £442k. 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 (£131k).

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, resalable 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

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											Total (under) / overspend £'000
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Planning and Sustainable Development	8,571	(5,753)	2,818	(94)	0	197	0	17	0	0	0	0	120	(115)	5
Economic Development	4,859	(4,011)	848	74	78	1,263	0	40	0	0	0	0	1,455	(960)	495
Asset Management and Regeneration	11,176	(10,405)	771	(130)	(4)	(61)	(1)	(186)	0	0	26	0	(356)	66	(290)
Highways and Transportation	55,891	(39,687)	16,204	(419)	49	62	109	(26)	0	0	0	0	(225)	(220)	(445)
Libraries, Arts and Heritage	22,417	(7,571)	14,846	(119)	(112)	560	3	7	22	0	0	0	361	(395)	(34)
Sport and Active Recreation	24,560	(18,894)	5,666	(5)	14	32	3	10	(10)	0	0	0	44	9	53
Resources and Strategy	1,720	(95)	1,625	(9)	0	0	0	0	0	0	0	0	(9)	0	(9)
Total	129,194	(86,416)	42,778	(702)	25	2,053	114	(138)	12	0	26	0	1,389	(1,615)	(226)

Key Budget Action Plans and Budget Variations:

				RAG	Action Plan Value	Forecast Variation against Plan/Budget
A. Budget Action Plans					£'000	£'000
		Lead Officer	Additional Comments			
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	(195)
2.	Economic Development	Tom Bridges	Reduction in the net cost of service through staffing savings and increased income generation	G	280	29
3.	Asset Management & Regeneration	Tom Bridges	Reduction in the net cost of service through staffing savings and increased income generation	G	410	(152)
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	11
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	(34)
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	G	440	53
8.	Resources and Strategy	Ed Mylan	Reduction in the net cost of service via efficiency and staffing savings	G	30	(9)
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 (£131k) offsetting reduced income from Advertising (£442)			(139)
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 6 (APRIL TO SEPTEMBER)**

Overall Position (£95k under budget)

Community Safety (£172k under budget)

The service is projecting an underspend on staffing of £214k (offset by reduced charges to HRA of £79k). 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 £60k

Parks & Countryside (£0k Nil variance)

The service is projecting lower level of turnover at attractions (including cafe/retail) due to no Easter and good weather in August/September affecting Tropical World attendances, giving an overall variance of +£47k. A projected reduction in Golf income of £99k is offset by projected workshop savings (£74k) and fuel (29k). Other net savings across the service total £43k.

Environmental Action & Health (£212k under budget)

Env Action - Projected staffing savings of (£342k) are offset by loss of Wellbeing funding £36k and £110k additional transport costs in respect of GPS system for gully tankers and additional vehicles. Other variations total +£19k. Env Health - projected staffing savings of (£67k) + other minor costs +£32k which is mainly additional legal costs.

Car Parking (£312k under budget)

Ongoing vacant attendant posts (£158k) partially offset by additional expenditure of £53k (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 (£131k), On street £159k, PCN/BLE (£87k) and other income (£27k).

Housing Support/Partnerships/SECC/SP Contracts (£45k under budget)

Housing staffing underspends (£453k) due to vacant posts are partially offset by a reduction of £232k corresponding income, mainly charged to HRA. Variations in SP are £47k. Other variations across all areas are projected to be £174k.

General Fund SS (+£559k over budget)

Of the £970k Directorate wide staffing efficiency target, £798k savings have been included within the projected position of individual services and therefore remains a pressure within GFSS. (It is assumed that the remaining £172k will be found across the directorate in year). Offsetting the £798k are staffing savings in Intelligence & Improvements (£132k) and assumed directorate line by line savings of (£117k).

Leeds Building Services (£0k Nil variance)

Additional turnover is being generated through Housing Leeds repairs and work for capital schemes. This results in additional sub contractor spend which is partially offset by reductions in internal costs. Overall a nil variance is

Waste Management +£87k 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 (£7k under budget)

Additional staffing costs of £95k are forecast, reflecting additional operatives at HWSS required to deal with higher than anticipated waste volumes and increased sickness levels. Additional Trade contract income is projected to offset these costs.

Waste Strategy & Disposal (+£94k over budget)

Lower than anticipated tonnage volumes and an additional share of electricity income at the RERF have resulted in a projected underspend of (£212k). In addition, the reduction in gate fees experienced in recent months has resulted in a projected underspend of (£96k) in respect of SORT disposal costs. Offsetting these projected underspends are higher than anticipated tonnages at Household Waste Sorting Sites. Excluding additional Trade contract waste disposal costs of £90k (which is offset by additional income within HWSS & Infrastructure) and taking into account a contribution of (£100k) from Housing Leeds to reflect increased volumes, these are projected to cost an additional £469k. All other variations and assumed actions to address the pressures are anticipated to reduce the overall overspend by (£157k).

Budget Management - net variations against the approved budget;

Summary By Service

Summary By Service				PROJECTED VARIANCES											Total (under) / overspend £'000
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Community Safety	8,723	(6,530)	2,193	(214)		(198)		(154)					(566)	394	(172)
Strategic Housing, SECC, Contracts	18,610	(9,429)	9,181	(540)	(9)	95	1	0	143				(310)	264	(46)
General Fund Support	(429)	(408)	(837)	664		(105)							559	0	559
Leeds Building Services	45,305	(51,376)	(6,071)	(65)	172	2,053	(190)						1,970	(1,970)	0
Parks & Countryside	29,328	(21,309)	8,019	8	(20)	734	(91)	112					743	(743)	0
Waste Strategy and Disposal	20,429	(5,749)	14,680	(28)		123							95		95
Household Waste Sites & Infrastructure	4,502	(480)	4,022	96	10	12	3						121	(127)	(6)
Refuse Collection	16,747	(375)	16,372	(3)				3					0		0
Environmental Action	15,346	(4,343)	11,003	(341)	38	27	108	(39)					(207)	30	(177)
Environmental Health	3,164	(765)	2,399	(67)		(6)	8	32					(33)	(3)	(36)
Car Parking	5,003	(12,614)	(7,611)	(158)	2	41	10						(105)	(207)	(312)
Total	166,728	(113,378)	53,350	(648)	193	2,776	(151)	(46)	143	0	0	0	2,267	(2,362)	(95)

Key Budget Action Plans and Budget Variations:

		Lead Officer	Additional Comments	RAG	Action Plan Value £m	Forecast Variation against Plan/Budget £m
A. Key Budget Action Plans						
1.	Dealing Effectively with the City's waste	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 plus 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
B. Other Significant Variations						
1.	Waste Disposal Costs	Andrew Lingham	Net budget £15.7m for 329.2k tonnes of waste; £122k variation at P6			0.1
2.	Refuse Collection staffing costs	Tom Smith	£12.2m pay budget in service; £0k variation anticipated at P6			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 - (£87k) variance projected at P6			(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 £14.2m 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			0.0
10.	All other variations					0.3
					Environment & Housing - Forecast Variation (0.1)	

CITIZENS AND COMMUNITIES FINANCIAL DASHBOARD - 2016/17 FINANCIAL YEAR MONTH 6

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 £239k in Benefits, Welfare and Poverty. A projected underspend of £144k in Elections, Licensing and Registration brings an overall overspend of £345k 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 as 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 6 are projected to be £41k over budget. This arises due to additional staffing requirements in Taxi and Private Hire Licensing totalling £45k. It is anticipated these costs will be covered by additional income. The collection of income continues to do well with income looking on target and a likelihood budgets will be exceeded. A total of £130k of projected income in excess of the budget has been identified at this stage in the year, this arises across three areas: Local Land Charges £60k, Registrars £45k and Entertainment Licensing £30k.

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
- 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 bring 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.

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											Total (under) / overspend £'000
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Communities	12,452	(6,900)	5,552	(107)	50	102	0	(13)	0	0	0	73	105	(105)	0
Customer Access	16,930	(1,568)	15,362	250	0	0	0	0	0	0	0	0	250	0	250
Elections, Licensing & Registration	7,476	(6,749)	727	41	86	50	(3)	59	0	0	0	0	233	(377)	(144)
Benefits, Welfare and Poverty	287,302	(284,390)	2,912	(100)	8	42	(10)	100	0	1,650	0	0	1,690	(1,451)	239
Total	324,160	(299,607)	24,553	84	144	194	(13)	146	0	1,650	0	73	2,278	(1,933)	345

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					
Community hubs	Shaïd Mahmood	Efficiencies from bringing services together, linked to Phase 1 and 2 of the capital investment in the service	R	0.1	0.3
Running costs	Shaïd Mahmood	Main savings in Communities	G	0.3	0.0
Transactional web	Lee Hemsworth	Further savings from the implementation of transactional web, mainly staffing	G	0.2	0.0
Registrars	John Mulcahy	Review of costs and income	G	0.1	0.0
Asset savings	Shaïd 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	0.1	0.0
Other	All CO's	£64k from PPE, printing and mail	G	0.1	0.0
Third sector infrastructure grant	Shaïd Mahmood	Grant reduction	G	0.1	0.0
Reduction in wellbeing and youth activities	Shaïd Mahmood	Reduction in budget	G	0.2	0.0
Innovation Fund	Shaïd Mahmood	Budget reduction	G	0.1	0.0
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	0.4	0.3
Council Tax Single Person Discount	Steve Carey	£500k now projected - incidence in the Collection Fund	G	0.0	0.0
Advice consortium and welfare rights	Steve Carey	HRA contribution relating to under occupancy and rent arrears	G	0.2	0.0
Local Welfare Support Scheme	Steve Carey	HRA contribution in respect of support of Council tenants	G	0.1	0.0
B. Other Significant Budgets					
Net effect of all other variations					-0.2
Citizens and Communities Directorate - Forecast Variation					0.3

PUBLIC HEALTH - 2016/17 FINANCIAL YEAR
FINANCIAL DASHBOARD - MONTH 6 (APRIL TO SEPTEMBER)

Overall - the allocation of the ring fenced Public Health grant for 2016-17 is £46,630k which reflects the additional £5m 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 less the impact of the continuing and significant reduction to the ring-fenced grant allocation.

The 2016/17 budget and budget savings plans reflected the reduction in the grant and work has been done to identify options for savings and critical decisions to meet this significant challenge. Savings have been enabled through successful consultation and negotiation with our partners and providers including 3rd Sector and NHS providers, this has identified £1.1m of savings. In addition savings have been made from the Public Health funding which is provided across directorates to support joint commissioning and commissioning of services resulting in £355k of savings. Savings of £955k have been found from Public Health programme budgets, vacant posts, support services and running costs.

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 £161k underspent on the general staffing budget, though some staff are now working on income funded projects. 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 £249k is projected on commissioning budgets.

In Supporting People there are a number of vacancies and recruitment delays which has resulted in a projected underspend of £72k.

Budget Management - net variations against the approved budget

	PROJECTED VARIANCES														Total (under) / overspend £'000		
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income			
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			
Public Health Grant		(46,630)	(46,630)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Staffing and General Running Costs	5,023		5,023	(161)	0	7	0	0	0	0	0	0	(154)	0			(154)
Commissioned and Programmed Services:																	
- General Public Health	208		208	0	0	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	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	3	0	0	0	1	(4)	0	0	0	0	0	0	0	0
- Child and Maternal Health	14,059		14,059	0	0	0	0	(4)	(30)	0	0	0	(34)	0			(34)
- Mental Wellbeing and Sexual Health	9,248		9,248	73	0	0	0	9	(325)	0	0	0	(243)	0			(243)
- Health Protection	806		806	0	0	0	0	0	233	0	0	0	233	0			233
Transfer From Reserves		(500)	(500)									324	324				324
Supporting People	964	(637)	327	(76)	1	2	0	0	0	0	0	0	(73)	1			(72)
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	(161)	1	30	0	6	(273)	0	0	324	(73)	1			(72)

Key Budget Action Plans and Budget Variations:					
	Lead Officer	Additional Comments	RAG	Action Plan Value	Forecast Variation against Plan/Budget
				£m	£m
A. Key Budget Action Plans					
Efficiencies					
- General efficiencies 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					
- 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 place, further discussions are planned.	G	0.20	0.00
- Drug Intervention Programme and Integrated Offender Management	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
Programmed budgets	Ian Cameron	Programme budgets removed for area health priorities across ENE, S&E and WNW. Adult public health programmes including drugs and alcohol, mental health, sexual health, infection control and fuel poverty. Children's public health programmes including obesity, breastfeeding, alcohol, drugs infant mortality and oral health.	G	0.60	0.00
B. Other Variations					
Projected underspend on staffing costs					(0.16)
Net effect of all other variations					(0.14)
Public Health - Forecast Variation					(0.07)

**CIVIC ENTERPRISE LEEDS - 2016/17 FINANCIAL YEAR
FINANCIAL DASHBOARD - MONTH 6 (APRIL TO SEPTEMBER)**

Overall

The overall projected position at period 6 is an overspend of £201k explained by a £200k overspend against the Catering net budget. The Catering overspend is mainly as a result of the marginal impact of the 7 schools which have been lost to the service plus the marginal impact of a shortfall against the adjusted meal numbers.

Business Support Centre

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

Commercial Services

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

Facilities Management

A balanced position is projected at month 6 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 6 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														Total (under) / overspend £'000
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Business Support Centre	15,189	(5,510)	9,679	100	8	(74)	0	0	0	0	0	0	34	(34)	0
Commercial Services	59,532	(56,897)	2,635	1,847	16	723	(21)	(20)	0	1	0	0	2,546	(2,345)	201
Facilities Management	10,087	(4,123)	5,964	(135)	13	7	0	0	0	0	0	0	(115)	115	0
Corporate Property Management	5,959	(587)	5,372	33	(40)	0	0	7	0	0	0	0	0	0	0
Total	90,767	(67,117)	23,650	1,845	(3)	656	(21)	(13)	0	1	0	0	2,465	(2,264)	201

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, Tribeca £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 6 (APRIL TO SEPTEMBER)

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 means that Strategy & Resources is currently reporting a net overspend of £193k.

Strategy & Improvement - total staffing savings amount to £38k - 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.

Financial Services - the current pay projection shows the Finance budget approx £34k 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.

Information Technology - savings on staffing costs due to vacant posts are expected to be offset by reduced income as these posts are income generating. In addition, there is an £80k saving on Microsoft licences which was initially funded by transfers from directorate budgets.

PPPU - based on current projections, the Unit will be £578k overspent at year end. Even though there is an underspend on pay of £714k and a freeze on posts is in place, income is projected £1,292k 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 £278k of income can be realised by year end. Obviously this is a significant risk area for the Directorate.

Legal Services - legal are currently under budget on staffing by £32K and all expenditure budgets are online. There is a risk that internal income will be significantly below budget, principally because of 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 slight underspend of £27k 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														Total (under) / overspend £'000
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Strategy & Improvement	4,831	(471)	4,360	(38)	0	(15)	0	0	0	0	0	0	(53)	54	1
Finance	15,843	(7,004)	8,839	34	0	(16)	0	0	0	0	0	0	18	(18)	0
Human Resources	8,294	(1,903)	6,391	(85)	0	14	4	(40)	0	0	0	0	(107)	107	0
Information Technology	19,428	(6,074)	13,354	(15)	0	(160)	0	0	0	0	0	0	(175)	95	(80)
Projects, Programmes & Procurement	7,658	(6,085)	1,573	(714)	0	1	(1)	0	0	0	0	0	(714)	1,014	300
Legal Services	4,736	(6,915)	(2,179)	(108)	0	0	0	0	0	0	0	0	(108)	108	0
Democratic Services	4,944	(26)	4,918	(27)	0	0	0	0	0	0	0	0	(27)	0	(27)
Total	65,734	(28,478)	37,256	(953)	0	(176)	3	(40)	0	0	0	0	(1,166)	1,360	194

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	On track to deliver budgeted savings, mainly due to reductions in staffing	G	0.8	0.0
2	HR	Lorraine Hallam	On-line advice, less HR input into low level cases, ELI and vacancy management	G	0.4	0.0
3	ICT staffing	Dylan Roberts		G	0.1	0.0
4	ICT Print Smart	Dylan Roberts	Further efficiencies on top of those delivered in 2015/16	G	0.1	0.0
5	Legal Services	Catherine Witham		G	0.1	0.0
6	Corporate Communications and intelligence	Mariana Pexton	Staffing and efficiency savings, mainly within the Communications Team	G	0.4	0.0
7	Democratic services	Catherine Witham	Staffing and efficiency savings. Member pension saving	G	0.1	0.0
8	ICT procurement savings	Dylan Roberts	Modernisation of telephony	G	0.3	0.0
9	PPPU	David Outram	Significant reduction in Procurement particularly low value procurements. Additional external income	R	0.7	0.3
Additional income - traded services, partner ai						
10	ICT	Dylan Roberts	Provision of managed service to WY Joint Services	G	0.2	0.0
B. Other Significant Variations						
Net effect of all other variations						-0.1
Strategy and Resources Directorate - Forecast Variation						0.2

STRATEGIC & CENTRAL ACCOUNTS - 2016/17 FINANCIAL YEAR

FINANCIAL DASHBOARD - MONTH 6 (APRIL TO SEPTEMBER)

At month 6, the strategic & central budgets are anticipated to underspend by £0.7m.

The key variations are;

- Debt - a forecast pressure of £0.3m due to the conversion of short-term debt to long-term to take advantage of low long-term interest rates (net of additional prudential borrowing re strategic fund investment acquisitions)
- Section 278 income - a potential £1.2m risk due to lower levels of development activity.
- £430k forecast shortfall in income from court costs
- Procurement - a £1.9m variation which reflects that the procurement and PFI savings will be managed through directorate budgets.
- Early Leaver Initiative - a potential £0.4m additional spend over the £2m earmarked reserve.
- Savings of £2m from the additional capitalisation of eligible spend in general fund and school budgets.
- Appropriation of £2.0m of earmarked reserves.
- Savings of £2.0m on the levy contribution to the business rates.
- Joint Committee - £0.1m anticipated overspend for the Coroners' services.

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES										Total (under) / overspend £'000	
	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
Strategic Accounts	(11,480)	(32,488)	(44,422)	674		1,860					(2,000)	(1,616)	(1,082)	1,830	748
Debt	24,380	(1,103)	23,277								1,495		1,495	(1,162)	333
Govt Grants	3,015	(26,434)	(23,419)										0	(1,890)	(1,890)
Joint Committees	37,411	0	37,411			95							95		95
Miscellaneous	2,450	(1,311)	1,139										0		0
Insurance	9,831	(9,831)	0			2,247		(9)				(384)	1,854	(1,854)	0
Total	65,607	(71,167)	(6,014)	674	0	4,202	0	(9)	0	0	(505)	(2,000)	2,362	(3,076)	(714)

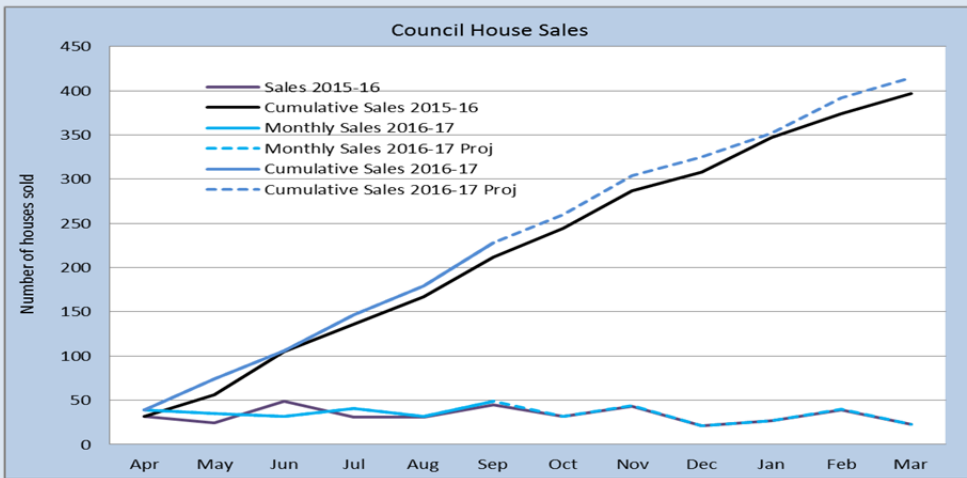
Key Budget Action Plans and Budget Variations:						
				RAG	Budget	Forecast Variation against Budget
		Lead Officer	Additional Comments		£m	£m
A. Major Budget Issues						
1.	Debt Costs and External Income	Doug Meeson	Latest projection of increased debt costs due to new long term borrowing (net)	A	13.0	0.3
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 £1.8m.	A	10.3	0.0
3.	New Homes Bonus	Doug Meeson	No material variation anticipated at this stage in the year	G	(19.2)	0.2
4.	Business Rates (S31 Grants, Tariff adjustment & EZ)	Doug Meeson	Tariff adjustment £480k and Enterprise zone reliefs £370k	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)	1.2
6.	General capitalisation target	Doug Meeson	Capitalisation of eligible spend in directorate/service revenue budgets.	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	0.4
11.	Joint Committee - Coroners Services	Doug Meeson	£95k over spend projected at mth 6 due to dilapidations claim at Symons House and a large interpreter fees, partially offset by staffing cost savings	G	0.0	0.1
B. Other Significant Budgets						
1.	Insurance	Doug Meeson	Potential additional costs in-year which will be managed through the Insurance Reserve	A	0.0	0.0
2.	Business Rates Levy	Doug Meeson	Savings anticipated from levy	G	3.0	(2.0)
3.	Prudential Borrowing Recharges	Doug Meeson	Contra budgets in directorate/service accounts.	G	(11.9)	0.0
4.	Earmarked Reserves	Doug Meeson	Use of demography reserve and capital reserve	G	0.0	(1.6)
5.	Bridgwater Place	Doug Meeson	Compensation to be received from the developer.	G	0.0	0.0
6.	Income	Doug Meeson	Income from Court fees	A	0.0	0.4
7.	Leeds Living Wage	Doug Meeson	Estimated impact of Jan rise to £8.25/ hour	A	0.0	0.3
Strategic & Central Accounts - Forecast Variation						(0.7)

Housing Revenue Account - Month 6 (September 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)	(218,313)	62	Projected rent lower than budget due to stock numbers being less than anticipated during budget setting.	51
Service Charges	(6,443)	(6,427)	16	Reduction in income from sheltered accommodation.	9
Other Income	(29,306)	(29,263)	43	PFI PTC (£100k), increase in RTB sales fee income (£46k) offsetting reduction in capitalised salaries due to vacant posts £170k and other small variances £18k.	69
Total Income	(254,124)	(254,003)	121		129
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	27,792	26,991	(801)	Vacant posts (£973k) and training saving (£59k) offsetting agency staff (includes disrepair) £188k and severance costs £43k.	(585)
Premises	7,013	7,101	88	Increase in cleaning charges £77k, Site maintenance costs at Navigation House £11k	80
Supplies & Services	5,259	5,437	178	Large insurance claims £249k, LLBH PFI Japanese Knotweed consultants £15k. Offset by Tenant Mobility saving (£75k) and minor variations (£11k).	187
Internal Services	38,473	38,441	(32)	Increase in surveyor RTB valuation work £160k, PPPU recharges for PFI £92k . Offset by reduction in the GF recharges to the HRA (£228k) and Regeneration team recharge (£52k). Other small variance (£4k).	60
Capital Programme Appropriations	(7,115)	(7,492)	(377)	Large insurance claims (£249k), PFI appropriation adjustment (£128k).	(342)
Unitary Charge PFI	8,101	8,226	125	PFI scheme adjustments: UC £73k; PTC £106k; RTB (£54k).	90
Capital Charges	49,159	49,356	197	Interest receivable lower than budgeted	197
Other Expenditure	7,190	7,079	(111)	Leeds Tenant Federation - in line with 2016/17 negotiations (£50k). Transport cost reforecast (£61k).	(106)
Total Expenditure	254,124	253,653	(471)		(157)
Total Current Month	-	(350)	(350)		(28)

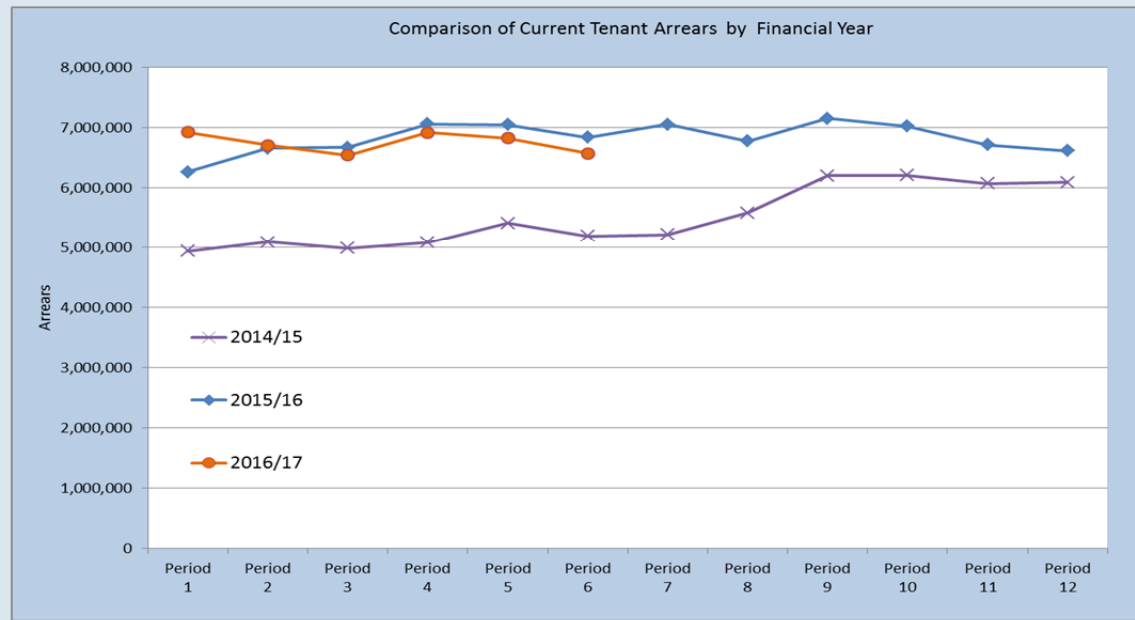


Change in Stock	Budget	Projection
Right to Buy sales*	380	415
New Build (PFI)	(93)	(93)
New Build (Council House Growth)	(142)	(142)
Total	145	180

* actual sales as at the end of Period 6 - 228

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 26			
Current Tenants	6,838	5,978	(860)
Former Tenants	3,175	3,831	656
	10,013	9,809	(204)
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%	-0.51%
Variance to Target	-0.82%	-0.77%	-0.51%



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Report of Head of Governance Services

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

Date: 22 November 2016

Subject: Care Quality Commission (CQC) – Inspection Outcomes

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

1 Purpose of this report

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

2 Summary of main issues

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

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

2.3 During the previous municipal year (2015/16), a system of routinely presenting and reporting CQC inspection outcomes to the Scrutiny Board was established. The processes involved continue to be developed and refined in order to help the Scrutiny Board maintain an overview of quality across local health and social care service providers.

CQC Inspection reports

- 2.4 Appendix 1 (to follow) provides a summary of the inspection outcomes across Leeds published since 1 April 2016.
- 2.5 It should be noted that the purpose of this report is only to provide a summary of inspection outcomes across health and social care providers in Leeds. As such, full inspection reports are not routinely provided as part of this report: However, these are available from the CQC website. Links to individual inspection reports are highlighted in Appendix 1.
- 2.6 It should also be noted the details presented in Appendix 1 are a statement of fact and CQC representatives are not routinely invited to attend the Scrutiny Board. Should members of the Scrutiny Board have any specific matters they wish to raise directly with the CQC, these will have to be dealt with outside of the meeting and/or at a future Scrutiny Board.

3. Recommendations

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

4. Background papers¹

- 4.1 None used.

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

Report of Head of Governance Services

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

Date: 22 November 2016

Subject: Children’s Epilepsy Surgery Services – update on decision

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

1 Purpose of this report

1.1 The purpose of this report is to provide an opportunity to formally 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 At its meeting on 25 October 2016, it had been 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. At that meeting, the Scrutiny Board expressed concern about the continued delay by NHS England to publish its decision on the future delivery of services and it was suggested that NHS England be invited to attend the November Board meeting to outline its decision and/or the decision making process and the reasons for any continued delay. As such, the Scrutiny Board resolved:

- (a) That NHS England be invited to attend the November Board meeting to outline its decision on the future delivery of services and/or the decision making process and the reasons for any continued delay.

(b) That the Board writes to local MPs to highlight its concerns regarding the continued delay.

- 2.3 Following the meeting on 25 October 2016, a letter was sent to all Leeds MPs on behalf of the Scrutiny, setting out the Scrutiny Board's on-going concerns. NHS England was also invited to provide a representative to attend the November Board meeting.
- 2.4 NHS England's attendance has been confirmed. However, at the time of writing this report, notification of NHS England's decision is still to be published. Further details will be provided at the meeting.
- 2.5 Given the ongoing nature of this matter, an outline timeline, detailing Scrutiny's involvement to date, is attached at Appendix 1 to this report.

3. Recommendations

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

4. Background papers¹

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.

CHILDREN'S EPILEPSEY SURGERY SERVICES BACKGROUND AND TIMELINE

Introduction

The current proposals around Children's Epilepsy Surgery Services have their origins in the *Safe and Sustainable Review of Children's Neurosurgery Services*, which first emerged in October 2009 and commenced with a national stakeholder event in November 2009.

Councillor Mark Dobson, Chair of Leeds' Health Scrutiny Board at that time, attended the initial stakeholder event. Since the initial discussion, there has been on-going consideration of children's epilepsy surgery services. Given the passage of time, this has involved a number of different Scrutiny Board Chairs and members. The details in the below timeline aims to provide a succinct summary of the various discussions and events.

It should be noted that work around the *Safe and Sustainable Review of Children's Neurosurgery Services* initially took place in parallel to the *Safe and Sustainable Review of Children's Congenital Heart Surgery Services* – although each review was working to different timescales.

Timeline

Date	Summary of event
December 2011	<p>Briefing to joint meeting of Health Scrutiny Chairs (Yorkshire and the Humber) where, in terms of children's epilepsy surgery, members were assured the process aimed to increase capacity for surgery in children 5-years-old and under.</p> <p>With the assurance provided, there was limited support around establishing a formal joint scrutiny committee to oversee the outcome of the review and potential changes to services.</p>
January 2012	<p>Scrutiny Board meeting on 25 January 2012 that considered the briefing note provided by NHS Specialised Services and the outcome of the joint meeting of Health Scrutiny Chairs.</p> <p>The Scrutiny Board expressed a desire to consider the proposed framework and standards documents, which were highlighted by NHS Specialised Services at the meeting.</p>
May 2012	<p>Scrutiny Board meeting on 16 May 2012 that considered the proposed framework and standards documents (highlighted in January 2012). The documents were supplemented by a further briefing note provided by NHS North of England Specialised Commissioning Group.</p> <p>On behalf of the Scrutiny Board, the Chair provided a formal response on 21 May 2012, which included:</p> <p><i>In terms of the specific implications for Leeds (and the wider Yorkshire and Humber region), the Scrutiny Board was assured and welcomed the confirmation that a 'North of England' network solution had been discounted. The Scrutiny Board believed this would be in the interest of patients – for example, in terms of travel and access and the support available to patients and their families.</i></p>

Date	Summary of event
July 2013	<p>Scrutiny Board meeting on 31 July 2013 that considered a formal 'request for scrutiny' regarding proposals around children's epilepsy surgery. The request for scrutiny was submitted by a Consultant Paediatric Neurologist from Leeds Teaching Hospitals NHS Trust.</p> <p>The Scrutiny Board considered details of the request presented at that time and discussed a number of issues, including:</p> <ul style="list-style-type: none"> • The potential shift from procuring 'additional capacity' for children's epilepsy surgery to successful providers being consider the 'sole' providers of services; • The consideration of 'patient's needs' and 'geographical distribution' within the procurement process; • The consistency of the procurement process; • Concerns associated with the overall '<i>Safe and Sustainable</i>' programme. <p>The Scrutiny Board agreed to incorporate the request into its work schedule for 2013/14.</p>
March 2014	<p>Letter from the Chair of the Scrutiny Board (4 March 2014) inviting NHS England to comment on the concerns highlighted during discussion of the 'request for scrutiny' in July 2013.</p>
April 2014	<p>NHS England response (11 April 2014) to the letter from the Chair of the Scrutiny Board.</p>
April 2014	<p>Scrutiny Board meeting on 30 April 2014 that considered the information presented in NHS England's response to the Chair of the Scrutiny Board.</p> <p>Concerns were expressed that, despite the relatively small number of children/ families likely to be affected, the existing provision of epilepsy surgery for children under 6 did not sufficiently reflect the population profile or geography of Yorkshire and the Humber. There was also concern that the lack of provision might be seen as an erosion of services and have a negative impact on other service areas, including other neuroscience services, at Leeds Teaching Hospitals NHS Trust.</p> <p>The Scrutiny Board agreed to maintain an overview of the provision of Children's Epilepsy Surgery Services.</p>
July / August 2014	<p>Various email exchanges on behalf of the Chair of the Scrutiny Board and NHS England regarding specialised services in general and specifically Children's Epilepsy Surgery services.</p>
March 2015	<p>Chair of the Scrutiny Board (Health and Wellbeing and Adult Social Care) became aware of NHS England's consultation: <i>Proposed Changes to the Service Specification for the Children's Epilepsy Surgery Service (CESS)</i>.</p> <p>It should be noted this was not specifically drawn to the attention of the Scrutiny Board by NHS England (as required by legislation).</p>

Date	Summary of event
April 2015	<p>Scrutiny Board meeting on 24 April 2015 that considered NHS England's consultation: <i>Proposed Changes to the Service Specification for the Children's Epilepsy Surgery Service (CESS)</i>. A number of issues were raised including:</p> <ul style="list-style-type: none"> • Proposals included all children's epilepsy surgery being undertaken in one of the currently designated Children's Epilepsy Surgery Services (CESS) centres. • The proposals would impact on children 0-18 years. • It was proposed to extend the list of procedures undertaken by the CESS centres. • The number of procedures likely to be involved was in the region of 320-350 per annum. • There were patient safety issues that needed to be considered. • Confirmed that an impact assessment was being undertaken during the public consultation. • The North East England Paediatric Neuroscience Network had been formed since the original designation of CESS centres – but was the only network not to include a designated CESS centre. • The designation of CESS centres had not led to an increase in surgical interventions, as originally planned. • Concerns regarding the potential distances children and their families may be expected to travel. • The annual number of investigations was in the order of 3-4 times greater than the number of surgical interventions – therefore the number of children and families affected was likely to be greater. • Risks that current expertise in the network would be lost to CESS centres. <p>The Scrutiny Board raised a number of issues, including:</p> <ul style="list-style-type: none"> • Limitations in NHS England's approach to involving and engaging a wide range of stakeholders in relation to specialised services – including local authority health scrutiny bodies. • Concern regarding NHS England's reliance on a web-based approach to public consultation. • The lack of any 'impact assessment' to help facilitate wider public participation in the consultation process and understanding of any likely implications. • Concern that previously reported anxieties around the designation of CESS centres appeared to be becoming reality – despite previous assurances provided to the Scrutiny Board. • The potential impact on children and families across the North East of England. • The potential impact on services to adults. • The future sustainability of the North East Network without a designated CESS centre. • A lack of clear evidence to support any improved outcomes within CESS centres. • Concern that there was insufficient information available to enable the Scrutiny Board to make a fully informed consultation response.
June 2015	<p>Submission of Scrutiny Board response to the CESS consultation and proposals. <u>CESS consultation closed on 18 June 2015.</u></p>

Date	Summary of event
September 2015	Progress update requested. NHSE asked to provide a written update and invited to attend a meeting with members of the Scrutiny Board in October 2015. Specific request on the status and availability of the impact (epidemiological) assessment.
October 2015	NHSE briefing note provided. Briefing note outlining NHSE was considering its response to the public consultation and epidemiological assessment – expected to be available December 2015/ January 2016. NHSE unable to attend the meeting
November 2015	Specialised Commissioning in the North – Stakeholder Bulletin: <i>‘The Children’s Epilepsy Surgery Services consultation received a significant level of feedback and the Programme of Care (POC) board is currently considering the options in the NHS England response.’</i>
December 2015	Position update requested. NHSE confirmed CESS consultation outcome had not yet been finalised or published.
February 2016	Position update on CESS requested. Followed up in March 2016 following a regional scrutiny event in Leeds.
March 2016	NHSE responded as follows: <i>‘The expected publication of the outcome of the Children’s Epilepsy Surgery Service Review is now likely to be early May. The review documentation is not yet complete. When it is, the report must go to the NHS England Board Committee before it can be shared externally and can only be released once they have given approval to do so.’</i>
June 2016	Further CESS position update requested. Requested details of the public consultation analysis report and epidemiological assessment. NHSE responded as follows: <i>‘NHS England needs to make a final decision on the proposed changes to the specification so that epilepsy surgery for children aged 6 and over is undertaken in a designated CESS centre. There was a high level of support for the proposed changes in the public consultation and there is good clinical evidence that consolidation of cases in specialised surgical centres improves outcomes. However the public consultation has also raised some complex commissioning issues and the chair of the national Women and Children’s Programme of Care board is working with the national specialised commissioning Senior Management Team to ensure that the appropriate process and governance are in place for NHS England to make the final decision. Once the decision has been made, the outcome of the consultation and the Public Health England epidemiological impact assessment will be published.’</i>
May 2016	Leeds Health & Wellbeing Board letter requesting consideration to commission 5 th CESS centre in North East England.

Date	Summary of event
June 2016	Concerns raised by various stakeholders regarding lack of progress following the CESS consultation, which closed 12 months earlier (i.e. June 2015).
August 2016	Letter to Mr Robert Cornall – Regional Clinical Director for Specialised Commissioning (North) – setting out concerns regarding lack of progress / decision in relation to CESS and requesting provision of the consultation analysis report and Public Health England’s epidemiological assessment.
August 2016	Letter from Mr Robert Cornall – setting out assurance regarding NHSE decision making processes and timescales.
September 2016	Exchange of correspondence with NHSE – further exchange of correspondence with NHSE. NHSE stated decision to be made at Specialised Commissioning Sub-Committee on 27 September 2016.
October 2016	Scrutiny Board agenda item – meeting on 4 October 2016. NHSE invited to attend. Verbal feedback that decision made at the Specialised Commissioning Sub-Committee on 27 September 2016, but a formal announcement was expected by 11 October 2016.
October 2016	Scrutiny Board agenda item – meeting on 25 October 2016. NHSE invited to attend. Feedback prior to the meeting that the formal announcement had not been made. No future date provided.

Steven Courtney
Principal Scrutiny Adviser
October 2016

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Report author: Steven Courtney
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Report of Head of Governance Services

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

Date: 22 November 2016

Subject: Leeds Teaching Hospitals NHS Trust – update

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

Summary of main issues

1. The purpose of this report is to introduce a general update on key issues and progress update from Leeds Teaching Hospitals NHS Trust (LTHT). The latest Chief Executive's report prepared to be presented to the Trust Board will be provided prior to the meeting.
2. Appropriate senior 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 documents¹

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 of Head of Scrutiny

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

Date: 22 November 2016

Subject: Work Schedule (November 2016)

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

1 Purpose of this report

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

2 Summary of main issues

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

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

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

2.2 Following discussions with Leeds Community Healthcare NHS Trust in response to the Board's statement on changes to service locations, the Board also agreed to consider the emerging overview of the use of the built estate across the health and social care sector in Leeds.

2.3 Other specific matters discussed included:

- Scrutiny Board (Environment and Housing) progressing an inquiry regarding Air Quality, with representatives from other relevant Scrutiny Board's invited to take part.
- The West Yorkshire Joint Health Overview and Scrutiny Committee focusing on the West Yorkshire Sustainability and Transformation Plan and the associated implications, specifically around patient flows to acute hospitals.

2.4 The Board's outline work schedule continues to be developed and will be presented at the meeting.

2.5 Nonetheless, it is important to retain sufficient flexibility within the Board's work schedule in order to react to any specific matters that may arise during the course of the year. As such, any work schedule presented may be subject to change and should be considered to be indicative rather than definitive.

2.6 In order to deliver the work schedule, it is likely that the Board will need to take a flexible approach and may need to undertake some activities outside the formal schedule of meetings – such as working groups, where this is deemed appropriate. Adopting a flexible approach may also require additional formal meetings of the Scrutiny Board.

3. Recommendations

3.1 The Scrutiny Board (Adult Social Services, Public Health, NHS) is asked to consider and comment on the work schedule for 2016/17, agreeing any specific priorities as deemed appropriate.

4. Background papers¹

4.1 None used.

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