Public Document Pack

HEALTH AND WELLBEING BOARD

Meeting to be held in Room 700, Leeds Central Library, Calverley Street, Leeds LS1 3AB on

Thursday, 20th October, 2016 at 9.30 am

There will be a pre-meeting for Board members 9.00 until 9.30am

MEMBERSHIP

Councillors

R Charlwood (Chair) S Golton G Latty
D Coupar
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
Phil Corrigan	NHS Leeds West CCG

Directors of Leeds City Council

Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adult Social Services
Steve Walker – Director of Children's Services

Representative of NHS (England)

Moira Dumma - NHS England

Third Sector Representative

Kerry Jackson – St Gemma's Hospice

Representative of Local Health Watch Organisation

Lesley Sterling-Baxter – Healthwatch Leeds
Tanya Matilainen – Healthwatch Leeds

Representatives of NHS providers

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

Agenda compiled by:
Governance Services – 0113 2474355

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**WELCOME AND INTRODUCTIONS**	
2			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Rules (in the event of an Appeal the press and public will be excluded) (*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting)	
3			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED** – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-	

4			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration (The special circumstances shall be specified in the minutes)	
5			**DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.	
6			**APOLOGIES FOR ABSENCE** To receive any apologies for absence	
7			**OPEN FORUM** At the discretion of the Chair, a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Health and Wellbeing Board. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.	
8			**MINUTES** To approve the minutes of the previous meeting held 6th September 2016 as a correct record	1 - 8
9			**THE LEEDS APPROACH TO COMMISSIONING AND DECOMMISSIONING** To consider a report which provides an introduction to the current approach to commissioning and de-commissioning in Leeds, highlighting progress towards a shared approach and key challenges. It provides an opportunity to shape future developments to ensure that the city is well placed to deal with current and future financial challenges.	9 - 30

10			**STAYING FOCUSSED ON THE WIDER DETERMINANTS OF HEALTH** To consider a report which reiterates the importance of the Board's responsibilities around poverty and the wider determinants by including an update and information about existing work to tackle poverty and improve health. The report acknowledges that Anti-Poverty work programmes are indirectly supporting most priorities in the Leeds Health and Wellbeing Strategy and asks the Board to provide strategic direction to the health and care system to ensure a maintained focus on the wider determinants of health.	31 - 76
11			**MAKING A BREAKTHROUGH: IMPACT OF BREAKTHROUGH PROJECTS ON HEALTH OUTCOMES AND REDUCING HEALTH INEQUALITIES** To consider a report which provides an update on Leeds City Council's eight Breakthrough Projects and outlines each project's key aims and activity. The projects are designed to be cross-cutting and outcome focused and the report notes that each one has a link to the most recent Health and Wellbeing Strategy. The report recognises the important role the Health and Wellbeing Board can play in helping to make a breakthrough in these areas and so each project includes one key ask where the Board's support and influence would be a valuable addition.	77 - 84
12			**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** To consider a report which sets out the shared and ambitious strategy to transform how support is offered and improvements can be made to the emotional and mental health of children and young people and therefore, ultimately impact on the wellbeing of all the population. The report references Future in Mind: Leeds (attached as Appendix 1) - a single overarching strategy - underpinned by the Future in Mind: Leeds Local Transformation Plan (Appendix 2).	85 - 124

13			**DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2016** To receive and note the Director of Public Health's Annual Report 2016 entitled "1866-2016: 150 years of Public Health in Leeds – a story of continuing challenges".	125 - 144
14			**FOR INFORMATION - UPDATE ON LEEDS TRANSFORMING CARE THREE YEAR PLAN** To note a report on the progress of work ongoing across Leeds to implement the integrated strategic commissioning and local delivery plan designed to deliver the Transforming Care Programme.	145 - 150
15			**FOR INFORMATION - LEEDS LETS GET ACTIVE EVALUATION FINDINGS** To receive an update on the Leeds Let's Get Active (LLGA) project. The report outlines key findings from the year 3 evaluation of the project and references research findings which demonstrate that LLGA has been effective at increasing physical activity levels and reducing sedentary behaviour amongst inactive individuals as well as engaging with individuals with wider Lifestyle Risk Factors.	151 - 162
			ANY OTHER BUSINESS	
17			**DATE AND TIME OF THE NEXT MEETING** To note the date and time of the next meeting as Monday 20th February 2017 at 9.30 am (with a pre-meeting for Board members at 9.00am).	

Third Party Recording

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.

Use of Recordings by Third Parties– code of practice

a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

HEALTH AND WELLBEING BOARD

TUESDAY, 6TH SEPTEMBER, 2016

PRESENT: Councillor R Charlwood in the Chair

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

Representatives of Clinical Commissioning Groups

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

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

Representative of NHS (England)
Moira Dumma - NHS England

Third Sector Representative
Hannah Howe – Forum Central

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

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

1 Welcome

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

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

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

2 Appeals against refusal of inspection of documents

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

3 Exempt Information - Possible Exclusion of the Press and Public

No exempt information was contained within the agenda.

4 Late Items

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

5 Declarations of Disclosable Pecuniary Interests

No declarations of disclosable pecuniary interests were made.

6 Apologies for Absence

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

7 Open Forum

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

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

RESOLVED -

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

8 Minutes

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

9 Leeds Health and Wellbeing Board Work Plan 2016/17

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

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

During discussions, the following points were noted

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

RESOLVED –

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

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

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

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

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

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

The Board noted the following discussions:

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

RESOLVED –

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

11 Sustainability Transformation Plans (STPs)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Councillor Golton joined the meeting at this point)

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

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

The Board made the following comments during discussions:

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

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

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

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

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

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

12 For Information - Leeds Better Care (BCF) Update

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

13 Any Other Business

No matters were raised.

14 Date and Time of Next Meeting

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

This page is intentionally left blank

Leeds Health & Wellbeing Board

Report authors: Holly Dannhauser, Rob Goodyear, Sue Robins, Sarah Lovell, Mick Ward, Chris Dickinson

Report of: Rob Goodyear, Director of Commissioning (Partnerships and Performance), NHS Leeds North CCG and Chris Dickinson, Head of Commissioning and Market Management, Children's Services, Leeds City Council

Report to: The Leeds Health and Wellbeing Board

Date: 20 October 2016

Subject: The Leeds approach to commissioning and decommissioning

Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information?	☐ Yes	☒ No

Summary of main issues
In September 2016, the Leeds Health and Wellbeing Board agreed their principle role in overseeing the financial sustainability of the Leeds system, operating as one organisation around a shared vision, and spending the Leeds £ wisely to drive change across the local health and care system.

Strategic oversight of the Leeds £ requires all members of the Health and Wellbeing Board to be equipped with a sound understanding of our approach to commissioning and decommissioning in Leeds. This must be considered in light of the financial context and pressures that have already been brought to the attention of the Board[1].

This paper acts as an introduction to the current approach to commissioning and decommissioning in Leeds. It also details existing joint arrangements and further progress made towards a shared approach, highlights commonality and difference where possible, and asks the Board to provide the strategic direction for future progress.

NHS England has a commissioning role within Leeds, both as a key commissioner of services from LTHT and also as co commissioners of Primary care with the three CCG's. The co commissioning arrangements for primary care have been established and are a further example of successful integrated and aligned commissioning of significant local services.

Recommendations
The Health and Wellbeing Board is asked to:

- Consider whether the current approach and future steps adequately support the vision and role of the Board

[1] Please see the Leeds Health and Wellbeing Strategy 2016-2021 and item 11 (Sustainability and Transformation Plans) of the 6 September 2016 Health and Wellbeing Board meeting

- Identify any further opportunities to progress towards a shared approach to commissioning and decommissioning
- Provide strategic direction for future progress towards a shared approach to commissioning and decommissioning
- Take learning from best practice within the system and apply to future decision making
- Support the Integrated commissioning executive to set system priorities for shared challenges and testing further integrated commissioning models

1 Purpose of this report

This report does not seek to outline what is commissioned in Leeds. Nor does it aim to provide details of any contracts or services. Rather, this paper is a means of introducing the planning processes, exploring the 'Leeds approach' to commissioning and decommissioning in its current form. This includes some areas where integration between organisations has begun, where there is a similar or common approach taken, and where there are differences in approach. Where appropriate or possible, the paper will also explore future ambitions or work already in motion.

The Board is asked to consider this report in the context of the health and care financial pressures, which the Board is already well sighted on. The report seeks to be open and transparent about existing work and provides the Board with an opportunity to shape future developments to ensure that the city is well placed to deal with the financial challenges we face now and in the months and years to come.

1.1 Why explore a Leeds approach to commissioning and decommissioning?

The development of a Leeds approach aims to improve outcomes for service users, maximise the use of resources, ensure best value, use co-production, and develop and support an enterprising and resilient provider market in Leeds. A shared approach also enables the impact of commissioning and decommissioning to be understood across the system, with better preparation and reaction to change.

The Leeds Health and Wellbeing Strategy 2016-2021 sets out the Health and Wellbeing Board's relentless focus on reducing health inequalities and creating a high quality and sustainable health and care system in our city. Therefore, the gap in funding for health and care will need to be addressed while ensuring that Leeds citizens continue to receive safe, high quality accessible services. The Health and Wellbeing Board must be confident that commissioning activity and contracting approaches of the collaborative commissioning teams in Leeds are delivering efficiencies from core budgets and making use of best practice.

2 Background information

For the past few years, the health and care community in Leeds has been working collectively towards creating an integrated system of care and commissioning that seeks to wrap care and support around the needs of the individual, their family and carers and helps to implement our shared vision for Leeds, as set out in our Leeds Health and Wellbeing Strategy.

We have developed the concept of the 'Leeds Pound (£)', which describes our collective resources across the health and care system. The Leeds £ helps move the system towards a shared responsibility for the financial challenge and create a

sustainable high quality health and social care system fit for both the current and the next generation.

At the September 2016 meeting of the Health and Wellbeing Board, a governance update[2] tasked the Partnership Executive Group (PEG) with implementing the Leeds Sustainability and Transformation Plan (STP), which sets the ambition for addressing the 3 gaps in the health and care system: the finance gap; the care gap and the inequalities gap. The Third Sector has had the opportunity to engage with the development of the Leeds STP through systems leadership events and through the representation on the Leeds Health and Wellbeing Board.

Commissioning language can be complex, so a glossary is included at appendix I to explain common terms found within this report.

2.2 Clinical Commissioning Group and Leeds City Council approaches

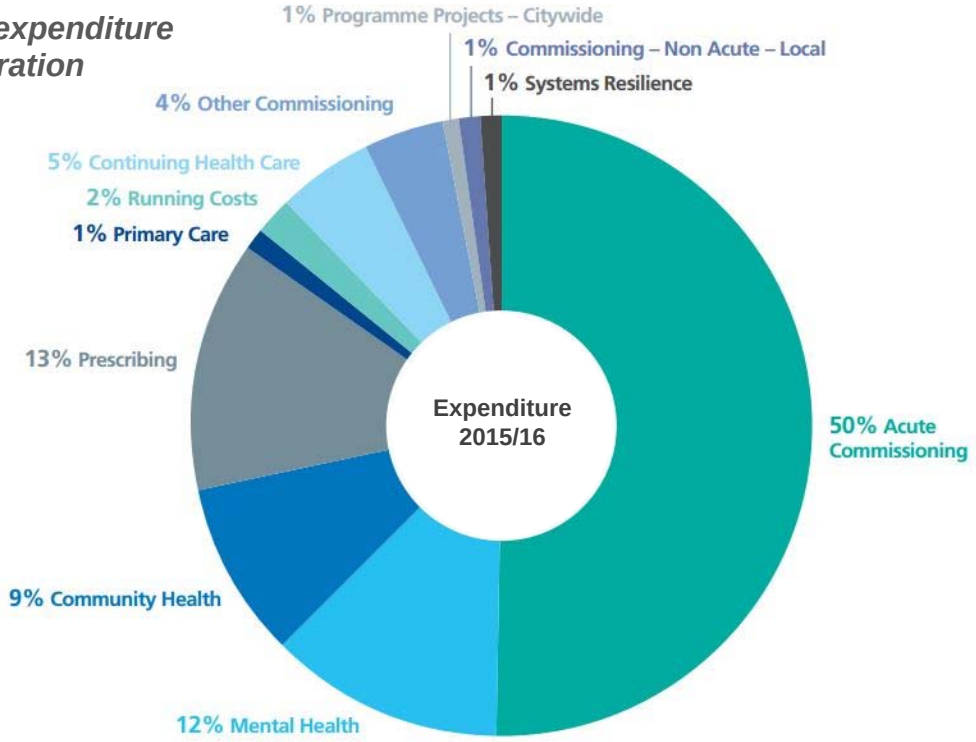
Planning	
NHS Leeds CCGs	**Leeds City Council**
NHS England sets out a national approach to planning. This requires all CCGs to engage in a top-down planning process that can deliver signed contracts with main NHS providers prior to the start of a new financial year (running April-March). The Leeds CCGs are required to re-assess their commissioning priorities on a yearly basis and allocate funds appropriately to meet national and local healthcare needs. This must be done in accordance with NHS England (NHSE) guidance and follow a yearly planning cycle.	Leeds City Council seeks a consistent approach to commissioning / decommissioning across directorates throughout the commissioning cycle (Analyse, Plan, Do, Review) and efficiency when working with providers who provide services across different directorates.

Budget setting	
NHS Leeds CCGs	**Leeds City Council**
Much of the CCGs' expenditure has been "allocated" by NHS England guidance. As a starting point, CCGs are required to purchase services from our major providers such as NHS Leeds Teaching Hospitals Trust (LTHT), NHS Leeds and York Partnership Foundation Trust (LYPFT) and NHS Leeds Community Healthcare (LCH) based on the previous year's demand. Additionally NHS England may add further requirements such as an additional investment in Mental Health regarding Parity of Esteem. A pie chart is included below from 2015/16 for illustrative purposes.	The Local Authority annual budget is set by the Executive Board of the Council in January/February each year. This is informed by the Chancellor's Autumn Statement and any previous changes to local authority income. However, LCC attempts to plan its budget setting longer term than one year (though the recent pace of reductions to the budget has made this more difficult). Below is an example high-level timeline for LCC budget setting. Within LCC a substantial amount of each Directorate's budget is spent on commissioned

[2] 6.09.16 Health and Wellbeing Board report pack

2017-18 sees a national change in the prices we pay for services. These planning requirements together with other financial requirements, such as maintaining a surplus, reduce the percentage of money available for decisions to commission additional services to singular percentage terms. 2016/17 planning guidance and business rules further removed the 1% local commissioning monies and reduced the 4% other commissioning monies.	services and that this has grown significantly with the reduction in directly provided services (particularly within ASC, where the commissioned budget is 85% of the total budget). The total commissioning budgets of Environment & Health, Children's, Adult Social Care (including Learning Disabilities Pooled Budget), and Public Health were £294m in 2015/16 .This includes £102m spend on the Third Sector.

NHS Leeds CCG expenditure 2015/16 (for illustration purposes)



High-level timeline for LCC budget setting

23rd Sept 2015	Strong Economy & Compassionate City - Ambition & Draft Outcomes	Executive Board
	Development of options for 2016/17 & 2017/18	Executive Members & Directors
21st Oct 2015	Medium Term Financial Strategy 2016/17 to 2019/20	Executive Board
25th Nov 2015	Comprehensive Spending Review announced	
Mid-December	Draft local government finance settlement announced	
16th Dec 2015	2016/17 and 2017/18 Initial Budget Proposals	Executive Board
	Scrutiny and Budget Consultation	
10th Feb 2016	Clearance of 2016/17 and 2017/18 budget proposals	Executive Board
	Refreshed Best Council Plan	
24th Feb 2016	Approval of Budget 2016/17	Full Council

Decision making

NHS Leeds CCGs	Leeds City Council
The three Clinical Commissioning Groups in Leeds have a shared commissioning process, which is detailed in the diagram at appendix II. This process commenced in 2016 for services commencing in 2017/18. It is anticipated that national requirements for the 2017/18 planning round are part of a 5 year process that is aligned to the delivery of the Leeds Sustainability and Transformation Plan (STP). Given the complex nature of the commissioning process and the importance of standardisation and fairness between CCGs, a clear process for collection, analysis and approval of these commissioning plans is required. Therefore, as well as the shared commissioning process, the three NHS CCGs in Leeds have developed a 'service change/commissioning for value' toolkit, building on good practice nationally and the principles of Leeds Adult Social Care commissioning and decommissioning guidance. This toolkit has been developed to support all commissioners, managers and clinicians working within the Leeds healthcare system to understand when and why to consider a material service change and/or the decommissioning of a service. The toolkit also details the governance and processes to be undertaken when developing the business case to take forward that change. The toolkit, its templates and governance process are to be used for any NHS saving or efficient change to the Leeds £, whether that is towards the Leeds STP or CCG Quality, innovation, productivity and prevention (QIPPS). It advises on the circumstances under which commissioners should consider pathway redesign, service redesign or decommissioning.	Commissioning/de-commissioning decisions are driven by the overarching strategic plans of the city, including the Leeds Health and Wellbeing Strategy, Best City Plan, Leeds Children and Young People's Plan and, where appropriate, by specific joint local plans supported by joint boards. The Council has adopted a whole lifecycle approach, articulated through 'Commissioning for Better Outcomes', which although focussed on Adult Social Care, has a strong resonance across directorates commissioning 'people services'. This is supported through procurement via a 'category management approach'. All categories work to common principles and rules, but outputs are tailored to meet the needs of the specific category, reflecting the service area, stakeholder needs and the market place, to ensure quality outcomes and value for money are achieved. Relevant purchasing also may be grouped together to improve quality, savings and efficiency. Specific commissioning decisions follow the Local Authority's rules and procedures, using the Council's Executive Board, Delegated Decisions, and Administrative Decisions, Equality Impact Assessments and Executive Member briefings where appropriate. Where decisions result in the de-commissioning of services, a de-commissioning tool kit is used. This is a detailed plan of the work needed to be taken to safely and effectively de-commission any service, including close working with the relevant provider.

Commissioning to meet partner priorities

Commissioning teams often lead on certain areas of commissioning, but there is a clear understanding that these services will often contribute to a range of city priorities. Therefore, it's important that we take account of this as part of the commissioning cycle.

As an example, the commissioning of drug and alcohol treatment services was led by

commissioners in Public Health with a priority for promoting recovery from substance misuse, but the service was specified to meet other commissioner's priorities. Children's services sought to have care leavers and parents with children under the age of 2 targeted, while the CCGs' priorities were linked to a reduction in harm caused by alcohol misuse. Adult Social Care identified safe referrals to residential rehab as essential and Environment and Housing required appropriate services for offenders requiring treatment for opiate usage. A process of consultation led by Public Health commissioners ensured that all of these priorities were addressed as part of the new service.

Governance

NHS Leeds CCGs	Leeds City Council
The Planning Implementation Group (PIG) runs throughout the year and any commissioning intentions or disinvestments brought forth, regardless of the time of year, are to be brought to PIG for approval. A Leeds City Council commissioning representative has recently been invited to join this Group. Given that plans will involve changes to contracts upon completion they will be forwarded to the Commissioning For Value Group for sign off. The Health and Wellbeing Board is sighted on NHS commissioning intentions to ensure that they take proper account of the Leeds Health and Wellbeing Strategy. Any commissioning decision will need to take account of likely views of commissioning partners, notably Leeds City Council and NHS England, in role as Co-Commissioner, and other Clinical Commissioning Groups (if the proposal is likely to have cross border issues). Commissioners need to consider likely political implications of any decision and likelihood of support from elected council members. The perspective of patients, public, carers, providers, primary care and clinicians is also taken into consideration. All engagement work and perspectives analysis is captured in a stakeholder dimensions checklist and must be submitted with proposals. A commissioning dimensions checklist, based on the CCG prioritisation framework, is used to assess each case for change in a standardised	Chaired by Councillor James Lewis, a cross-directorate Corporate Strategic People Commissioning Group has been established to oversee commissioning activities across LCC and make recommendations to improve outcomes and align priorities. It is supported in its work by the People Commissioning Operational Group. These groups have already delivered improved outcomes and change as part of both individual directorate and joint plans including, establishing a single contracts register for all Directorates, stream-lining of commissioning structures, Pooled Budgets between LCC and the 3 CCGs3. Commissioning related Project Boards have been consolidated into a new cross-directorate People Commissioning Operational Board, directly responsible to the Corporate Strategic People Commissioning Group, driving joint/integrated commissioning to realise savings in commissioning. There has been increasing co-ordination through joint boards such as the Learning Disabilities Board, Mental Health Board, Carers Strategic Board and Dementia Board, and recently the Joint Adult Community Commissioning Group (JACCG) – which both coordinates commissioning activity across ASC and CCG's but also acts as the Better Care Fund sub-group for the Third Sector pot. LCC, CCGs and Third Sector are working to agree a Social Value Charter[4] for Leeds, setting

[3] learning disability (£77m), community equipment (£4m) , South Leeds Independence Centre (£4m), Better Care Fund (£59m)

[4] The Charter itself and a 4 page guide – which includes examples of how to implement it – are available at: https://doinggoodleeds.org.uk/socialvaluecharter.html

way. All commissioners are expected to provide detail for each consideration and submit with a case for change. This enables those reviewing the proposals an insight into rationale and potential impact of proposed changes.	out our shared ambitions to promote social responsibility, build social capital and deliver social value, in support of the vision for Leeds to be a healthy, fair, compassionate and caring city where everyone benefits from the city's economic growth. The Charter has now been signed off by LCC and key partners, including CCGs, the Universities and the Chamber of Commerce.

Adult Social Care

Adult Social Care (ASC) publishes a Market Position Statement[5]. This is produced every few years, but updated through the year, and is aimed at all providers and potential providers, and outlines ASC's broader current position and commissioning intentions.

New work to address numbers of children entering care with GPs

Recent research highlights that 10% of GP practice locations support approximately 50% of those children who were taken into care or became subject to a child protection plan last year.

An outcome based accountability session has been used to bring together GP Practices, Children's Social Work Service, Clusters and representatives from other organisations to help shape our citywide response to this research. The aim is to work closer together to ensure services better prevent and respond to the needs of parents who we know are at risk of both current and future state intervention.

2.3 Third Sector

There is blurring between the Third Sector and Independent Sector, as the Third Sector is increasingly assuming a commissioning function.

Plans

The City aims to have a sustainable, diverse third sector economy, with organisations from the smallest self-help group through to larger, local and national service providers and the ambition is to use the Leeds £ to invest in a local infrastructure that has a legacy beyond the life of any single funding programme.

Adult Social Care, Public Health, and Children's Services and Clinical Commissioning Groups commission a number of third sector organisations independently of each other, with priorities set through contract arrangements and the quality and outcomes measures reflecting local needs. The plans, which are derived from Leeds Health and Wellbeing Strategy 2016-2021, national guidance and local population needs, are then shared across organisations using existing partnership structures.

Changes in investment patterns by LCC commissioners have seen a move from short contracts of 2-3 years with individual providers to contracts of 5 years and longer with more services being delivered by consortia. For example the Forward Leeds drug and alcohol treatment procurement, which brought 18 different contracts into one new integrated service.

[5] ASC Market Position Statement, http://www.leeds.gov.uk/docs/Market%20Position%20Statement%202015-18%20V02%20June%202016.pdf

Process

This year, Scrutiny Board (Adult Social Services, Public Health, NHS) conducted an inquiry into the Involvement of the Third Sector in the provision of Health and Social Care Services across Leeds. The Commissioning, NHS Provider and Third Sector partners who contributed to the Scrutiny Inquiry welcomed the report, which provided a fair overview of the commissioning arrangements, partnership working and organisational relationships between the statutory and third sector partners already in place and highlighted the positive work happening in the city, whilst also identifying areas for further development. The responses to the specific recommendations are now being worked on by partners and they are sharing the report and recommendations within organisations, and also across partnership structures, most notably the Third Sector Partnership, to inform wider strategic plans in regard to third sector development.

There is strong evidence of co-production and joint working when reviewing Third Sector services or contracts. For example the recent recommissioning of housing support and domestic violence services have use an Outcomes Based Accountability (OBA) approach to engage service users, third sector providers and other partners in discussions about how best to address changing patterns of need and service demand in the city. This approach helps to ensure Third Sector organisations are jointly involved in identifying local priorities and solutions.

The Third Sector Partnership, chaired by Councillor Coupar, ensures Third Sector representatives meet with the Council and the Clinical Commissioning Groups' commissioners to discuss the shared commitment to maintaining and developing a thriving third sector.

Joint Boards (as mentioned previously) provide strong engagement with the sector and are supported by commissioners working with 'Forum Central' This is the overarching Health and Well-Being Third Sector Network, jointly commissioned by the CCGs and Adult Social Care.

2.4 Deputy Director of Integrated Commissioning

The recruitment process has begun for a Deputy Director of Integrated Commissioning, a post designed to bring Adult Social Care and NHS commissioning closer together. This will be a shared post, jointly accountable to LCC Adult Social Care Services, Leeds North CCG and Leeds South and East CCG. The post-holder will report to the Director of Adult Social Services and the Chief Officers for Leeds North CCG and Leeds South and East CCG, but will act on behalf of and in support of all three Leeds CCGs in accordance with the collaborative commissioning memorandum of understanding between the CCGs.

3 Main issues

Despite some great progress, the complex commissioning landscape demonstrates difficulties inherent in coordinating a system of individual organisations and sectors. This creates a number of challenges and ambitions, which are explored below.

3.1 Principles for commissioning and decommissioning

Commonality can be found in the principles for decommissioning outlined in both CCG and LCC decommissioning toolkits.

The CCG ‘Commissioning for Value’ toolkit outlines a process to ensure commissioners embed the following principles for decommissioning:

- All decommissioning proposals should be based on tangible evidence
- Impact on stakeholders has been considered and where necessary have been consulted before the decommissioning decision is made
- Detailed consideration must be given to the broad-ranging impact of the decommissioning proposal
- Provider must be engaged as early as possible to allow time to adjust to the proposal
- All proposals must consider particular impact on Primary care providers
- All teams must support colleagues in the provision of data and information

Within the LCC decommissioning toolkit, the following areas must be evidenced and considered in particular:

- Financial requirements
- Political perspective
- Needs of services users
- Perspective of parents and carers

LCC commissioning decisions are also guided by the framework for Better Outcomes, which has nine standards for good commissioning:

- Person centred and focused on outcomes
- Co-produced with service users, their carers and the wider local community
- Well led
- A whole system approach
- Uses evidence about what works
- A diverse and sustainable market
- Provides value for money
- Develops the workforce
- Promotes positive engagement with providers

All commissioning partners in Leeds have signed up to the Compact for Leeds which sets out the following seven principles to guide public and third sector working partnerships in order to deliver the best possible outcomes for the people of Leeds:

- Working together
- Involving communities
- Sharing information
- Allocating resources
- Building communities and third sector capacity
- Promoting volunteering
- Promoting equality, fairness, good community relations and equality of outcomes for all

A key aspect of this is a commitment to offer six months of notice on decisions to reduce investment or end contracts with the Third Sector. Commissioners in Leeds City Council have been working hard to meet this objective, however the timing of recent cuts to local authority funding following the annual autumn statement have not always provided enough time to achieve these intentions. To help address this uncertainty, commissioners seek to have an early and open dialogue with Third Sector Providers about the issues impacting budget decisions. The Compact is currently being refreshed in a piece of work overseen by the Third Sector Partnership.

3.2 Budget reductions

A key barrier to developing significant programmes of joint investment is a backdrop of significant budget cuts. Shrinking resources means there is little investment available to pilot new areas of joint working. This makes the discussions about aligning budgets an even greater priority, but it also makes the process much harder as commissioners are being forced to make tougher decisions about how to respond to service needs.

3.3 Misalignment of Commissioning Cycles:

CCGs and Local Authority have very different commissioning cycles, with NHS contract decisions being confirmed on an annual basis while Leeds City Council generally renewing investment decisions every three to five years. This is partly due to differences in budget setting arrangements, but it also reflects the differences in provider markets and procurement rules.

Leeds City Council has moved away from annual contracts, responding to the need to create a diverse and stable provider base, with contracts being generally 3-5 years. LCC also contracts with hundreds of different organisations across the Third and Independent Sector, varying enormously in size, from major national providers to small and medium and even micro enterprises. Whereas CCGs tend to commission services from much larger NHS trusts and often do contracts/grants for just one year with the Third Sector.

Within LCC, annual budget setting processes can misalign with commissioning, as each contract has its own commissioning cycle based on the starting date and length of the contract. This can mean directorates re-negotiating the value and specification of contracts mid-contract due to budget pressures, as well as potentially setting a new contract value and service model/specification at the start of any re-commissioning exercise.

3.4 Procurement Rules

Procurement rules for Local Authorities mean that services funded by Leeds City Council are more likely to be been subjected to competition, usually through a review and tender process which is resource intensive and can only be justified with longer contracts.

3.5 Different Provider Markets

While there is some crossover, CCGS and the Local Authority have some differences in traditional providers markets. CCGs often commission with large health trusts and LCC commissioning with a mix of partners from which the third sector is prominently represented. These differences in provider markets limits the scope for service re-modelling and requires more fundamental changes to service design when considering joint-commissioning opportunities.

3.6 Integrated Services

There is a growing trend in Local Authority commissioning to award larger contracts for integrated services rather than several small contracts to individual providers. This is driven partly be the desire to remove service barriers and support improved service users outcomes. And while this approach has been successful in helping to find

savings through reduced overheads, there is a belief that this approach is less favourable for smaller or more specialist third sector organisations who may struggle to successfully tender for large integrated services on their own. Commissioners have sought to offer support to develop consortia and to develop the capacity of organisations to bid for larger contracts.

There needs to be more of a focus this year and in future years on disinvestments, QIPPs and how services can be commissioned or delivered differently, utilising Right Care Guidance and Commissioning for Value toolkits. From a partnership perspective the CCGs are keen to learn from partners who have experience of undertaking this process and the challenges that any changes in re-commissioning services presents.

3.7 Workforce

Nationally and locally there is growing interest in commissioning for outcomes, driven by ambitions to deliver new models of care in the Five Year Forward View. The three CCGs are exploring how the workforce might need to be re-aligned to facilitate effective commissioning for outcomes.

For Leeds City Council (LCC), an audit has been undertaken against the revised version of 'Commissioning for Better Outcomes' national standards[6]. The audit showed that it would not be effective to merge all the different commissioning teams into one structure, as there was a significant danger of losing the required specialist knowledge associated with commissioning complex people services. This knowledge this is vital in the context of the need to reduce costs, stimulate and support a broader market, reduce LCC direct delivery, and strengthen links with NHS Commissioning and Localities.

It is likely that a staffing review will need to be undertaken by the Deputy Director of Integrated Commissioning to ensure best use of Leeds £. It is hoped that all staff would eventually be based in one building to create a city-wide hub for integrated commissioning. This Integrated Commissioning Unit will ultimately contain the following lead functions:

- Integrated commissioning strategy for the portfolio
- All of adult social care commissioning: i.e. older people's services, mental health, learning disabilities, physical disabilities, carers
- All ASC contracts management and quality surveillance functions
- ASC Project Management Office – service development function
- The NHS collaborative commissioning functions for dementia, learning disabilities and mental health, Better Care Fund, and community beds
- Transformation of services in accordance with agreed city wide strategies and emerging new models of care
- LNCCG Mental Health and Learning Disabilities contracting and performance management/ partnership working
- Market development within the portfolio
- Linking to System Resilience Group and wider resilience functions including Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity (linking with Public Health)

[6] This is a nationally validated tool created by the University of Birmingham and advocated by the Association of Directors of Adult Social Services (ADASS), the Department of Health and Think Local Act Personal (group of over 30 national partners committed to real change in adult social care).

- Management for shared budgets as appropriate and associated with the portfolio

The phasing of the work is anticipated to be as follows, where the phasing may be concurrent or overlapping and is subject to change as system thinking develops:

Phase	Action
Initiation	Development of an Integrated Commissioning Strategy including establishment of a Memorandum of Understanding and appropriate governance arrangements
Phase 1	Full integration of Learning Disabilities commissioning and resourcing (this may precede the appointment)
Phase 2	Integration of EPRR and Business Continuity linking with Public Health to ensure optimal shared use of resources to maintain the system and respond to pressures
Phase 3	Integration of System Resilience commissioning and response (building on existing work of the SRG)
Phase 4	Integration of Mental Health commissioning (preparatory work underway in accordance with previous papers to ICE)
Phase 5	To explore concepts of Integration of Older People's and Carers commissioning
Phase 6	To explore concepts of Integration of Urgent Care commissioning

3.8 Integrated Commissioning Executive (ICE)

Chaired and attended by partners from Leeds City Council and the NHS, ICE provides a forum for commissioners from organisations to discuss and share their plans for making the best use of the collective resources, agree joint priorities and to inform decision making. ICE has previously agreed to work towards an integrated commissioning budget for mental health and work associated with developing this capability. ICE has the authority to make investment decisions about the delivery of the Leeds STP.

While the group is well placed to lead significant programmes of joint commissioning, there are challenges in realising the full potential of this partnership which commissioners are seeking to overcome, including:

- Differences in commissioning cycles which makes it difficult to align decision making (explored further in section 3 of this report)
- Differences in traditional providers markets, which limits the scope for service re-modelling and requires more fundamental changes to service design when considering joint-commissioning opportunities
- Financial pressures limit the scope for piloting new areas work, but it also takes up considerable staff resource as commissioning teams work to re-negotiate reduced contract values and retender services with the available budget

There is more work needed to develop the capacity of the Integrated Commissioning Executive to address a broader range of shared challenges, such as reducing the number of looked after children or responding to domestic violence and abuse.

Building on existing models of joint investment like the Better Care Fund, it would be helpful to have clearer, joined-up processes covering all areas of commissioning from which commissioners could develop new areas of joint working.

3.9 Third sector

LCC Commissioners have stated their intentions to improve the integrated commissioning of the Third Sector, achieving best value for the Leeds £ and supporting the Third Sector through more coordinated partnership working.
As part of a recent inquiry, Scrutiny Board is expecting:

1. Service commissioners across Leeds' health, wellbeing and social economy to 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.
2. Commissioners to 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.
3. 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.

The increase in contracts compared to grants with voluntary sector organisations has offered some stability to the sector, but it has also created challenges, sometimes displacing smaller providers from the market and potentially limiting the breadth of innovation. There is a need for further discussion about the impact of the length and size of contracts awarded by CCG commissioners on Third Sector providers.

3.10 Improved Place-Based Commissioning

The ambition to deliver new models of care with an emphasis on place-based commissioning could create new issues if we don't increase the current level of joint working and coordination. This ambition is reflected in the changing needs of the population. The ageing and deprived populations in particular require CCGs and local authorities to re-design distinct services into integrated ones. Commissioners must work to overcome the barriers posed by misaligned, geographic administrative boundaries and respond to these changing needs by increasing the level of coordination.

The senior management of the three Leeds NHS CCGs are looking at commissioning through "One Voice". This is being discussed and developed through a series of bi-weekly meetings. Local Authority colleagues have been invited to be involved within the process but due to the speed of this work (concludes in December) it is concentrating on bringing together the three CCGs as "One Voice". Whilst processes may remain unchanged, governance may alter in future.

3.11 Leeds £

In order to further the concept of the Leeds £, we need to develop a 'common language' among commissioners and decision makers in Leeds about how we co-produce and assess the cost-benefit of commissioned services, recognising that broad agreement will be needed about how we move investment from individually commissioned services to ones that achieve joint outcomes by aligning our limited resources. Commissioners in Leeds City Council have adopted the use of Outcome

Based Accountability[7] to support the development of a shared understanding of how we commission services to respond to measurable need.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

A Leeds approach to commissioning should be supported by a Leeds approach to service user engagement as part of the commissioning cycle. Whilst approaches may differ in practice all put the service user at the heart of commissioning decisions.

Public Health in Leeds City Council have some recent examples of involving service users in the re-tendering of both drug and alcohol services and housing support services. In both cases service users took part in OBA sessions, they were involved in evaluating the existing service consulted on the service design. For the drug and alcohol service, service users were involved in setting tender evaluation criteria and actually scoring the bids that were submitted.

Any commissioning decision made using the NHS CCG toolkit will need to take account of likely views of commissioning partners, notably Leeds City Council and NHS England, in role as Co-Commissioner, and other Clinical Commissioning Groups (if proposal likely to be cross border issues). Commissioners need to consider likely political implications of any decision and likelihood of support from elected council members. The perspective of patients, public, carers, providers, primary care and clinicians is also taken into consideration. All engagement work and perspectives analysis is captured in a stakeholder dimensions checklist and must be submitted with proposals.

Each CCG has established links with the local area committees in Leeds City Council, which provides an additional mechanism for gathering local population needs in relation to health and wellbeing. The three CCGs have strong patient engagement teams and methods that work at the level of the city, the CCG and the practice level.

Leeds City Council takes a co-production approach, consulting and engaging with stakeholders throughout the procurement lifecycle, to ensure procurements properly reflect need and opportunity, and take account of the wider context, including the council's plans and strategies, locality working and collaboration with others.

This report has been prepared in partnership between colleagues from the three NHS Leeds CCGs and cross-directorate from Leeds City Council.

4.2 Equality and Diversity / Cohesion and Integration

There are no direct equality and diversity implications from this report.

4.3 Resources and value for money

This report must be considered in the context of the financial challenges the city faces, which the Health and Wellbeing Board has been well sighted on. Tackling these challenges is part of the delivery of the Leeds Health and Wellbeing Strategy 2016-21 and the Leeds Sustainability and Transformation Plan.

[7] http://www.leeds.gov.uk/docs/8%20-%20OBA%20-%20Outcomes%20Bsed%20Accountability%20-%20September%202013.pdf

4.4 Legal Implications, Access to Information and Call In

There are no access to information and call-in implications arising from this report.

4.5 Risk Management

The NHS and local authority are founded on fundamentally different principles. For example, most NHS services are free at the point of use whereas the majority of local authority services are means tested. These principles will be challenged by the attempts to coordinate or integrate commissioning approaches.

Programmes relevant or mentioned will have their own risk management arrangements and the business of the Board will receive assurances that partners work collaboratively for mitigation and resolution of these risks.

The Leeds STP is helping to manage the financial risk to the city by making the health and care system more sustainable.

5 Conclusions

Despite the fact that there are very different commissioning cycles between the CCGs and LCC, we already do a substantial amount of joint commissioning. This includes where one of us is the lead commissioner via a section 75 arrangement with a pooled budget, where we have a section 256 arrangement in place and one organisation acts as lead commissioner with a third sector organisation, or where simply we work together when commissioning a service or group of services to ensure the commissioning process is informed by the other partner(s). Leeds can demonstrate good practice in joint commissioning of services such as the Leeds equipment services and several winter schemes we jointly work on to maintain system resilience.

We are also developing our joint commissioning roles and gaining experience through national projects such as the Urgent Care Vanguard / Pioneer / New Models of Care programme with NHS England and other commissioning groups across West Yorkshire.

While there may be some different approaches taken by various commissioning partners, there are already some similar principles that guide our decision making that could be developed into some common principles that underpin the way we work, with agreed common language.

The approach taken by Adult Social Care and CCGs to align their investment aimed at reducing lengthy hospital admissions and supporting people to remain independent at home for longer should be viewed as a positive model from which other areas of joint commissioning could be developed.

We need to build on existing successful approaches as we look to address the joint commissioning priorities for children young people and families. A draft set of shared outcomes which would benefit from taking this approach includes:

- Ensuring everyone will have the best start in life
- Offering integrated and personalised services for children with complex needs
- Providing a comprehensive emotional and mental health service for children and young people

- Responding to the needs of children who enter and leave care and improved services for children whilst in care

With ever tighter financial budgets and controls, the CCGs are keen to learn from partners who have been required to make savings and how they have decommissioned or re-commissioned services. It is especially important to maintain quality and to bring the public with us.

There is much evidence that the Council have been able to do this over the last five years of cuts. Although the CCG approach is untested, the processes and governance are established – with particular note to engagement. It is essential that the Council are involved in this work as we approach the 2020/21 and the amalgamation of budgets. The city has experience of this already through the BCF, but there is more to learn as we work together as joint partners.

6 Next Steps

The Leeds system needs to work towards a new approach to integrated commissioning models and requires the support of the HWB Board and also of the Leeds Integrated Commissioning Executive (ICE) to:

- Build on existing good practice for commissioning together e.g. BCF
- Develop common commissioning and de-commissioning principles / draw existing principles together
- Debate and synthesise the approaches to commissioning for outcomes / social values etc
- Develop a joint position on commissioning of 3rd sector organisations
- Develop a shared set of principles for commissioning/decommissioning
- Seek ways to include the 3rd sector more as a commissioning partner where appropriate

7 Recommendations

The Health and Wellbeing Board is asked to:

- Consider whether the current approach and future steps adequately support the vision and role of the Board
- Identify any further opportunities to progress towards a shared approach to commissioning and decommissioning
- Provide strategic direction for future progress towards a shared approach to commissioning and decommissioning
- Take learning from best practice within the system and apply to future decision making
- Support the Integrated commissioning executive to set system priorities for shared challenges and testing further integrated commissioning models

8 Appendices

Appendix I – Glossary of commissioning language

Appendix II – CCG shared commissioning timeline

Appendix I

Aligned budgets/funding: Partners jointly considering their budgets and aligning their activities to deliver agreed aims and outcomes, whilst retaining accountability for their own resources.

AQP (Any Qualified Provider): A commissioning approach where any provider who meets quality standards can be listed as a possible supplier of services. Designed to allow maximum user choice whilst maintaining safety.

Clinical Commissioning Groups (CCGs): Groups of GPs, which from April 2013 will be responsible for purchasing local health services in England.

Commissioning: Assessing needs and services to ensure the best use of resources to improve outcomes for the population served. The Commissioning Cycle is the whole process that covers the stages of Understand, Plan, Do and Review.

Commissioning Intentions: Newly proposed initiatives/services or changes to existing services which would require funding.

Commissioning Strategy/Commissioning Framework: A document that outlines how commissioning will operate. Some strategies are sector specific, whilst others deal with specific services.

Compact: A statement of shared principles and guidelines for effective partnership working between government/local public bodies and the third sector.

Cost pressures: Absolute unavoidable costs for the service.

Direct Payments: Money paid directly to social care users so that they can purchase services from providers themselves to meet their needs.

Decommissioning: The process of planning and managing a reduction in service activity or terminating a contract in line with commissioning objectives.

Eligibility Criteria: The means by which councils decide who is eligible for public funding for social care. The criteria are based on national guidance and set four bands of need - critical, substantial, moderate and low. Most authorities now only fund critical and substantial needs, subject to a means test.

Framework Agreement: Sets out the contractual terms between commissioners and Any Qualified Providers governing price and quality, with services then usually purchased by a call off arrangement.

Individual (Personal) budgets: Bringing together income streams from different Statutory Sector organisations to provide a sum for an individual to control how it is spent.

Integrated Commissioning: The process where organisations come together to consider their commissioning strategies and decisions. This may/may not include

aspects of work where joint arrangements do not materialize, but where there is an agreement to be open and transparent about all commissioning activity.

Joint Commissioning: The process where organisations jointly consider their commissioning strategies for particular pathways or services and pool their resources (formally or informally) towards improving outcomes. This may lead to formal legal arrangements including section 75 agreements. Joint commissioning may/may not be part of a wider integrated commissioning approach.

Joint Health & Wellbeing Strategy: From April 2013 a duty will be placed on local authorities and CCGs to develop a Joint Health and Wellbeing strategy to meet the needs identified in their local Joint Strategic Needs Assessment.

Joint Purchasing
Services purchased jointly by at least two partners to meet jointly agreed needs.

Joint Strategic Needs Assessment (JSNA): This is the process by which partners and the community identify the population's current and future health and wellbeing needs. It is proposed that it will be used to inform the Joint Health and Wellbeing Strategy and the commissioning actions of CCGs and the NHS Commissioning Board.

Lead Commissioning: An arrangement where one organisation acts as the 'host' that commissions care services on behalf of its other partners.

Leeds £: Describes the collective resources across the health and care system

Local Healthwatch: The new bodies that will champion the interests of health and social care service users from April 2013.

Marmot Review of Health Inequalities: A review of the social and economic determinants of health inequalities by Professor Sir Michael Marmot that recommends a set of public health strategies to inform JSNAs.

NHS England: The body that will support and oversee CCGs and commission specialist medical services from April 2013. It will promote patient and public involvement in commissioning and joint working across health and social care.

NHS Operating Framework: The annual planning document issued by the Department of Health setting priorities for the coming financial year.

OBA: Outcomes Based Accountability is based on working backwards from the ends we wish to achieve to the conditions of well-being on which we are trying to make an impact – and then taking a step by step approach to understanding how we want those conditions to look and feel different; This is often called 'turning the curve'.

Outcome Based Commissioning: Commissioning that starts with a focus on the desired outcome rather than starting with what service to buy.

Personalisation: This underpins the current direction of social care and seeks to allow every person who receives support to have choice and control over the shape of that support in all settings.

Pooled budget (or pooled fund): A formal arrangement where partners make financial contributions to a single fund to achieve specified and mutually agreed aims. A single host usually manages it under a partnership agreement that sets out aims, accountabilities and responsibilities. Powers for these arrangements are contained in Sections 75/76 of the NHS Act 2006 and Section 10 Children Act 2004.

Pre-commitments: Funding which has been pre-committed for agreed citywide initiatives.

Procurement: The stage of the commissioning cycle that involves the purchase of goods and services, with a focus on ensuring legal compliance and setting contracts.

Public Service Agreement (PSA):n agreement negotiated between central government and a local authority to deliver improved outcomes in return for greater freedom in the means of delivery, and financial incentives. It specifies how public funds will be used to ensure value for money.

Purchasing: The operational activity set within the context of commissioning, of applying resources to buy services in order to meet needs, either at a macro/population level or at a micro/individual level.

Quality, innovation, productivity and prevention (QIPP): The NHS productivity and efficiency programme.

Risks: Financial risks that may result in the need for reserves to be held against future budget allocations.

Section 10: Section 10 of the Children Act 2004 enables any of the named 'relevant partners' to make contributions to a fund out of which relevant payments may be made and which can be managed by one of them.

Section 75: The NHS Section 75 agreement allows the pooling of funds where payments may be made towards expenditure incurred in the exercise of any NHS or 'health-related' local authority functions. Section 75 also allows for one partner to take the lead in commissioning services on behalf of the other (lead commissioning) and for partners to combine resources, staff and management structures to help integrate service provision (integrated management or provision), commonly known as 'Health Act flexibilities'. It also makes provision for the functions (statutory powers or duties) to be delivered on a daily basis by another partner, subject to the agreed.

Section 76: The NHS Section 76 Agreement allows local authorities to make payments (service, revenue or capital contributions) to NHS bodies to support specific additional NHS services, where this ensures a more efficient use of resources.

Section 113: Section 113 of the Local Government Act allows staff to be available to 'non-employing' partner organisations so that staff can be seconded/transferred and managed by another organisation's personnel.

Section 256 NHS Act 2006: This gives powers to the NHS to make payments to local authorities to support or enhance specific council services. Section 256 funds refer to the funding that has been provided to social care in local authorities to benefit health.

Separate funding: Allocation of a partner's resources, or contribution of resources, with accountability still within that partner

Appendix II

Engagement: all year round

August

- Commissioner QIPP savings identified through STP process DoCs
- PIG meeting 23 August
- Collaborative citywide leads requested to identify pre-comitments, risks, disinvestments, cost pressures and QIPP
- 2016/17 non recurrent schemes collated for individual CCGs
- 2016/17 non recurrent schemes collated for the city

September

- PIG meeting 20 September
- Collation of Comissioning pre-comitments, risks, disinvestments, cost pressures and QIPP
- Baselines to be set for projected activity and finance
- Planning guidance released 22 September
- Council meeting - inform re revised timeline 13 September
- ICE meeting 27 September

October

- PIG meeting 18 October
- Feedback/prioritisation collated
- Scrutiny/challenge of proformas to take place as individual CCGs
- Recurrent CI and Non-recurrent CI paper written and circulated to PIG members and respective CCGs for comments
- HWB 20 October - verbal update
- ICE meeting 11 October

November

- ICE meeting 1 November
- PIG meeting 15 November
- Final prioritisation and sign off
- Agree contract baselines and duscussion around contract envelopes
- Contract baselines reviewed
- Cost pressures paper written and circulated for comments
- Network 22 November
- First draft of 2 year operational plans to be submitted 24 November

December

- ICE meeting 6 December
- PIG meeting 13 December
- Final Citywide sign-off
- Local/citywide budgets decided Network / ICE?
- Contract negotiations to take place, including any changes to tariff process TBC
- Contracts to be signed
- Governance sign off
- Network 13 December
- HWB *Extraordinary meeting to be arranged (tbc)*

This page is intentionally left blank

Leeds Health & Wellbeing Board

Report author: Myrte Elbers, Anna Frearson, Sophia Ditta, Holly Dannhauser

Report of: Ian Cameron (Director of Public Health, Leeds City Council)

Report to: The Leeds Health and Wellbeing Board

Date: 20 October 2016

Subject: Staying focused on the wider determinants of health

Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number:	☐ Yes	☒ No

Summary of main issues

Anti-Poverty work programmes are indirectly supporting most priorities in the Leeds Health and Wellbeing Strategy 2016-21 but the strongest links are with the following:

Priority 5 - A strong economy with quality local jobs. To reduce social inequalities, Leeds needs a strong local economy driving sustainable economic growth for all people across the city.

Priority 10 - Promote mental health and physical health equally

This report summarises some key anti-poverty initiatives around social prescribing, income poverty, food and fuel poverty. The Leeds Sustainability and Transformation Plan (STP) is recognised a key contributor to the Leeds Health and Wellbeing Strategy it does not cover all the priorities of the Strategy. The Board must be confident that appropriate focus is placed on wider determinants in order to help to achieve the shared ambitions around reducing health inequalities and the prevention agenda.

Recommendations

The Health and Wellbeing Board is asked to:

- Consider the supporting communities and tackling poverty update to Executive Board and information on initiatives being undertaken around poverty to improve health and reduce inequalities.
- Discuss the following:
    - What more can the Board do to support the four key propositions that are being used to tackle poverty outlined in the Executive Board report?
    - How can the Board make strategic links between the work to improve the wider determinants of health and work to create a financially sustainable system – in this case, the poverty update and the STP?
    - What can the Board do to make significant progress on this agenda?

- What issues do the Board need to consider as part of its future work plan?

1.0 Purpose of this report

Anti-Poverty work programmes are indirectly supporting most priorities in the Leeds Health and Wellbeing Strategy. This paper reiterates the importance of the Board's responsibilities around poverty and the wider determinants by including an update and information about existing working to tackle poverty and improve health. This paper also asks the Board to provide strategic direction to the health and care system to ensure a maintained focus on the wider determinants of health.

2.0 Background information

On 21st September 2016, a paper entitled 'Supporting Communities and tackling poverty update' was presented at Leeds City Council's Executive Board (attached as appendix I). The report provided an update on progress made in supporting communities and tackling poverty in Leeds over the last 12 months, activities planned for the next 12 months and an update on key challenges. The approach to tackling poverty is built around 4 key propositions:

- Helping people out of financial hardship
- Providing integrated and accessible services and pathways
- Helping people into work
- Being responsive to the needs of local communities

The Council's Best Council Plan identifies as a key priority the need to "Support communities and tackle poverty". In 2013 the Council brought together a number of services under the new Citizens and Communities directorate tasked with taking a lead on addressing the poverty agenda, working with other directorates, services and partners.

At the September meeting of Health and Wellbeing Board, a governance update reiterated the role of the Health and Wellbeing Board. This included 'operating as one organisation around a shared vision, as set out in the Leeds Health and Wellbeing Strategy 2016-21, and spending the Leeds £ wisely to drive change across the local health and care system. The Board has a relentless focus on reducing health inequalities and creating a high quality and sustainable health and care system to help achieve our shared ambitions. This is achieved by using all resources of the Board from the statutory commissioning and delivery of services by Board members through to the broadest partnership influence on the wider determinants of health outcomes.

The governance paper also noted that highly effective Health and Wellbeing Boards provide a hub function, but also act as a fulcrum around which things happen. These are boards that create a space in which significant things happen between or outside of meetings, in which the board has a pivotal influence.

The STP is a crucial document that sets out objectives of meeting the financial challenge posed to the health and care system. It is a key contributor to the Leeds Health and Wellbeing Strategy 2016-21. However, it does not cover all the priorities of the Strategy. The Board must be confident that appropriate focus is placed on the wider determinants, in order to help to achieve our shared ambitions for Leeds;

including our relentless focus on reducing health inequalities and creating a high quality and sustainable health and care system.

This paper reiterates the Board's focus on poverty and the wider determinants of health and asserts its role as a hub and fulcrum. It does this by including the poverty update and information about existing locality working to tackle poverty.

Further information can be found in the King's Fund paper, *Tackling poverty: Making more of the NHS in England*[1].

3.0 Main issues

3.1 National and Local Policy Context

Nationally, the impact of poverty on health has been known for some time and numerous research studies have provided evidence of this. Recently, for example, the Picker Institute Europe published a briefing on Debt and Health[2] which found that people in debt are between 2.5 and four times more likely to have a mental health problem. The Leeds Health and Wellbeing Strategy 2016-21 also acknowledges this and identifies vulnerable groups and areas of the city which experience health inequalities. This includes people living in poverty, migrants, refugees and asylum seekers, the homeless and people with disabilities.

Anti-Poverty work programmes are indirectly supporting most priorities in the Leeds Health and Wellbeing Strategy but the strongest links are with the following:

Priority 5 - A strong economy with quality local jobs
To reduce social inequalities, Leeds needs a strong local economy driving sustainable economic growth for all people across the city. This includes creating more jobs and better jobs, tackling debt and addressing health related worklessness.

Priority 10 - Promote mental health and physical health equally
Good employment, opportunities to learn, decent housing, financial inclusion and debt are all key determinants of emotional wellbeing and good mental health. There is a range of anti-poverty work programmes being undertaken to improve health and reduce inequalities by Leeds City Council, Clinical Commissioning Groups and partners. The following paragraphs summarise some key initiatives around social prescribing, income poverty, food and fuel poverty. It is worth noting that the new public health funded Locality Community Health Development contracts have been, as a result of a service review, re-focused on helping to address the wider determinants of health.

3.2 Social Prescribing

Social prescribing is a way of linking patients in primary care with sources of support within the community. It provides primary healthcare workers with a non-

[1] http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/tackling-poverty-research-paper-jrf-kingsfund-nov14.pdf

[2] Paparella, G. 2015: http://www.pickereurope.org/wp-content/uploads/2015/12/Debt-and-Health-A-briefing.pdf

medical referral option that can operate alongside existing treatments to improve health and wellbeing.

The three Leeds Clinical Commissioning Groups are funding Social Prescribing schemes. These involve teams of wellbeing co-ordinators that connect people to local activities and support, building on their own individual strengths and their identified needs. The three schemes have agreed to work closely together and are developing a joint city centre hub. Overall, the types of services, groups and activities that patients have been accessing as a result of the service are very diverse, reflecting a wide range of social and health needs. These include: income and debt, finding employment, training and education, adult social services, befriending, leisure/ creative activities (including community choirs, gardening groups, art groups) faith/cultural activities, volunteering, relationship support, physical/ fitness, mental health support, substance misuse, equipment aids and adaptations, maintaining or finding accommodation, offending. In addition, Leeds South and East CCG have invested in additional welfare advice for their patients, as part of the Advice Contract (see below), offering debt and welfare benefits advice in community venues. Interestingly, some CCGs in England have commissioned Citizens Advice Bureau to provide their social prescribing schemes, such as Liverpool CCG.

3.3 Income Poverty

Leeds City Council and public health commissioners have long recognised the linkages between health improvement and financial support initiatives, and a commitment to support and fund the advice sector. One local research study includes the following findings: A survey of Leeds residents who have had Financial Inclusion support found that over 63% of credit union clients believe that their quality of life had improved. 67% of residents receiving debt advice said they had reduced stress and worry as a result of receiving services, and 41% said their health had improved. A significant number of those surveyed said that they could now buy the amount of food that they needed to feed their families and to pay for heating their homes. All of this can have significant health implications and in turn result in fewer demands on the health service. (Economic Impact Study Dayson,K et al, 2009)

As highlighted in section 2.4.4. of the attached Executive Board Report, in-work poverty is now more prevalent than for those who are unemployed, highlighting the need for “fair pay or Living Wage”. In order to address this, Public Health contributes to the Leeds Occupational Health Advisory Service (LOHAS) as well as the Council’s Advice Contract discussed in said report, jointly with NHS Leeds South and East CCG, Adult Social Care, Children’s Services, and Citizens and Communities being the main funder. As stated on page 4 of appendix I, there was an increase in the numbers of residents in full-time work earning less than the Living Wage (26,000 in 15/16 compared to 24,000 in 14/15).

Citizens Advice Leeds, Citizens Advice Chapeltown and the Welfare Rights Unit provide (public) health funded advice sessions across 20 GP surgeries/ Health Centres and 6 community venues (e.g. One Stops, libraries) on issues such as benefits, debt, employment and immigration. Citizens Advice Leeds also provides outreach in 11 different mental health inpatient units, day centres and community health services across Leeds.

In the first two years of the advice contract, more than 5,000 people have received advice through the outreach services in GP surgeries, mental health services and Children's Centres. Feedback from a sample of clients indicated that 62% felt their stress or anxiety had improved as a result of the advice.

A "Poverty and Primary Care" survey with GP practice staff, undertaken in 2014 highlighted the need for more information on different services in order to signpost patients appropriately. This coincided with the launch of the Money Information Centre (MIC) managed by the Council's Financial Inclusion Team. MIC is an online signposting resource on where to access support around poverty and money worries. Services include Citizens Advice, Leeds Credit Union, Money Buddies and information how to access support such as the Warmth for Wellbeing scheme. MIC can be accessed via the link www.leedsmic.org.uk. MIC has been widely promoted with Council, NHS, and voluntary sector staff, and is a well-used resource.

In order to ensure frontline staff are able to pick up on any money worries a resident may have and be able to confidently refer onto the appropriate service or resource , the Financial Inclusion Team have developed a short training session. The first of the training sessions were delivered to the council's contact centre staff in June and July 2016. Furthermore, Public Health Locality Teams have co-ordinated similar briefing sessions in the community, involving services that alleviate income poverty, such as Money Buddies, Leeds City Credit Union and Food Aid Network.

In addition to Section 2 of the Executive Board report, there are numerous case studies available from third sector advice agencies to demonstrate the impact of money advice on clients' physical and mental health.

3.4 Food Poverty

In 2014, Advice Leeds (former network organisation of all advice providers across Leeds) carried out a study on the impact of welfare reform in the city. The study concluded that reforms were having a negative impact on the capacity to maintain a balanced diet and avoid hunger (mentioned by 50% of respondents), the capacity to heat their homes, and their long-term health.

In order to combat food poverty the council supports Leeds Food Aid Network (FAN). Leeds FAN brings different people, initiatives and institutions together who are involved in tackling food poverty in the city of Leeds. As well as the Local Welfare Support Scheme, run by the Council, there are 6 foodbanks and 6 organisations providing food parcels. Last year, demand for foodbanks increased by 25% compared to 2014/15. There are also 11 drop ins / soup kitchens, 4 Street Outreaches, 2 specialised services providing food for Asylum seekers / Refugees, a number of informal parish pantries and certain forms of Social Enterprise run on a community café/pay as you feel model e.g. The Real Junk Food Project. In addition, Public Health has partnered with Fare Share to set up 6-7 Fare Share outlets in Inner East Leeds.

Breakfast cereal is being provided in Leeds school clusters representing 92 schools, involving around 6,000 children, with more schools expressing an interest in taking part. The scheme is also providing fresh fruit to schools from a

new partnership with a major wholesale Fruit and Vegetable supplier. In the last 12 months enough food has been supplied to provide 383,175 breakfasts.

Public Health is working with Food Aid Network and Feed Leeds to plan and deliver an event to discuss food issues in the city. The insight from this event will be used to inform the proposed Food Charter. Furthermore, Public Health leads the Eatwell Food Forum, who have devised resources to support food budgeting which have been shared with food aid providers across the city.

3.5 Fuel Poverty

Fuel poor households are those with above average heating costs and lower than average incomes. In Leeds, 11.6% of households are fuel poor. Many inner city areas with older terraced housing which are difficult to insulate and make efficient and low income households with a transient population and high levels of private renting are particularly susceptible to fuel poverty.

The Leeds approach to tackling fuel poverty and improving affordable warmth relies on improving the energy efficiency of dwellings through the installation of insulation and improved heating, relieving pressure on household income by referring people for benefits advice for example, and attempting to reduce energy bills through encouraging switching and promotion of the local energy company, White Rose Energy.

The Council, in collaboration with external partners, constantly seeks to increase support for vulnerable households for example it is due to submit a Local Growth Bid for large heating/insulation measures that has been supported by all three CCGs. Public Health and CCGs already fund or support small scale heating improvements and energy advice through the Warmth for Wellbeing Service, run by Groundwork Leeds. The HWB Strategy acknowledges the correlation between fuel poverty and health as it contains an indicator to monitor progress i.e. “People affording to heat their home”.

Fuel poverty in Leeds has been stable at 11.6% of households for a few years. However, the latest figures from 2014 have shown a small increase to 11.9%. This is likely to be due in large part to a relative decline in incomes, as the energy efficiency of the housing stock has been improving in energy efficiency due to various heating and insulation schemes over the past twenty years.

4.0 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

This report has been prepared by officers from Leeds City Council in Public Health and Citizens and Communities. The report is designed to prompt Board discussion and seek direction.

Engagement with target populations and the public takes place through partnerships with the voluntary and community sector in Leeds (e.g. FAN, Financial Inclusion Steering Group) and services/projects acting on the feedback that clients give them on a regular basis.

4.2 Equality and Diversity / Cohesion and Integration

The report outlines actions that have been taken with the intention of reducing inequality and through greater engagement with communities, increasing cohesion and diversity.

4.3 Resources and value for money

The report itself does not require any resource allocation. The key activities detailed in the report are resourced from existing budgets.

4.4 Legal Implications, Access to Information and Call In

There are no legal implications, access to information and call-in implications arising from the contents of the report.

4.5 Risk Management

There are no identified or specific risks arising from this report.

5.0 Conclusions

A large amount of work is being undertaken by Leeds City Council and partners using an approach to tackling poverty built around four key propositions:

- Helping people out of financial hardship
- Providing integrated and accessible services and pathways
- Helping people into work
- Being responsive to the needs of local communities

The impacts of poverty on health have been known for some time. There are a number of current key initiatives aimed at improving health and reducing inequalities around social prescribing, income poverty, food and fuel poverty. Anti-Poverty work programmes are indirectly supporting most priorities in the Leeds Health and Wellbeing Strategy. The Board is asked to consider its role in maintaining an appropriate focus on wider determinants, in order to help to achieve the ambitions around reducing health inequalities and the priorities and relentless focus of the Leeds Health and Wellbeing Strategy, including the prevention agenda.

6.0 Recommendations

The Health and Wellbeing Board is asked to:

- Consider the supporting communities and tackling poverty update to Executive Board and initiatives being undertaken around poverty.
- Discuss the following:
    - What more can the Board do to support the four key propositions that are being used to tackle poverty outlined in the Executive Board report?

- How can the Board make strategic links between the work to improve the wider determinants of health and work to create a financially sustainable system – in this case, the poverty update and the STP?
- What can the Board do to make significant progress on this agenda?
- What issues do the Board need to consider as part of its future work plan?

Leeds CITY COUNCIL

Report author: S Carey
Tel: x43001

Report of Assistant Chief Executive (Citizens and Communities)

Report to Executive Board

Date: 21st September 2016

Subject: Citizens@Leeds – Supporting Communities and tackling poverty update

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

Summary of the main issues

1 In June 2015, Executive Board received a report on the progress made in establishing the Citizens@Leeds approach to supporting communities and tackling poverty. The report focused on four key propositions which are the building blocks for a city-wide response to tackling poverty and deprivation. The four propositions cover:

- the need to **provide accessible and integrated services**;
- the need to **help people out of financial hardship;**
- the need to **help people into work**; and
- the need to be **responsive to the needs of local communities**.

2 The June 2015 report set out the key aims for the next five years in terms of tackling poverty and supporting communities and also set out a 12-month plan of action against each of the four key propositions. This report provides information on progress made against both the annual plan and the 5-year aims.

3 In looking at the progress made, the report provides additional context for Members of the Executive Board, including further information on the Government's welfare reforms and key statistics relating to poverty in Leeds.

Recommendations

1. Executive Board is asked to

   - Note the information provided in this report;
   - Note the plans for the next year; and
   - Request a further report in 12 months setting out the progress made in supporting communities and tackling poverty.

1. Purpose of this report

1.1 The report provides an update on progress made in supporting communities and tackling poverty in Leeds over the last 12 months. The report also sets out the planned activities for the next 12 months and provides an update on key challenges including the Government's ongoing programme of welfare reform.

2. Background information

2.1. The Council's Best Council Plan identifies as a key priority the need to "Support communities and tackle poverty". In 2013 the Council brought together a number of services under the new Citizens and Communities directorate tasked with taking a lead on addressing the poverty agenda, working with other directorates, services and partners.

2.2. The approach to tackling poverty is built around 4 key propositions:

i. *Helping people out of financial hardship:* with a focus on reducing dependency on local and national benefits, improving access to affordable credit as well as tackling high costs lending, reducing debt levels and increasing financial resilience of the poorest citizens and communities in the city;

ii. *Providing integrated and accessible services and pathways:* with a focus on developing integrated pathways of support that are accessible to local communities and create local partnerships between council-led services and other relevant organisations;

iii. *Helping people into work:* with a focus on working with those adults who are furthest away from employment and developing programmes of support that meet individual needs and promote citizen engagement;

iv. *Being responsive to the needs of local communities* with a focus on establishing a voice for local communities within the democratic process that leads to community-supported actions to address local issues

2.3 The propositions are being delivered against a context which is changing constantly. In December 2015, Executive Board received a report entitled '**EMERGING 2016/17 BEST COUNCIL PLAN PRIORITIES, TACKLING POVERTY AND DEPRIVATION'** that provided information on the latest statistics about poverty in Leeds.

2.4 The 2015 report identified a number of key findings that highlighted the state of poverty and deprivation in the city. Below is an update of these statistics to show the latest position:

2.4.1 *People living in poverty*:
The number of people estimated to be in 'absolute poverty' has reduced from 175,000 as stated in the December 2015 report to 155,000 as estimated by the latest figures released in June 2016. Around 163,000 people are estimated to be in 'relative poverty'.

It should be noted that an element of the reduction in the number in 'absolute poverty' is due to a change in the inflation measure used to estimate the absolute poverty figure.

Relative Poverty measures the number and proportion of individuals who have household incomes below 60% of the median average in that year. Absolute Poverty measures the number and proportion of individuals who have household incomes 60% below the median average taking the base year as 2010/11. Subsequent year's figures, after 2010/11, are adjusted for inflation.

Up until 2015, the number of people in Absolute Poverty has been increasing and was estimated using Retail Price Index (RPI) inflation. In the most recently published estimates, released in June 2016, the Office for National Statistics has changed the inflation measure for determining Absolute Poverty from RPI inflation to Consumer Price Index (CPI) inflation. Under the newly published estimates for 2014/15, the figure for absolute poverty in Leeds has fallen by 20,000. However, although there *has* been a fall in Absolute Poverty, approximately 7,000 of this reduction is as a result of the changed method of calculation. It must be born in mind therefore that current and future poverty figures cannot be compared with previously published figures.

2.4.2 *Food bank use*
The number of residents who have needed assistance with food via a food bank has increased from around 20,000 in 14/15 to 25,000 in 15/16. The increase appears to be related to the ongoing impact of welfare reforms and the application of sanctions by Jobcentre plus.

2.4.3 *Children in poverty*
The latest figures are for 2014/15 and estimate that around 26,000 (18.1%) of Leeds children are in poverty, 67% of whom are estimated to be from working families. In comparison, the previous year's figures from 2013/14 estimated that 28,000 (19.5%) of Leeds children were in poverty, 64% of whom were estimated to be from working families.

The figures show a decrease in the number of children living in poverty but also show that a higher percentage of those living in poverty are from working households. This is

likely to be connected to an increase in the number of Leeds residents earning less than the Living Wage and an increase in the number on zero-hours contracts as set out below.

2.4.4 *In-work poverty*
The number of people estimated to be in in-work poverty reduced slightly from 15,000 in 2014/15 to 14,000 in 2015/16. Despite this reduction, there was an increase in both the numbers of residents in full-time work earning less than the Living Wage (26,000 in 15/16 compared to 24,000 in 14/15) and the number of residents on zero-hour contracts (9,500 in 2015/16 compared to 8,000 in 14/15).

2.4.5 *Council Tax Support*
The number of families dependent on Council Tax Support continues to reduce. Since the launch of local Council Tax Support schemes, the number of families claiming CTS has reduced by just under 10% from around 78,000 to 71,000. The reduction appears to be as a result of more residents moving into work and the volume of reductions in the last 10 months will be connected to the Personal Work Support Package offer which now forms part of the CTS scheme.

2.4.6 *Fuel poverty*
There has been no further update on fuel poverty since the December 2015 Executive Board report so the figures remain the same with over 38,600 Leeds households in fuel poverty and around 8,000 of these households paying their fuel bills via prepayment meters.

Welfare Reform

2.5 A number of Government welfare reforms have been introduced since 2013. The most significant reforms include the social sector size criteria (sometimes called 'bedroom tax' or 'spare room subsidy') and the benefit cap which limits benefit entitlement to a maximum of £500 a week. The number of tenants affected by the social sector size criteria changes has remained broadly the same for the last 2 years at around 6,300 tenancies. The fact that the number affected has remained fairly static reflects the fact that the majority of affected tenants now require 1-bed accommodation in order to avoid being classed as 'under-occupying' the property and also the effectiveness of policies that aim to avoid placing tenants in properties where they may be deemed to be under-occupying for benefit purposes.

2.6 The Benefit Cap is currently set at £26,000 a year or £500 a week and there are around 270 families affected by the cap at any one time in Leeds. The families that are affected by the Benefit Cap are larger families with 4 or more children and include families in both the social rented sector and the private rented sector. From November 2016, the Benefit Cap reduces to £20,000 a year in Leeds or £385 a week. DWP has now confirmed that an additional 1150 families will be affected by the cap. Those already affected by the £26,000 cap will lose a further £115 a week in Housing Benefit or the rest of their Housing Benefit, whichever is the lower figure.

2.7 To date around £10m has been spent in providing discretionary housing payments or emergency support for families since 2013. The additional change to the Benefit Cap will increase this figure further.

2.8 A number of key policy changes have been made to tax credits since April 2012 including the removal of the second income threshold. As a result, 10,700 families that were in work, with children, stopped receiving child tax credit from April 2012. This has affected 14,300 children from working families across Leeds.

2.9 More welfare reforms were introduced in 2016 and further reforms are planned from 2017 onwards.

- a 4-year freeze on working age benefits came into effect from April 2016 and this is expected to save £1.03bn;
- changes to Tax Credits were planned for 2016 but these were subsequently scrapped
- however, the proposed Tax Credit changes were also mirrored in Universal Credit and these have been implement with effect from April 2016
- from 2017, the Government is limiting to 2 the number of children eligible for additional support. This change is expected to save £0.59bn
- removing auto entitlement to housing costs for 18-21 year olds is expected to save £0.03bn
- limiting ESA (Work Related Group) to the same rate as JSA claimants is expected to save £0.06bn

2.10 Universal Credit has now started to be rolled out in Leeds. This is currently limited to single unemployed people who would otherwise claim Jobseekers Allowance. A wider roll out in Leeds is not now expected until 2018 at the earliest.

3. Main Issues

3.1. The background information provided in this report shows the difficulty in relying only on statistics to measure progress in tackling poverty in the City. The ongoing programme of welfare reform and the redefinition of the 'absolute poverty' measure are examples of external factors that can impact on key indicators and mask progress made in areas.

3.2. The propositions that underpin the Citizens@Leeds approach to tackling poverty are intended to direct the way we deliver services and the opportunities we create for residents and communities to help themselves where appropriate. The overall aims of the approach, as approved by Executive Board, are set out below along with a synopsis of the progress made.

- *Every household in the city is aware of and able to access services that provide practical solutions to deal with financial hardship, support work-related ambitions and promote community-led anti-poverty initiatives*

Key achievements against this aim have been the development of a Personal Work Support Package offer as part of the Council Tax Support scheme and the ongoing implementation of a reconfigured advice service that is set to exceed contractual targets for the provision of advice in the next year and provide advice to more clients than ever before.

The online Money Information Centre continues to provide up to date advice on all money-related issues and a significant programme of financial inclusion briefings to front-line staff has been carried out to increase awareness across the Council.

Local organisations have been supported to deliver local solutions to help address financial exclusion matters and provide welfare-related support to people in need. This has been funded through the Social Inclusion Fund and through the funding provided by the council to help with refugee and asylum seeker needs within the city.

- *A network of Community Hubs with well-developed cross-sector partnerships that deliver integrated pathways of support*

  The delivery of the Community Hubs is split into multiple phases due to the scale of the programme and to accelerate delivery, as follows:

  - Phase 1 Pathfinder sites - Armley, Compton Centre and St George's Centre. These opened in April 2014.
  - Phase 1a Priority Sites – Initial works have been undertaken to allow Integrated Library and One Stop services to be formed at the Priority 1a sites using revenue funding from Citizens & Communities Directorate. Phase 1a Community Hubs are now operational at Yeadon, Kippax, Moor Allerton, Pudsey, Horsforth and Rothwell.

  On 22nd June 2016 Executive Board approved the Community Hubs Phase 2 business case to develop Community Hubs in the following locations:

  - Dewsbury Road
  - North Seacroft
  - Morley
  - Middleton
  - Bramley
  - Chapeltown
  - Headingley
  - Harehills
  - Otley
  - Armley
  - Garforth
  - The City Centre (Queue and Appointment Management)

The first priority schemes within phase 2 are scheduled to be the North Seacroft Community Hub at Deacon House, The Dewsbury Road Community Hub and the Bramley Community Hub.

All Community Hubs now offer fully-integrated pathways of support and cross-sector partnerships are developing as the Hubs become established. Examples of good cross-sector partnerships in the Community Hubs include Police, NHS, Leeds City College, and Money Buddies. The roll out schedule is on track to deliver a network of Community Hubs over the next few years.

- *A Centres of Excellence approach that delivers more effective and efficient council services that provide connections with localities and integrated pathways of support*

  3 centres of excellence have been set up around Care & Safeguarding, Welfare and benefits and Environment & City i9nfrastructure and now provide a more joined up approach to customer service which is built around the needs of customers. Customer Service Officers (CSOs) are being multi-skilled around related services so that they can identify broader services that may be relevant to customers who make contact with the contact centre.

  This is part of our approach to deliver a more tailored service around the specific needs of individual customers. We have developed the skills and awareness of our customer service officers (CSOs) across traditional service and functional boundaries to enable them to:
  - pick up on broader needs, e.g. a caller ringing with difficulties paying their rent may also have wider debt problems
  - join up services, e.g. rather than handle just the presenting enquiry, the CSO would identify and handle related enquiries or bring in colleagues that could help
  - signpost related services to add value to the customer and help resolve wider issues.

  The approach is resulting in longer calls for some customers, where broader needs are identified. But overall there should be a reduction in repeat and multiple calls to different services, and the approach will particularly benefit the most vulnerable customers. We are planning to develop a digital centre of excellence as a way to handle a vast number of straight-forward queries via self-serve, freeing up the time for CSOs to support the most vulnerable customers with complex needs and queries.

- *A network of cross-sector partnerships that provide relevant and timely support to enable all vulnerable citizens to manage and maintain Universal Credit claims*

  Universal Credit went live in Leeds in February 2016. The roll out of Universal credit is currently limited to single unemployed people who would otherwise claim Jobseekers Allowance. Nevertheless, good progress has been made in ensuring that there is relevant and timely support to help claimants get online and to help manage monthly payments of Universal Credit. DWP has extended the Universal

Credit roll out period by another year to 2022 and this means that further roll out beyond the single unemployed group is not expected until late 2018 or early 2019. Undoubtedly, greater challenges lie ahead when Universal Credit is rolled out to more vulnerable citizens but the principle of a multi-agency approach to supporting Universal Credit claims has been established and will help as the roll out of Universal Credit progresses.

- *Devolved welfare schemes delivered locally that provide integrated and wrap around support to customers*

  The Citizens@Leeds approach to tackling financial hardship has shown how local delivery of key support schemes can be used to deliver more wrap around support. Schemes such as the local Council Tax Support scheme, the Local Welfare Support scheme and Discretionary Housing Payment scheme are often delivered alongside other support requirements, including support with work and with debt. There has been little, if any, encouragement from Central Government to date to look at further devolution of welfare schemes. There may be an opportunity to push for greater welfare devolution following the appointment of the new Prime Minister.

- *In conjunction with Leeds Credit Union (LCU), deliver a 5-year strategy that delivers significant growth in membership, loans, savings and products through a modern banking platform*

  The Council's partnership with the Credit Union continues to go from strength to strength. The Credit Union has now set out a 5-year strategy that looks to deliver and grow its services using a modern banking platform that provides increased access and convenience for its members. A new web site with enhanced functionality has been launched, along with a new Payday product and expanded 'Your Loan Shop' service. Plans are being developed to upgrade the back office systems and to significantly improve administrative efficiency and services provided to LCU members.

  As at the end of June 2016, LCU's loan book had grown to £10.3m gross and its membership stood at 29,847

- *An effective, affordable and joined-up network of advice for all Leeds residents that embraces new technologies and recognises and builds on the strengths of all partner organisations*

  More citizens are now accessing advice than ever before following a reconfiguration of the way advice is provided and the implementation of an effective triage service that identifies the need for either face-to-face support or telephone support. Nevertheless there are significant challenges ahead in continuing to deliver an effective advice service. The programme of welfare reforms, including the roll out of Universal Credit, is expected to increase demand for advice. At the same time, there is significant pressure on available funding for advice. These pressures mean

that greater consideration needs to be given to alternative methods of delivering advice if the 5-year aim is to be achieved.

- *Supported community-led initiatives that address food poverty and support a food strategy for Leeds that increases local resilience.*

  The council continues to support Leeds Food Aid Network which helps to deliver a joined-up approach to emergency food provision at a local level. Integral to the success of the Food Aid Network is the partnership the Council has with FareShare (Leeds). FareShare (Leeds) redistribute excess food from supermarkets which not only helps support the Food Aid Network but also reduces landfill. The partnership with FareShare (Leeds) has seen an expansion of their support into areas such as breakfast clubs at schools and food aid to centres supporting asylum seekers and refugees.

3.3. A more detailed update on actions taken over the last 12 months is provided at appendix 1.

3.4. The intention behind the Citizens@Leeds approach to service delivery is to help change people's lives. A selection of case studies are provided at appendix 2 that demonstrate the impact of the approach to helping residents improve their situation. Finally, appendix 3 sets out the Citizens & Communities Directorate Priorities for 16/17 which are intended to deliver further progress towards the 5 –year aims

Corporate Considerations

4. Consultation and engagement

4.1. The report is for information only and does not require consultation.

5. Equality and Diversity / Cohesion and Integration

5.1. The report outlines actions that have been taken with the intention of reducing inequality and, through greater engagement with communities, increasing cohesion and diversity

6. Council Policies and Best Council Plan

6.1. The four key propositions play a key element in tackling poverty and reducing inequalities, the stated aim of the 2016/17 Best Council Plan. The scheme contributes to the Best Council Plan outcomes for everyone in Leeds to 'Earn enough to support themselves and their families' and Live in good quality, affordable homes' and to the specific 2016/17 priorities around 'Providing skills programmes and employment support' and 'Helping people adjust to welfare changes'.

7. Resources and Value for Money

7.1. The report itself does not require any resource allocation. The key activities detailed in the report which require resource allocation have been subject to separate reports and, where appropriate, detailed business cases.

8. Legal Implications, Access to Information and Call In

8.1. There are no specific legal implications or access to information issues with this report. The report is subject to call-in.

9. Risk Management

9.1. There are no identified or specific risks arising from this report.

10. Conclusions

10.1. It is felt that good progress is being made in developing and delivering initiatives that support the 4 key propositions for supporting communities and tackling poverty. It is important that we continue to make progress in this area and the proposals for 16/17 set out a programme of work that will continue to contribute to a 5-year vision for what we need to achieve.

10.2. The achievements to date are also based on excellent inter-directorate working and support form partner organisations both in the public sector and in the third sector and voluntary sector. We need to continue to develop these arrangements.

Recommendations

Executive Board is asked to

- Note the information provided in this report;
- Note the plans for the next year; and
- Request a further report in 12 months setting out the progress made in supporting communities and tackling poverty.

Background documents

None[1]

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

Appendix 1: Update on proposed actions: 2015/16

Helping people out of financial hardship	
Delivering financial support schemes that support the most vulnerable	The Local Welfare Support and Discretionary Housing Payments schemes have been critical in enabling vulnerable tenants to deal with emergencies and maintain tenancies in the face of reductions in Housing Benefit support. In the last 12 months: Over 6,000 social sector tenants faced a reduction in housing support, Losing an average of £13 week. 7500 tenants received DHP and/or LWS support The introduction of Universal Credit and the reduced Benefit Cap due to be implemented during 2016 will mean additional demand on these schemes and monitoring continues to ensure support is given to those most in need.
Delivering integrated pathways of support around welfare and benefits	Housing Leeds has used the learning from the multi storey flats project, which highlighted the improved outcomes which can be achieved through integrating financial and personal support, to establish a team of 16 specialist Housing Officers to co-ordinate support to tenants affected by Welfare reform. The team is offering additional support to affected tenants to review rehousing options, income maximisation, budget management, including management of debt, application for Discretionary Housing Payment, utility accounts, and accessing training and employment. Priority is being given to tenants affected by Universal Credit, the Benefit Cap and Under-occupation.
Providing more accessible advice services to meet demand	The Council's Advice Contract is now in its third year. The contract is being delivered by the Advice Consortium, whose members are Citizens Advice Leeds, Citizens Advice Chapeltown and Better Leeds Communities. The last 12 months of the contract was delivered after a successful reconfiguration of Citizens Advice Leeds which led to an overall increase in meeting demand. The Consortium has worked well with LCC to develop a service which has met increased targets. Through effective communication links between

<table>
<tr><td></td><td>Commissioners at the Council and the Consortium, feedback is easily received and information relating to targets is regularly provided. This has meant that Year 2 results improved on the first year in terms of number of clients helped due to the service becoming more accessible.

The table below shows how the number accessing advice has increased over the last 12 months.

<table><tr><td></td><td>2014/15</td><td>2015/16</td></tr><tr><td>Telephone calls</td><td>13,404</td><td>14,573</td></tr><tr><td>Face-to-face</td><td>10,066</td><td>14,714</td></tr><tr><td>Surgeries</td><td>2,736</td><td>4,508</td></tr><tr><td>Total</td><td>26,206</td><td>33,795</td></tr></table></td></tr>
<tr><td>Developing proposals for greater devolution of welfare responsibilities to support the Core Cities' ambitions</td><td>The Government has not encouraged proposals for welfare devolution. However, the benefits of more locally delivered and designed welfare schemes will once again be developed for consideration by the new Prime Minister and the new Secretary of State for Work and Pensions.</td></tr>
<tr><td>Tackling high cost lenders</td><td>Over the last 2 years considerable national and local work has been taking place. Since the introduction of the FCA's stricter regulation of the payday lending sector in January 2015 there have been mixed reports on its impact which suggests that it is too early to assess its effect on the market.

For example, the Financial Ombudsman released their annual report which revealed that the number of complaints about payday loan companies soared by 178% in the year to March 2016. There were 3,216 complaints about short-term loans in 2015/16, compared to 1,157 the year before. The Ombudsman stated that this rise in complaints can be linked to the high level of publicity around payday loans, following FCA action. However, national Citizens Advice research (March 2016) found that 38% of payday firms have exited the market since tighter regulations came into place. Citizens Advice has also seen a 45% reduction in the number of clients with payday loan problems accessing advice. Although the number of clients with payday loan problems has fallen, the number and type of issues with payday loans per client has remained constant pre-and post-regulation. The FCA will undertake a review of the price</td></tr>
</table>

	cap in 2017. At a more local level, the Council's aim for 2015/16 was to develop more locality-based campaigns to tackle debt and high cost lending through partnership with the national Illegal Money Lending Team. The Councils Communications team in collaboration with the Illegal Money Lending Team developed a DVD promotional video which tells the real life story of how a loan shark affected the life of a local Leeds resident. This DVD has been shared with frontline staff on training sessions to ensure staff are aware of the services and where to signpost clients who may be in need. Housing Leeds has delivered briefings to all Housing Officers from March – June 2015. Action days have taken place in areas where loan sharks are prevalent and promotional postcards were delivered to 400 properties. Loan shark posters have been displayed in all multi storey flats notice boards and postcards sent out with all arrears letters during July to coincide with school holidays, which is typically a very expensive time. Advertising has been included in the Leeds Homes magazine and all Tenants and Residents groups have displayed posters to raise awareness. In the last 12 months, the Loan Shark Team have reported a steady stream of information received from residents in Leeds where loan sharks are known to be operating. They also received 'Proceeds of Crime' funding during 2015/16 from a case in Gipton during 2013. During June/July 2016 training was delivered to all frontline staff within the Contact Centre to enable them to recognise and signpost appropriately.
Working with Leeds City Credit Union to provide affordable credit services	The total value of Credit Union loans to financially excluded customers for the quarter ending June 2016 totalled £1,279,436. These customers may have otherwise used high cost lenders. Executive Board received and endorsed a report in October 2015 setting out the long term strategic partnership between the Council and Leeds City Credit

	Union. The report contained details of initiatives the Credit Union has been working on in partnership with the Council in an effort to tackle poverty, along with future ambitions. Current initiatives included: • Operating from the Community Hub and One Stop Centre network across the city, providing locally based financial services to those most in need. • Launching two branches of "Your Loan Shop" on Roundhay Road and at the Compton Centre to compete directly on the high street with the high cost cash shops. • Working with Housing Leeds to deliver a citywide Money Management and Budgeting Service. The service is primarily focused at Housing tenants who are in arrears and struggling to pay their rent due to low incomes or poor money management. Since October the following initiatives have been progressed; • A new online payday product which offers a short term loan at affordable credit union rates. • The new school savings club in primary schools across Leeds, using a web portal. As an incentive to encourage new clubs to open, £10 will be deposited into each account for Key Stage 2 pupils (Year 3). This is conditional upon the primary school agreeing to open and run a credit union school savings club. This initiative is currently being promoted via an animation which has been produced to show in schools. The club would make parents aware of the Credit Union. The Credit Union has now also launched their new website, which is also mobile/tablet friendly and contains an improved calculator and online banking section. The new site includes new improved features such as a loan decisions tool and a membership form which integrates an ID check.

Maximising the impact of the Social Inclusion Fund at a local level	A number of initiatives have been funded in line with the criteria approved by Executive Board in March 2014. From April 2015, 11 completed projects were monitored and evaluated. Three of the large projects funded resulted in securing a franchise opportunity for Ebor Gardens, provision of an online face to face advice service via Better Leeds Communities and job and training opportunities for disadvantaged groups via Business in the Community. Eight smaller scale projects were also funded via Leeds Community Foundation. An overall review of the programme shows that it achieved success and provided organisations with an opportunity to test new projects in a low risk way, without affecting their core business. In 2016 SIF has been allocated to council partnership projects with LCU. Once the large casino opens in November 2016, a proportion of SIF will need to be allocated to support services which help mitigate any potential harm from the new casino. In order to understand the potential impact, a research study is being carried out to assess the prevalence of problem gambling across Leeds and review available advice and support for problem gamblers.
Helping people into work	
Reconfiguring the employment and skills role within Community Hubs	Work has been taking place with the service design consultancy Stick People - learning from and carrying out user centred design research together. In the initial discovery phase we looked at developing the “pathway” for helping people into work using customer insight and feedback. Research was carried out at sites around the city, meeting service users and find out from them what they need when they are looking for work. Following these events the insight was used to develop customer personas based on real life examples, showing what complex issues our customers face - these contain a number of key employment effect factors: health & well-

	being, job readiness & skill level, motivation level, friends', family & social engagement & service usage. The evidence showed that a standard model for all customers' was not relevant as different customers have different needs in different areas of the city. This analysis has enabled us to change how we now manage our first contact with a customer, changing the focus to enable us to develop their own individual pathway into work with them. This approach is currently being piloting by jobshop staff to ensure best use of officer/service user time – once finalised it will be rolled out as a city wide model.
Delivering the new Council Tax Support scheme which has a clear focus on helping people into work	We are currently managing a caseload of 416 jobseekers within the Job Shops who are on the Council Tax Personal Work Support Package Scheme. Over 85 job outcomes have been achieved since the scheme went live in October 2015 and Community Engagement Officers are now exceeding the monthly target set of 17 job outcomes per month. A city-wide case management model has been implemented with Community Engagement Officers completing 6 review appointments with each customer over a 26 week period. In July 2016 we began inviting the 1,798 customers who are long term JSA cases to also take up the scheme prior to March 2017. Since the go live date of October 2015, a number of improvements to the scheme have been incorporated:- 1. **Appointments**: A new appointment system on Sharepoint is to be deployed to replace the current spreadsheet / admin intensive system. 2. **Customer contacts:** A review of the invite letters and the website content has taken place to ensure the message is friendly and encouraging. The creation of an on line video to promote the scheme

	is also now in place. 3. **Group Introductory meetings**: We have replaced information from these meetings with the online video and from July will book customers in for a longer initial appointment with their community engagement officer to capture the customers' needs and agree what level of support will be offered. 4. **Triage Case Support:** We are piloting a 'tiered-approach' to support. This will offer three levels of support that will complement each customer's situation – Eg: where a customer is already working well towards finding a job, then a lower level of support can be offered; where there is much more help required a higher level of support will be offered. 5. **Outcomes**: We are looking to develop a process for measuring and collecting information about 'distance travelled' by customers in relation to improvement in their skills and personal outlook.
Working with Community Committees to ensure a localised focus on helping people into work	• Work with schools has focused on easing the transition from school to work. This has included events designed to connect with the ambition of young people, broker opportunities with local organisations and promote apprenticeship offers • Local working with NEETs through third sector organisations with reach into very local communities employers locally on recruitment exercises, particularly associated with new business openings, e.g. Asda and Aldi local stores • Provision of job clubs at a variety of community locations • Engagement with key businesses to foster good relations • Engagement on local employment issues led by Community Committee champions for jobs and skills through Employment and Skills board partnership working • Publication of local job opportunities on social media and community

	settings • Committees work to connect local people to job shop services within community hubs—preparing them for opportunities as they arise • Support has been provided to the Cow Close Community Corner project- which provides Job Centre + and Money Advice services from their centre Upcoming work will focus on:- Understanding need • Improve the intelligence on those areas where the out-of-work claimant data indicates priority • Develop needs led evidence based Community committee themed events • develop a working protocol with Area Support Teams to better coordinate and target the collective resource within localities Coordination and delivery • continue to support and work closely with Community Committee Champions for Employment, Skills and Welfare • Steer partnership activity- particularly Employment and Skills boards Communication and engagement • improve the dissemination of information on local job opportunities from pipeline to recruitment • Disseminate information and outcomes from the locality Employment and Skills Boards • An effective partnership between the DWP and LCC is vital to ensuring smooth implementation and responding to emerging issues
Creating an effective partnership with the Department of Works and Pensions that delivers an accessible and effective Universal Credit service Strengthening our partnership approach with Jobcentre plus and exploring	The Council now has a Delivery Partnership agreement which sets out the role of the Council in delivering support to those who need it in order to claim and manage their Universal Credit payments. There is also an effective secondment arrangement that sees an officer from Jobcentre plus working from the Community Hubs to help deliver the Personal Work Support Package element of the Local Council Tax Support scheme. The officer also provides an additional link to help resolve issues relating to Universal Credit.

integration/co-location with Community Hubs	The roll out of Universal Credit has been put back by a year and DWP's target date for completion of the rollout is now 2022.
Focussing our work on priority groups (e.g. mental health) to help those furthest away from the labour market	This is a challenging piece of work which must take a variety of factors into account- such as the often intermittent nature of mental ill health, the complexity of the support services available and the range of partners involved. However, it is already clear there is scope and ambition to bring services and support together in a more flexible and cohesive offer for the city. Employment and Skills will maximise opportunities to connect health and employability agendas through improved sequencing, resourcing and coordination of services for those with mental health issues. Conversations with partners will be required to explore opportunities for co-commissioning. Citizens and communities will continue to support HR to develop and coordinate work experience offers across all directorates for priority groups • Work with mental health partners to offer flexible, supportive work experience opportunities. This could be for those returning to any kind of workplace or those who need a new environment in which to fully recover and regain resilience. • 2 Workers are now employed via Leeds Mind to work with residents who have low level mental health problems. The workers work from Dewsbury Road, Armley and the Reginald Centre Community Hubs. • Work with colleagues from Children's Services and HR to better connect Care Leavers to Council work experience and employment opportunities. This could comprise either a discrete programme or a flexible response on an individual basis. • Further develop a Care Leaver focused offer informed by evaluation of the Ready for Work programme pilot

	• Support offenders through exploring a partnership with the city's Work Programme providers where there is a day 1 eligibility offer for those released from custody
Strengthening local accountability and being more responsive to the needs of local communities	
Working effectively with community committees, local members and the third sector to prioritise and tackle local issues	The new arrangements for community committees and community engagement have been a significant step towards a more inclusive, more responsive and smarter approach to decision-making in local areas. Community committees have given local elected members the opportunity to look at key local issues, local needs, and aspirations. Elected members have taken the opportunity to show local leadership on a whole range of issues, including: • Bringing together communities from different backgrounds- through activities to encourage and engage dialogue between residents such as big lunches and conversation dinners • Taking local environmental action including leading the response to flooding in communities • Considering community safety issues including domestic violence, and anti-social behaviour • The Youth Activities Fund has approved £651,470 of grant funding, to support a wide range of new projects to engage and support young people. This has included promoting a range of activities and job opportunities. • Addressing key concerns for older people- including job opportunities for the over 50s and trialling an app to address social isolation in Horsforth • Promoting health priorities initiatives around health inequalities and the best start Partnership initiatives have frequently utilised the wellbeing fund, wider funds and in kind contributions to bring a range of symbiotic services together and develop new interventions.

	This inclusive local approach has increased participation from a wide range of people, provided an opportunity for voices to be heard, and led to local action. The participation in community committees has been actively increased in a number of ways; • The attendance of diverse groups has been facilitated through the provision of transport • Working with third sector organisations to encourage their members to attend and to support their participation
Create a culture of effective partnership working to support the delivery of stronger and more cohesive communities	A city wide study of community development practice across Leeds has been undertaken to identify the common principles. A number of projects are underway which seek to build more cohesive communities; these include Neighbourhood Improvement Boards (NIBs) have been established across the city. All Boards are well attended by public sector, third sector and other partners. Meetings use an open forum approach- enabling local residents to discuss concerns with service providers. Through Neighbourhood Improvement Boards we are establishing a performance culture that provides for neighbourhood level analysis in our inner city priority neighbourhoods most affected by poverty, to: • Learn about effective working with communities on the matters that matter to them. • Examine the impact that commissioned services are making • Explore the strength of community engagement and capacity for change, and • Develop a new social contract with neighbourhoods and communities • Each NIB has an action tracker which outlines their thematic priorities, into which the NIPs feed in their local 'Plan on a Page'
Working with the Young Foundation, Joseph Rowntree Foundation and third	The Young Foundation, with support from Leeds City Council, scoped and delivered a programme of work to:

sector partners to identify new opportunities to provide services and tackle inequality	• Build a deeper understanding of the nature of inequality in Leeds • Bring citizens, private, public and third sectors to identify and develop new and innovative ways of addressing inequality • Improve access to external funding. • Build capacity across the council, communities and the 3rd sector in Leeds; • Help change the relationship between local government and citizens • Start to redefine the local social contract This partnership approach sought to; • Drawing experience and expertise developed in areas outside of Leeds • Adopt an asset based community development approach that recognised the thriving Third Sector in Leeds and the success of its entrepreneurial business A survey and in-depth focus groups took place across the city; this was supplemented by further ethnographic research in the selected neighbourhoods Harehills, Kirkstall and Cottingley. This sought to understand more about families and communities in this area; from issues they faced services they accessed and decisions they made. An 'accelerator' programme for social innovations/innovators was delivered by the Young Foundation from October 2015. This offered support (training or funding) to great ideas to address inequality from local communities. The selection criteria sought ideas which could demonstrate; • Potential for significant impact on inequality in Leeds • Potential to scale this impact across the city • A sustainable business model • Motivation of a team or lead entrepreneur to drive the venture forward

	The research has produced a comprehensive set of data about Leeds, as well as more specifically in Kirkstall, Harehills and Cottingley (the three study areas). The extended engagement has served to bring people together united by an interest in creating lasting social change in their community. Ongoing work with LCC and the Third Sector is to take place in 2016/17 to identify further projects and funding to support the social innovation and locality work
Establishing high standards for cross-council safeguarding	It is recognised that some citizens in Leeds are more vulnerable to exploitation and abuse and/or violence and this can be associated with conditions that promote poverty and inequality (although not exclusively). The Council's cross organisational work is focussed on raising the awareness of, and understanding by, non-social care staff, and reflects that everyone in the Council has a personal responsibility to take steps to safeguard people. Specific cross council safeguarding work has highlighted female genital mutilation, modern day slavery, child sexual exploitation and preventing terrorism and violent extremism. In relation to the recent focus in Rotherham around child sexual abuse the Council continues to review its policies with regard to taxi and private hire licensing to ensure they are robust, and there are clear processes in place to ensure only fit and proper persons are granted licences. Since the last update report amendments have been made to the council's 'Fit and Proper' Person Assessment for UK citizens, UK citizens with limited residency, non UK – EU citizens, non EU citizens, and asylum seekers/refugees. These changes were made to enhance the vetting process for applicants to minimise the risk of fraudulent documentation being submitted in support of their licence application.
Providing integrated and accessible services	
Rolling out a network of community hubs across the city and delivering integrated housing, welfare, library and advice services in community hubs	4 further Community hubs have opened at Pudsey, Kippax, Horsforth and Moor Allerton with another, Rothwell, due to open over the Summer of 2016. This has enabled the housing offices at Kippax, Horsforth and Moor Allerton to move their enquiries to Community hubs.

	A business case for the next phase on Hub developments was approved by Executive Board in June 2016 and on delivery will see 19 Community Hubs across the city. Work on the phase 3 schemes has started at it is hoped to have the next business case ready for approval by the end of this financial year. Further to the above we have expanded the range of service and partners in the Community hub network. Examples are Money Buddies, NHS wellbeing e.g. smoking and obesity, Bike Library, Leeds City College courses including ESOL, and IT skills, Community Café, access to the Police. We have also introduced a light touch approach for all stand-alone Libraries to add Job vacancies, Apprenticeship opportunities, Credit Union services and Money advice. Examples of impact Community hubs have on their community: ➢ Job Shop introduced at Horsforth Library after getting requests from local people for help with updating their CV. Job Shops are run by the Council and help people prepare for work. A resident who came to the CV workshop had been off work a year due to illness. His CV was updated, he took up voluntary work, he was helped to tax credits as his wife working, and he was helped with debt. This resident has subsequently set up his own gardening business. ➢ Some Job vacancies with the Council go for recruitment to the Job Shops first of all. This means that the Council can match these jobs to residents it is working with via the Job Shops. The job vacancies in Libraries across the City are currently filled this way. ➢ We have 2 team members from MIND delivering services in Community hubs to help people with mild mental health issues into work.
Creating spaces that support social	We are including social zones in the Community hub developments. This is a

inclusion and offer the opportunity to discover, relax and learn as well as supporting literacy through a love of reading	pleasant place people can sit and chat, can read, and can use the free Wi-Fi. We also now have drinks machines and public toilets so people are encouraged to stay longer. Events are ongoing with regard to Book clubs, Storytimes, Rhymetimes, Summer reading challenge to encourage a love of reading. We are also introducing new events for people to join in. Examples of this include fun activities (e.g. the chess club at The Reginald Centre), Coffee mornings, Jobs fair and Health fairs across the community library network.
Delivering the centres of excellence model within the corporate contact centre, including the delivery of a fully integrated council tax service. 3 Centres of Excellence as follows: o Care and Safeguarding o Welfare and benefits o Environment & City Infrastructure	The 3 centres of excellence now provide a more joined up approach to customer service which is built around the needs of customers. Customer Service Officers (CSOs) are being multi-skilled around related services so that they can identify broader services that may be relevant to customers who make contact with the contact centre. Some of the specific activities undertaken within each of the Centres of Excellence include: • Council Tax integration within the Welfare and benefits Centre of Excellence has resulted in the co-location of council tax specialists within the contact centre, improving the quality of work at first contact. In addition, a jointly recruited team who cover both telephone and admin tasks for Council Tax has led to improvements in work processing, and enabled more to be done at first point of contact. • Innovative partnership working is taking place in the Care & Safeguarding Centre of Excellence as partners from Customer Services, Adult Social Care, Children's Services, Domestic Violence, the Police, and NHS have come together to create a joined up service for the residents of Leeds. Multi agency work and appropriate information sharing takes place to protect and help the most vulnerable in our communities. An example of joined up working is where the police alert customer services of domestic violence incidents where children have been present, who then contact schools so that teachers are aware and can support the child/ren in their school day.

	• The environment & city infrastructure centre of excellence is more 'transactional' and links closely with our digital agenda. We have worked closely with partners to improve processes around the needs of our customers. We have developed the website around broader service needs, where appropriate, to make it easier for customers to find relevant and related services. An example of this is in Adult social care where we mapped the reasons customers rang us and how they got the information they needed, and then applied this to how we presented information on the website.
Delivering integrated pathways under a think family approach to address vulnerability issues, including safeguarding, drugs and alcohol and domestic violence	The number of services/functions provided within the Care & Safeguarding Centre of Excellence based at Westgate Contact Centre continue to grow, bringing together more services and partners with the relevant skill sets to improve the quality and types of help that can be provided for citizens or families in need. Detailed below are the services currently provided within the Care & Safeguarding Centre of Excellence. • **Integrated Registered Team (2nd line)** A team of registered Social Workers filtering safeguarding cases. • **Single Point of Urgent Referral Team (SPUR)** Dealing with community health and social care discharges from hospital and urgent community referrals for services. The team also process police custody referrals where there is a request for a Doctor or Nurse. This services is provided for the whole of Yorkshire and Humberside. • **Front Door Safeguarding Unit** The team is made up of a range of organisations, currently including Police, Children's Social Work, Health (LCH and LYPFT), Substance

	Misuse Services (DISC and CRI), LCC Housing Services, Leeds Domestic Violence Services, Probation (CRC and NPS), Adult Social Care, West Yorkshire Fire and Rescue Service, Leeds Anti- Social Behaviour Team, Youth Offending Service, Education and Families First. Their primary role is to provide a faster and more co-ordinated response to domestic violence cases. • **Duty and Advice Team (Childrens')** A team of qualified social workers available to discuss with other practitioners any concerns they may have about a child. Leeds Community Healthcare is also represented in this team. • **West Yorkshire Police** Work with the Front Door Safeguarding unit -Police Officers from the Leeds Safeguarding Unit are co-located as part of a Partnership Vulnerability Unit (PVU). • **Leeds SPA Mindmate** Work with the Front Door Safeguarding hub - A single point of access for GPs and other professionals to refer children and young people to mental health services to receive timely support by the right person and service. • **Customer Services** Officers take first point of contact for Adult Social Care, Children's Services, School Admissions, Registrars, Leeds Housing Options (homelessness) and disability parking permits.
Developing a digital inclusion strategy which supports and helps citizens and communities in Leeds to get on-line	A recent Scrutiny Inquiry into Digital Inclusion in Leeds has set the scene for further cross council work to ensure citizens are included digitally and are able to engage with the council and with communities. Customer Services is working through these recommendations with colleagues in ICT and Libraries to determine the appropriate way forward.

	With colleagues from ICT and Libraries, plus representatives of the private, public and third sector, Customer Services recently attended the '100% Digital – making Leeds a digital literate city' event, the objective of which was to help shape the strategy and plans for making Leeds a 100% city. Also highlighted and praised was the work already being done, and the impact that this is having. The results from the most recent SOCITM Better Connected survey (source: Go ON UK Digital Exclusion heatmap) indicated that Leeds' likelihood of overall digital exclusion was low, so good progress is being made.
Driving customer self-service through digital channels by delivering the Council's new Customer Contact Platform and a benefits e-claim solution	Our MyLeeds customer account has been live since May 2015, and in the last 12 months 4,700 residents have registered. During this time, 23,000 requests for service (45% of total) have been made online (some anonymous). The services which are currently available are environmental action (including large item collection) and Highways. Customer contact via phone and emails has not reduced as much as expected yet, and we are investigating why customers continue to contact us by traditional channels rather than relying solely on self-service so we can continually improve the customer experience of self-serve. We are working with other services to add them to MYLeeds, with Waste and Registrars in the pipeline, followed by Council Tax and Benefits, Housing, Adult Social Care and other council services. Customers continue to go to our website, which received a four star rating (the highest possible) from the Society of IT Managers (SOCITM) who test every local authority website. Out of a total of 416 sites tested, 44 councils (11%) were awarded 4 stars. We received over 7.6 million visits in year to end of July 2015, or 24 visits per household. We know not everyone finds the information they are looking for, but we are continually reviewing customer feedback and improving the website. The Benefits e-claim has experienced delays, but is being worked on now. We

	hope to be in a position to launch the e-claim this year.
Developing a coherent branding and marketing approach for all our Citizens@Leeds activities to support improved community engagement:	A new 'your community' logo has been developed along with a strapline that sets out the aim of the approach. This is shown below. The intention is to develop the brand so that customers and communities will recognise the brand and associate it with the places which provide support and services to help build individual and community resilience and through which citizens can engage with the council and other relevant agencies.  **"Bringing people together to make a difference for local people and their communities"**

Section 2 – case studies

Leeds City Credit Union Working in Partnership with Housing Leeds.

Case study 1: Mr Y had suffered from depression for a number of years and struggled with daily activities, his financial position suffered because of his illness. Following a referral from Bramley Housing Office, LCU made an appointment to see Mr Y. He was extremely anxious when he came to the appointment and said he wasn't very good with things like this. He soon became more comfortable and started to explain why he had such a high level of rent arrears and other priority bills. He hadn't had a supply of gas or electric for over 2 years due to getting behind with payments to his pre-paid meter and not having enough income to pay the arrears and get back in front.

Earlier in the year his father had passed away leaving his sister and himself some money. His sister paid for the electric to be put back on for him from these funds and he had been able to continue to pay the weekly amount allowing him to keep warm. LCCU applied to the water trust and they awarded him a grant for the full amount of arrears which was over £450. Mr Y was over the moon and rang to tell us his good news. Mr Y successfully applied for Housing Benefit to be backdated on his rent account leaving a much smaller amount outstanding, DHP (Discretionary Housing Payment) was also applied for and was granted. Mr Y has been paying his rent arrears through his bill paying account and this is now reducing. He said: "I want to say thank you very much for all your help it has turned my life around, things are well and it's mostly down to you Thanks again"

Case study 2: Mr A was seen by a Tenancy Management Officer who quickly identified that he had no food and hadn't eaten for a few days, it was also identified that he was in desperate need of help with his finances. He had rent arrears of nearly £500. He lived alone in a three bedroom property that had been his family home, he was going to be affected by the under occupancy charge and as his income was only £87.00 per week this would mean him having to pay approximately £20.00 per week for this charge. He was in arrears with council tax, water rates, gas and electric and had no TV licence and only left him with £15.00 per week for food. He was still coming to terms with the loss of his wife and had not been paying his priority bills. He had a large overdraft and also a large loan that he had stopped paying some months before. A Housing Leeds financial inclusion officer visited Mr A and organised a food parcel. He was put forward for the rent assist fund, his application was successful and so this meant that his rent account was cleared. He opened a LCU budgeting account. Mr A was offered a new home which was a one bedroom bungalow. LCU wrote to the bank on his behalf sending them a full income & expenditure and asking them to accept token payments against both accounts, this was accepted and will be reviewed every six months. Mr A now pays his bills through his bill paying account.

Case study 3: A couple were struggling with numerous debts. Both had been in a serious car accident and now receive benefits. They were struggling to budget for priority bills and rent arrears starting to grow. Both were extremely anxious leading to further health issues. Leeds Credit Union (LCU) attended several appointments with the couple including 2 home visits (due to their injuries making it difficult for them to travel) to tackle all their debts and open them a Bill Paying account. Both have now been paying into the LCU bill paying account for 7 months and have cleared their rent arrears to LCC. A non-dependent charge is now paid

through the Bill Paying account. Their health has improved knowing that they have cleared their rent arrears and can budget for all priority bills in the future.

Local Welfare Support Scheme

The scheme is designed to provide emergency support. The instances below show a range of emergencies that customers find themselves having to deal with and how the local support schemes help.

Case study 4: Customer called to ask for help. The customer had been given custody of his 3 small girls following their removal from their mother. The customer collected his children but needed food, beds and bedding and help with fuel which we provided. We maintained contact with the customer and helped again with food when there was a delay in paying his DWP benefits and again when, following a period of part-time working, he lost his job. In total we supported the customer on 5 separate occasions while he dealt with this significant change.

Case study 5: One customer had been the victim of a violent street robbery which had resulted in brain injuries. They were also a victim of harassment and hate crime (an arson attempt on house) and, as a result had to move home. Customer did not have a cooker at the new home and instead had been cooking in his garden on a bonfire. Once we became aware of the case we provided a cooker, sofa and a bed and carpeting to help furnish the new home.

Case study 6: 60+ year old lady who was being financially abused by her family and was isolated in the area and said she had no friends. We assisted her with food & fuel following the latest abuse and made a safeguarding referral to Adult Social Care. We also rang Morley Elderly Action group where they arranged to visit her home and for her to come to any of the daily activities they run. We spoke to this lady again following the meeting she had with one of the workers and she advised she was especially looking forward to playing Bingo with the group.

Case study 7: There was an elderly gentleman who approached our scheme to request help with an electric cooker. For several weeks he had been visiting his wife in hospital as she required some treatment which would potentially save her life. He had been trying his best to save money from his pension credits and state pension (for fear of not being able to afford to visit) by parking up outside Leeds City Centre and walking nearly 1.5 miles every day to visit her as it would save him around £15 a day in parking. His wife however wasn't well enough to withstand the operation as she had dropped down in weight so much so she no longer had the use of her legs. The hospital advised she was ok to return home with her husband and was given a specific type of food which would help her gain enough weight so that she could get through the operation without risk of her life. He needed the electric cooker as his had broken some time ago, but due to the amount of money he had spent over the last few months, he simply couldn't afford to replace it meaning he couldn't cook the food his wife needed. We provided him with an electric cooker and also a large store card payment so that he could purchase the food he and his wife needed.

Case study 8: Not all cases are referred to us – sometimes we go and find the cases. A member of staff saw an article in the Big Issue from one of the Big Issue sellers in Leeds, who after many years of sofa sleeping, had finally got his first tenancy in private rented sector and

he was paying council tax for first time. In the article he stated that he still needing basic household items for his tenancy. We contacted Big Issue to make contact, arranged speedy assessment of his Housing Benefit and Council Tax Support speedily and also provided him with plates, cutlery, towels, etc.

Case study 9: a key element of the support provided relates to connecting the customer to other areas of support and addressing more than just the emergency need. One customer contacted us for a fridge freezer and flooring for his lounge and flooring. The customer, however, had complex needs and needed more help. A referral was made to Leeds Housing Options who undertook a visit to who provided additional support including help with decorating and support in terms of budgeting, employment and lifestyle issues. The customers issues with Council Tax were also addressed and additional support from a 3rd sector agency was arranged to help with debt issues.

Helping people into work

Case study 10 – Job Shops A 22 year old care leaver "C", was referred to Hunslet Job Shop by her support worker for extra help and guidance. C was working in a low paid job that she had no real interest in. However, she was very keen to find employment in care/support worker roles with young adults, where she felt she could put her own negative experiences to good use. Her lack of confidence, particularly when it came to going for interviews was holding her back from achieving her goals.

Through working closely with C the Job Shop worker helped her to increase her confidence, gave her detailed guidance on support on interview techniques, including mock interviews and also helped her to identify key transferable skills and how to reference them in her interview. Thanks to this help C was able to secure a full time support worker position.

Case Study 11 – Job Shops An unemployed lone parent "S" dropped in to Hunslet Job Shop to seek advice for herself and her 16 year old son "L". Although S had wanted to move into work for some time, she had been prevented from doing so because of bad advice given by another agency regarding family tax credits. Her son L didn't know where to start looking for job/apprenticeship opportunities.

S registered with the Jobshop and complied her CV. She was referred to the LCC website as it was identified that she had experience as a non-teaching assistant, she successfully applied and gained a position in a local special school. Her son L was supported to successfully apply for a vacancy as an apprentice at a BMW garage (it had emerged during a careers guidance session at the Jobshop that L had a previous interest in motor cars).

As a result of this a family that had been struggling financially now had both members in sustainable careers that gave them both increased confidence and self-esteem as well as the financial gains.

Case Study 12 – Job Shops A 55 year old divorcee "H" had previously lost her job of 15 years due to family illness and bereavement and marriage breakdown. She was also experience multiple debt problems resulting in her selling her car to pay mortgage arrears.

However, her debts were still mounting leading to stress and health problems. Her confidence and self-esteem were at rock bottom. She was referred to Hunslet Jobshop through the Council Tax Support Personal Work Support Programme.

As a result of her contact with the Jobshop, she was referred to Money Buddies who helped her put together a budget plan and to negotiate affordable weekly payments to her creditors. She was encouraged to approach her GP for help and her support with her depression. The Jobshop managed to secure 'Stay Well this Winter' pack. As well as this H was given support and guidance with her CV and interview techniques she eventually successfully gained a position with Santander bank meaning she could come off benefits.

Case Study 13 – Closer working with the NHS at the Reginald Centre The Reginald Centre Community Hub already has good links with the NHS, as Westfield medical practice, Lloyd's pharmacy, Child and Adolescent Mental Health Services (CAHMS), Dentist, Health Education facilities and NHS back offices are all co-located in the centre.

The Reginald Centre and NHS are taking a 3 tiered approach using the Integrated Healthy Living system model developed by Public Health as part of the Healthy Living Breakthrough project to further their partnership working:

Tier one – providing activities and clubs which provide health benefits to prevent and combat low level mental health issues. These are funded and run by various private and public sector organisations and examples are as follows:

- Granted £10,000 by Yorkshire Bank to establish 'Bike Libraries' across several community hub sites. These include Reginald Centre, Moor Allerton, St Georges Centre and will include Dewsbury Road and Compton Centre in the near future. This is part of the Tour de Yorkshire legacy and is to encourage local residents to take a more environmentally and physically healthy mode of transport.
- Leeds Get Active funding has been acquired for Zumba, Chapeltown military fitness and yoga to be delivered at the Centre by a member of the community for a 12 week period. These activities are in addition to Chess, Dominoes and Oware clubs; giving the Reginald Centre a timetable of activities across four evenings and Saturday morning. The Centre has also received funding from Table Tennis England for the purchase of its own table tennis table. Regular groups will now run and customers will be able to reserve time for free throughout the week
- Worked closely with the Community Committee to access several pots of funding such that the Centre now has a Community Defib in place (MICE money), an outdoor Chess set (Wellbeing Fund) and outdoor games for young people (Youth Activities fund).
- In partnership with Black Health Initiative, a third sector organisation, a formal lease has been drawn up for them to deliver a community café from the ground floor of the Reginald Centre. The café will be run by a group of volunteers. In this space a further timetable of community activities is being planned by the Community Health Champions, initially this will include a Dementia Film Club.
- The Centre is working toward the establishment of a community health champion model – aiming to identify community leaders, and volunteers from within the local community

that can run groups/activities/clubs from the community Hub so we can deliver on a sustainable basis. This also helps to attract members of the community in as the sessions are run by someone local that is trusted. Currently, four Community Health Champions have been recruited to run activities in the Reginald Centre, to which, 45 clients have participated in the activities. Of this, 66% of participants return for a second time and 38% are regular weekly attendees. Initial evaluation of a session attended by 10 clients showed 80% strongly agreed it was an opportunity to meet others in their community, 80% strongly agreed attending activates helped with their self-confidence and 100% strongly agreed they had a positive experience.

- Work has been ongoing to establish a North Leeds Debt forum – this has in excess of 20 local agencies in attendance and we have established an outcomes based accountability action plan which will ensure the group delivers meaningful work moving forward.

Tier two – the Reginald Centre has successfully co-located the Connect Well Social Prescribing service within the Community Hub. This generates £7500 toward overall rental costs of the centre. Social prescribing is about connecting primary care centres to community based, non-medical interventions. This is to relieve the pressure on GP practices and manage patients out to their community. To date there have been 215 referrals to the service with 185 patients taking up the service. Many of these patients have been referred across to the Community Hub team for help with housing/finance and to access clubs/activities that we are running. The principle reasons for referral to the service are outlined in the table below.

Reason for Referral to the Connect Well Service	**No of Referrals**	
Need emotional support	80	37%
Feeling stressed or anxious	80	37%
Feeling lonely or isolated	95	44%
Need advice on health, housing or finance issues	61	28%
Want to find out about local groups and activities	57	27%

Other services co-locating within the Reginald Centre and linked to the Connect Well Social Prescribing Service alongside the work of the Community Hub, include:

- Northpoint who are providing Cognitive Behavioural Therapy sessions 3 days a week which generates £800 pounds a month income for the Centre.
- Work Place Leeds who are working with people with low level mental health to help them access work and are also training the Hub staff in the skills needs to help clients into work when mental health difficulties are their main barrier.

Tier three – Funding has been secured from the Council and North Leeds CCG for a Project Development Worker to be employed, whose role is to connect the health services in the North Leeds area to services on offer in the Community Hub through the Social Prescribing team.

To-date, the Wellbeing coordinators based from the Reginald Centre have attended team meetings, shadowed Hub staff and have spent a half day experiencing a Community Hub 'Customer Journey'. The Social prescribing database is now established to include areas to record when a patient has been referred into the Community Hub and any service we provide. This will help us to track success for the lifetime of the service. The project development worker will produce a high level report at the end of the 12 month contract which will be submitted to the CCG chief officers for each area of the city. The aim of this is to influence the inclusion of community hubs into any future city wide commissioning that may take place.

Community Committees - Being responsive to the needs of local communities

Case study 14: social isolation among older people has been recognised as a key issue by the Inner South Community Committee, a problem which becomes significantly worse during the winter months. In partnership with the council's health service, the committee has invited local organisations to apply for £8000 funding to carry out targeted work in the winter with older, isolated people. Five local organisations were successful and have undertaken a variety of targeted winter warmth projects, including delivering purpose-made wellbeing packs made up of extra bedding and hot meals. Importantly his approach enabled workers in the neighbourhood networks to make contact with older people who may be lonely or socially-isolated over the winter months.

Case study 15: following a review of census data and consultation with key partners, the Heights and Bawns estates were identified as the priority neighbourhoods in the outer west. Draft plans were developed identifying actions, elected member champions have progressed on behalf of the partnership. Within a relatively short space of time there have been some key initiatives, including a range of events in the area with local residents, where they were able to address their concerns and aspirations. The events have been a great opportunity for volunteers to get more involved in their community by being involved in the planning and delivery. West Leeds Extended Services – a council service providing support to children and families beyond the school day - and Leeds Youth Services have held three well-attended fun days of activities for children and young people. To keep the partnership going the Outer West Community Committee has committed £11,000 funding for a full-time community development worker to work in the Heights, Bawns, Gambles and Swinnow estates.

Case study 16: Community Action To Change Harehills (CATCH) is a charity set up by passionate local residents to help improve Harehills and work with young people to offer them better life chances. Since 2011, CATCH has worked with hundreds of young people in Harehills to provide social and sporting activities and educational workshops. These are helping reduce crime and antisocial behaviour and encourage people from different communities to get to know each other in one of the most deprived and diverse communities in Leeds. Over the last 12 months, the Inner East Community Committee has worked together with West Yorkshire Police and CATCH to find a new home for the charity in the heart of Harehills. The charity now has a new base in Hovingham Park in a building donated by the

police on land leased by the council. Funding to install the building, connect it to utilities and to make it more appealing was granted by local councillors and the Inner East Community Committee.

The new facility, which opened for business in June 2016, has been primarily used to continue CATCH's work providing activities for young people from different backgrounds. However it has also developed a wider partnership approach, providing some additional much-needed community space for other groups and partners to deliver services.

Appendix 3: **Citizens@Leeds – Priorities for 2016/17**

Ambition and Approach: The Citizens@Leeds programme supports the council`s ambition for Leeds to be the best city and for Leeds City Council to be the best council in the UK. Through our Citizens@Leeds approach we will ensure that: essential services are provided in an integrated and accessible way to those most in need of services, support and advice; those requiring financial assistance have quick and easy access to financial advice and cost effective credit facilities; those seeking employment and/or training have easy access to advice, support and awareness of training and employment opportunities and; that we are better connected with the citizens of Leeds.

Our Core Outcome: To improve the quality of life for all our residents, particularly those who are vulnerable or experiencing poverty.

Objectives and priorities for 2016/17:

Helping People out of Financial Hardship: Tackling the financial challenges of poverty, deprivation and inequality with a focus on: 1. Delivering financial support schemes which support the most vulnerable. 2. Delivering integrated pathways of support within welfare and benefits services, community hubs and the corporate contact centre. 3. Reviewing advice services with a view to making efficiencies and meeting demand. 4. Developing solutions that increase financial resilience 5. Maximising the impact of the Social Inclusion Fund at a local level including working with community committees. 6. Preparing for and mitigating the full impact of welfare reform and Universal Credit on both the city council and on residents in Leeds. 7. Reviewing the Council Tax Support scheme including the introduction of a hardship fund.	Helping People into Work: Helping people into work by providing easy access to advice, support and awareness of training and employment opportunities with a focus on: 1. Continuing to deliver the new Council Tax Support scheme which has a clear focus on helping people into work. 2. Working with Community Committees to ensure a localised focus on helping people into work. 3. Creating an effective partnership with the Department of Works and Pensions that delivers an accessible and effective Universal Credit service. 4. Strengthening our partnership approach with Jobcentre plus and exploring integration/co-location with Community Hubs. 5. Ensuring that our approach to volunteering provides opportunities to develop the skills required for work. 6. Making stronger links between the council's job shop services and clients and employment opportunities in Leeds City Council. 7. Utilising community hubs to maximise matching employment opportunities with local people.
Strengthening local accountability and being more responsive to the needs of local communities: Supporting and enabling local people and communities to engage and interact with the council on issues that are important to them with a focus on: 1. Working effectively with community committees and local members to prioritise and tackle local issues. 2. Increasing the community use of, and interactions with, the Community Hubs and ensuring they meet local need. 3. Working effectively with third sector partners to support the delivery of stronger and more cohesive communities. 4. Developing a new approach for community cohesion and integration including tackling extremism in all its forms. 5. Reviewing the taxi and private hire fleet to ensure there is a wide range of vehicles which meet customer access requirements. 6. Providing the strategic lead for migration in the city.	Providing accessible and integrated services: Creating integrated access to council and partner services that places the customer at the centre of what we do and meets their needs with a focus on: 1. Rolling out a network of community hubs across the city. 2. Delivering integrated housing, welfare and advice services in community hubs. 3. Delivering the centres of excellence model within the corporate contact centre, including the delivery of a fully integrated council tax and benefits service. 4. Delivering integrated pathways around vulnerability issues, including safeguarding, drugs and alcohol and domestic violence. 5. Delivering a digital centre of excellence at the contact centre and improving the council's website. 6. Delivering a benefits e-claim solution that becomes the principal method for claiming benefits. 7. Undertaking a council wide review of licensing and

7. Delivering the 2016 local elections and PCC elections and the EU referendum.	regulatory functions to assess scope for improved integration.

Leeds Health & Wellbeing Board

Report author: Mike Eakins

Report of: Mariana Pexton (Chief Officer, Strategy and Improvement, Leeds City Council)

Report to: Leeds Health and Wellbeing Board

Date: 20 October 2016

Subject: Making a breakthrough: impact of breakthrough projects on health outcomes and reducing health inequalities

Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

This report provides an update on Leeds City Council's eight breakthrough projects and outlines each project's key aims and activity. The projects are designed to be cross-cutting and outcome focused and the report notes that each one has a link to the most recent Health and Wellbeing Strategy. The report recognises the important role the Health and Wellbeing Board can play in helping to make a breakthrough in these areas and so each project includes one key ask where the Board's support and influence would be a valuable addition.

Recommendations

The Health and Wellbeing Board is asked to:

- Consider the contents of this report and the aims of the eight breakthrough projects.
- Discuss each project's asks on how the Board and its members might help to make a breakthrough and agree any actions to be taken forward.

1 Purpose of this report

1.1 To provide an update on the establishment and development of Leeds City Council's eight breakthrough projects, to discuss the relationship of each to the Leeds Health and Wellbeing Strategy 2016-21, and to consider how the Health and Wellbeing Board can help to make a breakthrough.

2 Background information

2.1 Leeds City Council, along with partners from the city and across Yorkshire, successfully delivered the Tour de France Grand Depart in the summer of 2014. It represented a watershed moment for the council in terms of both inwardly and outwardly demonstrating what could be achieved when a common purpose and aim was fundamentally grasped at all levels and working barriers removed to deliver a shared outcome.

2.2 Following this success, there was a wish to harness the benefits of this way of working and bring them to bear on other key areas of importance. The breakthrough projects were created as the vehicle through which this can be achieved. The projects are intended to be cross-cutting and focused on improving service delivery to make even more impact on the best city outcomes and tackle poverty and inequalities.

2.3 There are currently eight breakthrough projects each at different stages of development. Many of them align closely with the ambition and priorities set out in Leeds Health and Wellbeing Strategy 2016-21.

3 Main issues

3.1 Since their inception in 2014 the breakthrough projects have continued to develop so they better align with the council's and city's key priorities. There are currently eight projects. These are:

- Making Leeds the best place to grow old in
- Cutting carbon and improving air quality
- Tackling domestic violence and abuse
- Early intervention and reducing health inequalities
- Housing growth and high standards in all sectors
- More jobs, better jobs
- Strong communities benefitting from a strong city
- World class events and a vibrant city centre

3.2 The breakthrough projects now sit at the centre of the most recent iteration of the Best Council Plan and are important channels through which services can be examined and improved, often using an outcomes-based approach to test plans and changes.

3.3 Each of the breakthrough projects can be attributed to one or more of the twelve priority areas in the Health and Wellbeing Strategy. They also each have their

own challenges which the Health and Wellbeing Board could contribute to overcoming. Each project's aims, activity and asks are outlined below.

3.3.1 *Making Leeds the best place to grow old in*

Led by Councillor Rebecca Charlwood

This project aims for Leeds become a city where aging is seen as a positive experience that brings new challenges and opportunities, and where older people have access to services and resources they need to enable them to live healthy and fulfilling lives.

Leeds should be a welcoming city which is accessible to all and where older people feel, and are, safe. To achieve this, a wide range of issues need to be considered and joined up. These include enabling a range of affordable and accessible transport to make getting into the city easier, delivering housing to meet the needs of an ageing population and involving older people in culture, education and employment. As part of the project work streams are in place for each of these issues.

Making a breakthrough:

- *Mirroring the city's approach towards children, discuss options for moving towards taking a 'whole system approach' to older people's service delivery.*
- *Continue to forcefully raise awareness of the need to improve the reliability and accessibility of public transport as a means of overcoming loneliness and fears about safety amongst older people.*
- *Discuss how to ensure that 'improving the health of the poorest fastest' also relates to older people when currently services are often focused on larger populations in the outer-city areas.*

3.3.2 *Cutting carbon and improving air quality*

Led by Councillor Lucinda Yeadon

Leeds needs to be a healthy and green city in which to live, work and visit. Tackling climate change is an obligation upon us in terms of meeting EU air quality standards but also our own ambition for the city's air quality improvement and climate change mitigation. The Council cannot do this alone and strong work with partners is intrinsically important to the success we want to see.

At the headline level, improving air quality would bring about enormous health and wellbeing benefits for the citizens of Leeds. However the benefits run deeper too. Through this project's work on creating an energy supply company, rolling out district heating and increasing the profile of domestic energy efficiency we aim to reduce fuel poverty and widen access to affordable warmth, thereby delivering

further health and wellbeing benefits. The project will also support job and apprenticeship creation within the environmental arena.

Making a breakthrough:

- *The project already has good links into Public Health but further engagement with wider health partners on the improving air quality aspects of the project would be welcome.*

3.3.3 ***Tackling domestic violence and abuse***

Led by Councillor Lisa Mulherin

While often a hidden problem, domestic violence and abuse continues to be an issue for the city both in terms of people living safe, healthy and happy lives and in terms of the impact on the lives of children. It remains a factor in the lives of many of the children which the Council has to take into care. This project seeks to realise four key benefits:

- A reduction in the repeat victimisation rate
- A reduction in children with child protection plans where domestic violence is a factor
- A reduction in the repeat suspect rate
- A reduction in victim attrition rates during investigations

There is a wide range of work which has now been ongoing for some time. Already a new Front Door Safeguarding Hub has been established through which daily case discussion meetings now take place with relevant partners. The Caring Dads pilot programme has also been adopted by the Council's Children's Services department to form part of their permanent offering. There is more to do, not least continuing to raise awareness of domestic violence and abuse across the city, and improving public knowledge about where help can be sought. The project also seeks to develop a Smart City response to support victims and establish a network of Domestic Violence Ambassadors.

Making a breakthrough:

- *For the Board to continue to promote the work of the project both within their respective organisations and outwardly to service user groups.*

3.3.4 ***Early intervention and reducing health inequalities***

Led by Councillor James Lewis

When you consider that there is a 10.8 year difference in life expectancy between the most and least deprived wards in Leeds, and that behavioural factors contribute 40% to avoidable deaths, the remit of this breakthrough project is clear – we want to change this.

The programme for this project contains three key elements. First, the commissioning of an integrated Healthy Living Service. Second, ensuring services commissioned by partners are aligned within this new service. And third, inspiring communities and partners to work differently to make Leeds healthier.

This work is complex and requires significant partnership working. The ambition includes developing better use of technology to facilitate self-help, peer support and access to non-commissioned services. We also want to work with transport partners, leisure services and the third sector to boost physical activity and active travel. The expansion and development of the wider health network is also crucial for aspects such as building capacity for health coaching skills.

Making a breakthrough:

- *Consider the mechanisms by which complementary interventions commissioned by a range of organisations in the city can be better aligned including:*
    - *Identification of key stakeholders and organisations (primary care, secondary care, voluntary sector, council services) and understanding how performance is monitored.*
    - *Potential to develop clear shared aims, work plans and monitoring indicators.*

3.3.5 ***Housing growth and high standards in all sectors***

Led by Councillor Richard Lewis

Leeds has a growing and ageing population. In order to meet the needs of the city's current and future residents we aim to build 70,000 new homes by 2028. However, this breakthrough project recognises the importance of quality and affordable housing to meet the differing needs of the city's residents.

The project is focused on accelerating the growth of private sector housing alongside the delivery of around 1,000 new council homes through direct new builds, off plan acquisitions and bringing empty homes back into use. In addition, a new Leeds Standard will be developed as a benchmark to influence quality.

Of particular importance to the Board and with clear links to the Health and Wellbeing Strategy is the Older People's Housing and Care Programme which forms part of this breakthrough project. This involves the promotion and delivery of specialist accommodation (i.e. extra care, dementia and nursing care) for older people.

Making a breakthrough:

- *Engagement with the board about how the project can work with health service institutions to understand and help meet their requirements for an attractive housing offer including in relation to clinical recruitment.*

- *The project is keen to explore ways in which land under the ownership of health partners can be unlocked for sustainable, quality housing development.*

3.3.6 ***More jobs, better jobs***

Led by Councillor Mohammed Rafique

Leeds is experiencing the fastest rate of private sector jobs growth of any major city in the UK, yet productivity still lags behind the national average. Work should provide a route out of poverty but zero-hour contracts, low paid and low skilled jobs with limited progression opportunities are seeing rates of in-work poverty grow.

This breakthrough project seeks to tackle low pay, promote the Living Wage, support businesses to invest in sustainable and inclusive growth, upskill the workforce and work with the education sector to support young people to develop strong enterprise and employability skills. The work ongoing is wide-ranging, from developing a careers advice and in-work progression service, to strengthening the relationship between business and schools, and endeavouring to increase graduate retention rates in the city. The project also aims to develop integrated health and employment support, delivering programmes of tailored support to out-of-work claimants with mental ill-health helping them to secure and retain employment.

Making a breakthrough:

- *The Board's support is sought on the integration of health and employment support services – particularly to address the very high and growing number of Employment Support Allowance claimants with mild to moderate mental ill-health.*

  Currently, the number of claimants stands at around 32,000. These are largely concentrated in the inner city and in social rented housing. Around 50% of claimants suffer from mental ill-health and 50% have muscular skeletal conditions. Further work is required to enable referrals and ensure provision is integrated and aligned.

3.3.7 ***Strong communities benefitting from a strong city***

Led by Councillor Debra Coupar

Leeds is one of the fastest growing cities in the UK with an economy which continues to strengthen, and is home to people from many different backgrounds. Yet not everyone is benefitting from the city's success with 20% of households living in poverty and unemployment still above the national average.

This is the most recently established breakthrough project and it seeks to help Leeds become a welcoming city for all by building strong, cohesive, resilient and

sustainable communities. Its programme aims to better link the opportunities created by economic success with those who need access to it most, and to raise aspiration in some of the city's most deprived communities. Through the creation of integrated neighbourhood delivery teams we aim to re-shape, join up and boost the impact of services delivered by both the Council and its partners in our most challenging neighbourhoods. The project also seeks to build awareness of and confidence in the Leeds Prevent programme.

Making a breakthrough:

- *The Board's support to widen engagement with the project would be very valuable, particularly including GP surgeries.*

- *The project would also benefit from any opportunities to influence commissioning processes regarding the role of community cohesion and improving community relations, and from opportunities to engage with health partners' service users.*

3.3.8 ***World class events and a vibrant city centre***

Led by Councillor Judith Blake

This breakthrough project aims to ensure Leeds is recognised as one of the best cities for hosting world class events by sponsors, residents, businesses and visitors through their experience of attending or viewing events held here. It also seeks create a city centre that is widely recognised as an exemplar 21st Century city centre that is inclusive, friendly and cutting edge.

The project encompasses some clear deliverables such as a new events strategy, a new culture strategy, and a bid for European Capital of Culture 2023. In the context of the Health and Wellbeing Strategy, within the project there are important opportunities to influence the transport strategy and ambition to create an age-friendly and child-friendly city centre. This should involve removing traffic, being more pedestrian friendly and improving the public realm.

Making a breakthrough:

- *Can the Board consider how it might wish to feed into the ongoing transport conversation?*
- *Can the Board offer insights, suggestions or actions on helping to create a child and age friendly city?*

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 Consultation on all work streams within each project will be undertaken and publicised as appropriate.

4.1.2 In order to create this report all breakthrough project leads were consulted, particularly around formulating their key asks of the Health and Wellbeing Board.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 There are no equality and diversity implications of this report. Specific equality impact assessments will be carried out as required as part of each individual breakthrough project's work programme.

4.3 Resources and value for money

4.3.1 There are no direct resources or value for money implications of this report. Individual breakthrough projects will report on the impact of actions proposed within them.

4.4 Legal Implications, Access to Information and Call In

4.4.1 There are no access to information and call-in implications arising from this report.

4.5 Risk Management

4.5.1 There are no significant risk implications of this report.

5 Conclusions

5.1 Leeds City Council's eight breakthrough projects have been established to bring about a new way of working to tackle some of the city's biggest challenges. While at different stages of development, each project contains a programme of work which is wide-ranging, cross-cutting and will require significant partnership working. As part of this, the Health and Wellbeing Board can use its role and influence to help make a breakthrough on some of the key challenges each project faces.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Consider the contents of this report and the aims of the eight breakthrough projects.
- Discuss each project's asks on how the Board and its members might help to make a breakthrough and agree any actions to be taken forward.

Leeds Health & Wellbeing Board

Report author:
Dr Jane Mischenko & Anne Scarborough

Report of: Steve Walker (Acting Director of Children's Services, Leeds City Council) and Matt Ward (Chief Operating Officer, NHS Leeds South and East CCG)

Report to: The Leeds Health and Wellbeing Board

Date: 20 October 2016

Subject: Future in Mind: Leeds: *A strategy to improve the social, emotional, mental health and wellbeing of children and young people aged 0-25 years*

Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

Future in Mind: Leeds (Appendix 1) is a single overarching strategy, underpinned by the Future in Mind: Leeds Local Transformation Plan (Appendix 2). This strategy brings together the 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.

The connection of these large programmes of work is an innovative and ambitious approach and whilst challenging is the right thing to do for our children and families. The strategy recognises the pressures on the public purse and how in order to deliver it we need to work together. The strong emphasis on prevention and developing the emotional resilience of children, young people and their families, alongside strengthening access to local early help services makes both economic sense and is the right thing to do for our children and young people. This approach will make best use of the Leeds pound.

Recommendations

The Health and Wellbeing Board is asked to:

- Support, approve and champion the Future in Mind: Leeds strategy and underpinning Local Transformation Plan (LTP). The refresh of our LTP has to be published on NHS Leeds CCGs and council websites by the end of October 2016 (NHS England requirement).
- Recognise and share the achievements to date (detailed in the plan), progressed in the first years of the Future in Mind LTP funding allocations.

- 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.
- Discuss how they will support the delivery of the vision, the strategy and underpinning plan.
- Advise how they would like to receive future reports of progress and on the frequency of these reports.

1 Purpose of this report

1.1 This report sets out our shared and ambitious strategy to transform how we support and improve the emotional and mental health of our children and young people and therefore, ultimately impact on the wellbeing of all of our population.

2 Background information

2.1 The mental health of children and young people is a priority within the Joint Health and Wellbeing Strategy (2016-2021) and the Leeds Children and Young People's Plan (2015-2019) and is also integral to the Leeds Sustainability and Transformation Plan (2016-2021).

2.2 The commitment of the council is clearly demonstrated with the £45m investment into world-class specialist education provision for children and young people who due to social, emotional and mental health needs require additional support in their learning. The specially designed buildings and the nurturing ethos that informs this provision will significantly improve outcomes of one of the most vulnerable cohorts of children and young people.

2.3 The 3 CCGs in Leeds invested the ring-fenced funding allocation received from NHSE, circa £1.5m, to initiate the transformation of social, emotional and mental health support and services, following assurance of our LTP last year. The continued commitment of the CCGs to this critical agenda is demonstrated in the continuation of that investment in 2016/17. NHSE requires a refresh of the LTP to be published by the end of October. The refresh of this plan in Leeds now reflects the strategy and integration of these significant programmes of work.

3 Main issues

3.1 Our vision is to develop a culture where talking about feelings and emotions is the norm, where it is acceptable to acknowledge difficulties and ask for help and where those with more serious problems are quickly supported by people with skills to support their needs.

3.2 To achieve this in a context of tightening resource and evidence of increasing demand we need to work together in a single approach and to combine and transform our services. The strategy and plan evolves from the already strong relationships across the children's partnership, across health, education, social care and the third sector.

3.3 Within the strategy you can find our shared priorities, our shared approach and how we will know we have made a difference to the lives of children and young people in the city. Key strategies and plans that sit alongside this are the Best Start Plan, the Special Educational Needs and Disabilities Strategy and the Mental Health Framework.

3.4 Underpinning this strategy is a positive and universal focus on wellbeing. We will build resilient communities to support social, emotional and mental health through a city-wide continuum of support, thereby preventing and reducing the need for specialist interventions. The Future in Mind: Leeds strategy is driven by a relentless focus on the question:

"What is it like to be a child or young person growing up in Leeds and how do we make it better?"

The strategy (is for ages 0-25 years) and incorporates 11 priorities from primary prevention through to specialist provision, from pre-birth, to transition into adult services.

4 Health and Wellbeing Board Governance

4.1.1 See attached the governance chart that details working groups and reporting structures (Appendix 3). The key delivery and governance structure for all this work is the Future in Mind Programme Board made up of officers and leads from across the programme of work.

4.2 Consultation and Engagement

4.2.1 Listening to the voice of the child and young person and their families is the first and abiding principle. The voice of children, young people and the views of their parents' have strongly informed our key priorities. The task groups continue with this principle in the delivery of the priorities. An example is where young people have led from the start the content, design and language of the MindMate website.

4.3 Equality and Diversity / Cohesion and Integration

4.2.1 As reflected in the national Future in Mind (2015) publication there has to be an additional effort in Local Transformation Plans to respond to the needs of certain vulnerable groups of children and young people. In Leeds there is a history of taking such an approach and there are already examples of multi-agency services supporting young people in the youth justice system and care system. A specific priority is to continue to review and check that the needs of vulnerable young people are met. This is supported by the intelligence gathered by the recently commissioned Future in Mind: Leeds Health Needs Assessment (2016), which reports both quantitative data and qualitative intelligence (via focus groups).

4.4 Resources and value for money

4.4.1 There are strong principles underpinning this strategy that will maximise the best use of resource and best value for money; these are listed below:

- Prevention (following the principles of the WAVE report)
- New ways of working to develop emotional resilience and support self help
- Early support/help to prevent escalation
- Evidence based practice
- Use of digital technologies
- Transforming existing services and combining resources across the partnership to prevent duplication
- Noting that getting it right in childhood supports reduced need and demand in adulthood

4.5 Legal Implications, Access to Information and Call In

4.5.1 There are no legal implications from this report. There are no access to information and call-in implications arising from this report.

4.6 Risk Management

4.6.1 The programme board reviews the risks to the delivery of the strategy and LTP every time it meets. The key risks reflect those known nationally, reducing resource but rising demand, rapidly changing policy across education, health and social care, and workforce challenges in recruiting the staff with the right skills. Mitigation is in place and constantly reviewed for all of these areas.

5 Conclusions

5.1 The first 12 months of delivery of the Leeds Local Transformation Plan is already demonstrating progress against key priorities (as reflected in the refreshed plan).

5.2 This strategy and refreshed plan creates even more opportunities to drive forward the transformation we need and to deliver our vision.

5.3 The Health and Wellbeing Board is asked to endorse, approve and champion the strategy and LTP and to advise how it would like to receive reports on progress.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Support, approve and champion the Future in Mind: Leeds strategy and underpinning Local Transformation Plan (LTP). The refresh of our LTP has to be published on NHS Leeds CCGs and council websites by the end of October 2016 (NHSE requirement).
- Recognise and share the achievements to date (detailed in the plan), progressed in the first years of the Future in Mind LTP funding allocations.

- 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.
- Discuss how they will support the delivery of the vision, the strategy and underpinning plan.
- Advise how they would like to receive future reports of progress and on the frequency of these reports.

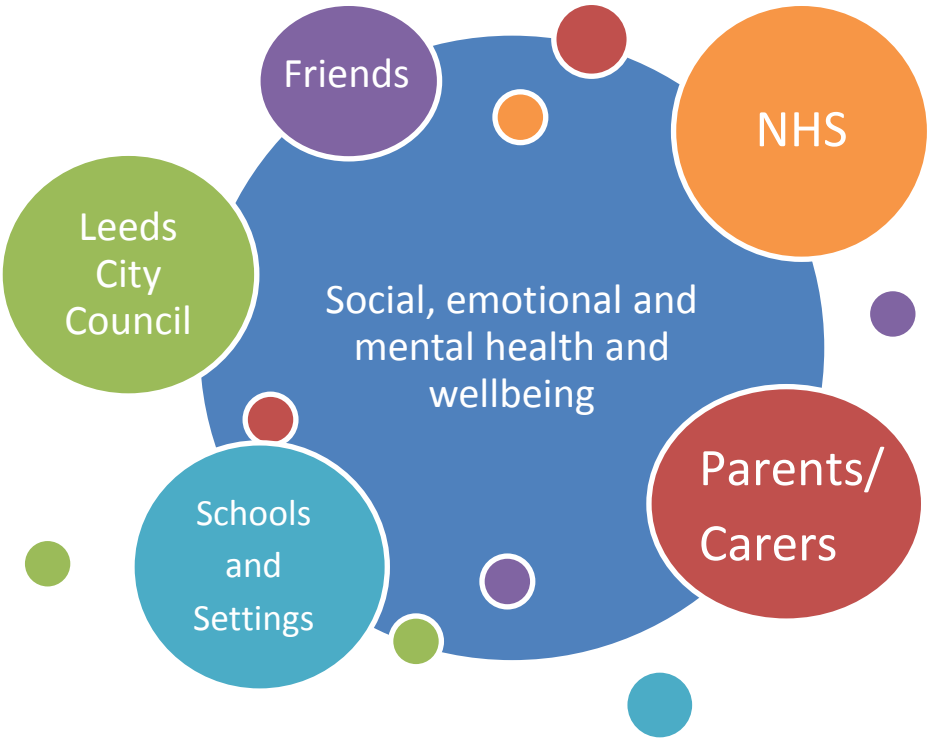
7 Appendices

Appendix 1 - Draft Future in Mind Leeds overarching strategy & plan on a page
Appendix 2 - Draft Future in Mind Leeds Local Transformation Plan
Appendix 3 - Draft governance structure

Appendix 1

Future in Mind: Leeds

A strategy to improve the social, emotional, mental health and wellbeing of children and young people aged 0 - 25 years



2016 - 2020

Contents

Foreword

Content in development

Introduction

Future in Mind: Leeds

A strategy to improve the social, emotional, mental health and wellbeing of children and young people aged 0 - 25 years

The Leeds ambition is to be the best city in the UK for children and young people to grow up in.

Leeds is becoming a child friendly city and is investing in children and young people to create a compassionate city with a strong economy. The Children and Young People's Plan, 2015-2019, outlines the priorities and obsessions to help achieve the Leeds' ambition.

Our vision for this strategy is to develop a culture where talking about feelings and emotions is the norm, where it is acceptable to acknowledge difficulties and ask for help and where those with more serious problems are quickly supported by people with skills to support their needs.

To do this, a joined-up, city-wide approach is crucial; improving the social, emotional, mental health and well-being of our children and young people can only be achieved by working collaboratively.

This strategy and its implementation plan reflects the commitment of partners in the city to work together to achieve our vision. It is an innovative and adventurous partnership, working across health, education and social care.

Within the strategy, you will find our shared priorities, our shared approach and how we will know we have made a difference to the lives of children, young people and their families in the city.

Underpinning this strategy is a positive and universal focus on wellbeing. We will build resilient communities to support social, emotional and mental health through a city wide continuum of support, thereby preventing and reducing the need for specialist interventions.

This high level strategy is supported by the more detailed implementation plan, which is our Future in Mind: Leeds Local Transformation Plan. Key strategies and plans that sit alongside this are the Best Start Plan, the Special Educational Needs and Disabilities Strategy and the all age Mental Health Framework.

The Future in Mind Leeds strategy is driven by a relentless focus on the question:

"What is it like to be a child or young person growing up in Leeds and how do we make it better?"

Mental Health and Wellbeing

Being in a state of wellbeing means we are able to cope with everyday life, feel good or okay about life most of the time and behave in a way that does not have a negative impact on ourselves or others; this helps us to fulfil our potential.

The World Health Organisation (WHO) defines mental health as a state of comprehensive physical, mental and social wellbeing that accordingly applies at both a personal and collective level. For individuals this would, on a mental health front, involve a state in which one:

"Realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2001)

A more expanded statement describes mental health as:

"The capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual wellbeing that respects the importance of culture, equity, social justice, interconnections and personal dignity" (N. Joubert and H. Raeburn, 1997).

Children and young people may need support for a limited period, when life events create challenging times. For others there is a need for more sustained help. This may relate to difficulties in a child or young person's life, for example family breakdown, problems with friendships, or bullying. It may relate to traumatic experiences, e.g. bereavement, abuse, or violence. It could also be associated with having special educational needs (SEN), e.g. autism, or relate to a specific mental health condition, such as anorexia nervosa. Often it is a combination of factors. Research identifies how some vulnerable groups, such as those who have been removed from their birth family and placed in the care of the local authority, are at higher risk of mental ill health.

The most vulnerable groups of children and young people who may be at risk of developing social emotional and/or mental health problems are:

- *Looked after children.*
- *In the justice system.*
- *Excluded from school.*
- *New to the country and particularly asylum seekers.*
- *Living in poverty.*
- *Have special educational needs.*
- *Have experienced trauma.*

Supportive parenting, a secure home life and a positive learning environment in schools are key protective factors in building and protecting mental well-being at this stage of life. Individuals who have a secure and supportive childhood and adolescence and are able to exercise emotional control and social skills, are subsequently better able to deal

with the choices and challenges that they will encounter throughout their life (World Health Organisation, 2012).

Protective factors consist of individual, family and school/community factors, which all interrelate. So for example a good attachment as a baby with your parent, or carer develops your ability to self-regulate your emotions and make friends in childhood. This research is covered in more depth in the Future in Mind: Leeds, Health Needs Assessment (2016) and has informed the priorities of our strategy.

Resilience is a concept that refers to being able to 'bounce back' from adversity or difficult life events. Resilience can be increased by a positive interaction between the protective factors at the individual, family and community level.

This strategy includes initiatives to prevent mental health problems in childhood; it identifies the need for universal support for children and families (early in the life of a child); and recognises the importance of early intervention (early in the life of the problem). The strategy also recognises the need for more targeted services for some vulnerable children and young people and the need for swift access to more specialist help when needed.

Some key local facts

Leeds is an expanding city, with a growing population of over 761,000 people. This population continues to change in size and composition, which creates an incredibly vibrant, diverse city which is welcomed and celebrated. As the second largest local authority, Leeds is consistently updating its services to meet shifts in demand. Some key local facts are

- **186,000** children and young people under 20.
- **253,000** aged 0-25.
- Over **10,000** births a year.
- Of our school-aged children and young people:
    - **16%** have English as an additional language.
    - **29%** are from Black, Asian or Minority Ethnic groups.
    - **19%** are eligible for free school meals.
    - **16%** have Special Educational Needs and/or a Disability.
- School attendance has improved to record levels but over 1,000 primary school children and over 2,200 secondary school children still miss **15%** of school time.
- **20.7%** of children come from 'low income' families, compared to **18.6%** nationally. Of the 28,000 children in Leeds living in poverty, 64% come from a working family.
- **22%** of the Leeds population (167,607) live in the 10% most deprived areas in the country.

- For our young people who do not achieve 5 good GCSE's, there is a **1 in 4** chance that they will not be in education, employment or training two years later.
- **92%** of Leeds primary and secondary schools are rated good or better.
- Over the past decade, whilst overall attainment has risen in schools, the performance gap between pupils from more and less advantaged backgrounds in the UK has remained prevalent.
- Leeds has a higher incident rate for domestic abuse per 1,000 of the population.
- In accordance with national reports, Leeds service data indicates a rising demand for services for emotional and mental health needs and a rising presentation at emergency departments of young people who have self-harmed.

The Future in Mind: Leeds, Health Needs Assessment (2016) is a comprehensive document and should be read in conjunction with this strategy. Some of its key findings show the complexity of the picture for the young people of Leeds. The Public Health England Public Health Profiles are a useful resource to give us the estimated prevalence of mental health disorders in 5-16 year olds (2014), including emotional disorders, conduct disorders and hyperkinetic disorders.

Indicator	Period	Data Quality	England	Yorkshire and the Humber	Leeds	Leeds Population Estimates 2014	Leeds Population Estimates 2020
Estimated prevalence of any mental health disorder: % population aged 5-16	2014		9.3*	9.7*	9.5*	9,584	10,752
Estimated prevalence of emotional disorders: % population aged 5-16	2014		3.6*	3.7*	3.7*	3,733	4,188
Estimated prevalence of conduct disorders: % population aged 5-16	2014		5.6*	5.9*	5.8*	5,851	6,564
Estimated prevalence of hyperkinetic disorders: % population aged 5-16	2014		1.5*	1.6*	1.6*	1,614	1,811
Prevalence of potential eating disorders among young people: Estimated number of 16 - 24 year olds	2013		*	-	15604*	184,007	182,292
Prevalence of ADHD among young people: Estimated number of 16 - 24 year olds	2013		*	-	16163*	16,274	16,122
Children who require Tier 3 CAMHS: estimated number of children <17	2012		-	-	2905	2,976	3,214
Children who require Tier 4 CAMHS: estimated number of children <17	2012		-	-	120	123	133
Child admissions for mental health: rate per 100,000 aged 0 -17 years	2014/15		87.4	69.3	49.2	790	846
Young people hospital admissions for self-harm: rate per 100,000 aged 10 - 24	2010/11 - 12/13		352.3	368.2	450.8	7,446	7,744

There is a much lower rate of CYP admitted for mental health issues compared to the national figure, but a much higher rate of hospital admissions for self-harm.

The picture for Leeds in terms of indicators that serve as protective factors for good mental health and development is not good.

Leeds is lower than the national average for:

- Breast feeding.
- Achieving a good level of attainment at Early Years Foundation Stage.
- Achieving 5 or more A* to C grades at GCSE level which include Maths and English.
- Taking part in an hour of moderate-to-vigorous physical activity per day.

Leeds is higher than the national average for:

- Rates of domestic abuse.
- Self-reported rates of tobacco, cannabis and alcohol use in 15 year olds.
- The number of children who are Looked After.
- Rate of children in need.

The information hides a great variation across Leeds due to its mixed deprivation and populations.

Local Reviews

During 2015, partners in the city reviewed the current system of local support and services for children and young people's mental health and wellbeing. The results of these reviews, which included the significant involvement of children, parents, and professionals has supported the development of the Future in Mind: Leeds strategy, priorities and plan. The key issues identified were:

- A lack of clarity of what support and services are available and how to access them.
- A request from young people to have more local support as early as possible and for teachers to receive relevant training.
- Having to wait too long for some services, such as Child and Adolescent Mental Health Services (CAMHS), without any support or contact whilst you waited.
- Variation in the quality and quantity of support and services available in different parts of the city.
- The lack of a coherent vision and system of connected support and services across the partnership.

- Concern about the quality and range of specialist education provision for those with social, emotional and mental health needs.
- Recognition of some gaps in services, for example joined up support during mental health crisis and support during transition to adult services.
- A lot of unknowns, due to poor connection of data systems and a lack of shared outcome measures.

Strengths were also identified, such as the city-wide cluster offer built from the support of partners to deliver the Targeted Mental Health in Schools (TaMHS) model. Also satisfaction was very high once children and young people were in any of the local services.

National Policy

'Our children deserve better: programmes and early help for children and young people suggest that this can both change lives and reduce spending incurred in later life due to unmet needs' (Chief Medical Officer, 2012)

National policy increasingly reflects the importance of improving children and young people's mental health and wellbeing. A national taskforce led by the Department for Health and NHS England led to the creation of the 'Future in Mind' report (March 2015), which resulted in the need for local areas to develop Local Transformation Plans. These received ring-fenced additional funds, with Leeds in receipt of circa £1.5 million. In addition to this:

- NHS England are increasing the number of inpatient beds for those children and young people who need this level of support, which will be beneficial for Yorkshire and the Humber.
- The Education Committee Inquiry (2016) identified how children who are looked-after face significant challenges in getting access to mental health support.
- The Department for Education (DfE) has published guidance for schools such as 'Mental Health and Behaviour in Schools (2014) and the 'Blueprint for counselling services, (2015)'.
- The DfE also launched initiatives such as the MindEd website to support professionals to identify signs of mental health problems in children and to get them the support they need.
- The 2014 Children and Families Act introduced reforms to services for children and young people with all kinds of Special Educational Needs and Disabilities (SEND), including mental health needs.

- The term Social, Emotional and Mental Health needs (SEMH) replaced the term behaviour difficulties in the SEN code of practice (2014). The reforms sought to empower families in decision-making about the services they use, and to speed up and simplify access to support.

What will we do?

1. Develop a strong programme of prevention that recognises how the first 1001 days of life impacts on mental health and wellbeing from infancy to adulthood. In Leeds this is delivered through our Best Start Plan.
2. Work with young people, families and schools to build knowledge and skills in emotional resilience and to support self-help.
3. Continue to work across health, education and social care to deliver local early help services for children and young people with emotional and mental health needs who require additional support.
4. Commit to ensuring there is a clear Leeds offer of the support and services available and guidance on how to access these.
5. Deliver a Single Point of Access for referrals that works with the whole Leeds system of mental health services so that we enable children and young people to receive the support they need, as soon as possible.
6. Ensure vulnerable children and young people receive the support and services they need, recognising that this is often through mental health practitioners working alongside education, social care or third sector colleagues in multi-disciplinary teams (current examples in Leeds being The Market Place, the Therapeutic Social Work Service, and Youth Offending Service).
7. Ensure there is a coherent citywide response to children and young people in mental health crisis.
8. Invest in transformation of our specialist education settings to create world class provision.
9. Work with children and young people who have mental health needs as they grow up and support them in their transition into adult support and services.
10. Establish a city-wide Children and Young People's Community Eating Disorder Service in line with national standards and access targets.
11. Improve the quality of our support and services across the partnership through evidence based interventions, increased children and young people participation and shared methods of evidencing outcomes.

The Future in Mind: Leeds Local Transformation Plan is the implementation plan underpinning this strategy and should be read alongside it.

Behaviours and cross-cutting themes

Our local reviews, which captured the views of Leeds children, young people, families and professionals, have informed our strategy and plan.

The three behaviours that underpin everything:

a) We will listen to the voices of children and young people in supporting and planning their care.
b) We will work restoratively: doing things with children, young people and families instead of to them, for them or doing nothing.
c) We will regularly check that the support is helping and making a difference.

Cross cutting themes:

a) We recognise that improving the Social Emotional and Mental Health of children and young people in Leeds needs everyone to play their part.
b) We will work together to plan and deliver our strategy and make best use of our collective resources to improve the experience and outcomes of children and young people with social emotional mental health and wellbeing support needs.
c) In direct response to the request from children and young people we will maximise the opportunities digital technologies offer us, whilst safeguarding children and young people from some of the risks the internet poses.

Accountability

To help make this happen we have a Health and Wellbeing Board, Children and Families Trust Board and a Leeds Safeguarding Children Board. They bring key strategic partners together from the main organisations working with children and young people to make sure we are doing what we should to deliver our Children and Young People's Plan and to keep children safe.

We also have strong local partnerships. There are 25 clusters around groups of schools, a Special Inclusive Learning Centre cluster and Area Inclusion Partnerships that have membership from; schools, governors, children's social care, police, Leeds City Council youth service, Youth Offending Service, children's centres, housing services and locally elected members.

Integral to the delivery of the strategy is a clear governance structure, which is included as appendix A.

We recognise the pressures on the public purse and this strategy requires us all to work together to make best use of the Leeds £. Our strong focus on prevention and developing emotional resilience, and our emphasis on supporting staff groups across our educational settings is critical to this. This not only makes economical sense but also improves the experience and outcomes of our children and young people. In addition to this, having our local early help and targeted services as integral to the wider network of services in the city ensures that children and young people in need of specialist help are seen more quickly.

How will we know we've made a difference?

The ambition of the Leeds Children and Young People's Plan is to become the best city for children and young people to grow up in, a "child friendly city" where:

- All children and young people are safe from harm.
- All children and young people do well at all levels of learning and have skills for life.
- All children and young people enjoy healthy lifestyles.
- All children and young people are happy and have fun growing up.
- All children and young people are active citizens.

Alongside these ambitions the Future in Mind: Leeds Local Transformation Plan has a series of indictors that will measure our achievement on each of the priorities. Using these and other key indictors a dashboard is being developed for the Future in Mind: Leeds Programme Board. The Board will use this dashboard to measure the success of the strategy. This will be supported by the local work with the Child Outcomes Research Consortium (CORC). CORC are the UK's leading organisation that collects and uses evidence to improve children and young people's mental health and wellbeing.

Critical to the delivery of this strategy is working with and listening to children and young people and their families. This is reflected across all priorities in the Local Transformation Plan. And finally, ultimately the voice of the child and young person will inform us if we have been successful.

Glossary

A&E: Accident and Emergency department

ACE: Adverse Childhood Experiences

AIP: Area Inclusion Partnerships

AMHS: Adult Mental Health Services

ARMS: At Risk Mental State

BME: Black and ethnic minority

CAMHS: Child and adolescent mental health services

CBT: Cognitive Behavioural Therapy

CBTp: Cognitive Behavioural Therapy for psychosis

CCG: Clinical Commissioning Group

CEDS: Community Eating Disorder Service

CEDS-CYP: Children and Young People's Community Eating Disorder Service

CLA: Children who are looked after

CORC: Child Outcomes Research Consortium

CORE 24: the core 24 hour a day service standards for people experiencing a mental health crisis

CSWS: Children's Social Work Service

CSWS EDT: Children's Social Work Service Emergency Duty Team

CYP: Children and young people

CYP-IAPT: Improving Access to Psychological Therapies for young people

CYPP: Leeds Children and Young People's Plan

DfE: Department for Education

DH: Department of Health

ED: Eating Disorder

EIP: Early Intervention in Psychosis

FE: Further Education

G&S: Guidance and Support multi professional meeting

HOPE: Harnessing Outcomes, Participation and Evidence

HWBB: Health and Wellbeing Board

HNA: Health Needs Assessment

IMHS: Infant Mental Health Service

FiM: Future in Mind

LCC: Leeds City Council

LD: Learning Difficulties

LGBT: Lesbian, gay bisexual and transgender

LTHT: Leeds Teaching Hospitals NHS Trust

LTP: Local Transformation Plan

LYPFT: Leeds and York Partnership NHS Foundation Trust

Mindwell: The adult information portal website

MM: MindMate

MST: Multi-systemic Therapy

MM SPA: Mindmate Single Point of Access

NCCMH: National Collaborating Centre for Mental Health

NEET: Not in education, employment or training

NHS: Nation Health Service

NICE: National Institute of Clinical Excellence

NHSE: NHS England

OMG: One Minute Guides

PHSE: Personal, Social, Health and Economic

PNMH: Perinatal mental health

S136: Section 136 assessment suites

SDQ: Strengths and Difficulties Questionnaire

SEMH: Social, emotional and mental health

SEN: Special educational needs

SEND: Special educational needs and disability

SILC: Specialist Inclusion Learning Centres

SPA: Single Point of Access

STP: Leeds Sustainability and Transformation Plan

TaMHS: Targeted Mental Health in Schools Project

TCP: Transforming Care Programme[1]

Tier 4: Inpatient beds for young people

TMP: The Market Place, a city centre based third sector organisation

TSWS: Therapeutic Social Work Servicer

York MBSR: York Mindfulness Based Stress Reduction

YOS: Youth Offending Service

UNICEF: United Nations International Children's Emergency Fund

WHO: World Health Organisation

[1] TCP aims to improve services for people (all age) with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition.

References

Future in Mind Leeds, Health Needs Assessment, 2016, can be found at (to be completed once published)

Leeds Best Start Plan, 2015-16 can be found at http://democracy.leeds.gov.uk/documents/s126845/10%202%20Best%20Start%20Plan%20long%20version%20FINAL%20VERSION%20for%20HWB%20Board%204%202%202015.pdf

Leeds Children and Young People's Plan, 2015-19, can be found at http://www.leeds.gov.uk/docs/CYPP.pdf

Leeds Future in Mind Local Transformation Plan, 2016 – 2020, can be found at (to be completed once published)

Leeds Joint Strategic Needs Assessment, 2015, can be found at http://democracy.leeds.gov.uk/documents/s131982/10%201%20JSNA%20May%2007%20draft%20v15.pdf

Leeds Special Educational Needs and Disabilities Strategy can be found at http://www.leeds.gov.uk/docs/SENDStrategy2014_2017.pdf

Leeds Sustainability and Transformation Plan, 2016-2021, can be found at (to be completed once published)

World Health Organisation, 2012, can be found at http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf

Future in Mind: Leeds 2016-2020

A strategy to improve the social, emotional, mental health and wellbeing of children and young people aged 0 -25 years

Priorities

1. Focus on the first 1001 days
2. Building emotional resilience
3. Early Help services for CYP with SEMH needs
4. Clear and published Local Offer
5. Single Point of Access and swift response
6. Integrated and targeted approach for vulnerable children
7. Children in mental health crisis
8. Create world class specialist education provision
9. Transition to adult services
10. Community Eating Disorder Service
11. Improve the quality of support and services

Vision

Our vision is to develop a culture where talking about feelings and emotions is the norm, where it is acceptable to acknowledge difficulties and ask for help and where those with more serious problems are quickly supported by people with skills to support those needs.

Outcomes

1. Increased number of women identified and receiving perinatal mental health support
2. Schools and Children Centres with MindMate champion accreditation
3. CYP supported through Early Help services
4. Swift access to support
5. Increased attainments of CYP with SEMH
6. Increase in school attendance
7. Increased number of vulnerable groups accessing services (e.g. Children Looked After)
8. Hospital admissions for CYP in crisis reduce
9. Reduction in out of authority education placements
10. Reduction in NEET
11. CYP have improved mental health following support and interventions

Investment

School investment via clusters £1.5 million

Core annual service spend here across partnership:£10.3 million
New investment: LCC £45million for specialist educational buildings
New Investment: NHS CCGs £1.5 million for support and services
Investment in primary prevention £0.5 million
High Needs Block investment to AIP's £6.5million

Cross Cutting Themes

- Listening to the voice of CYP and their families
- We will regularly monitor that support is helping and making a difference
- Regularly communicate to all stakeholders

Future in Mind: Leeds (Local Transformation Plan, 2016 – 2020)

This plan should be read in conjunction with the Future in Mind Leeds Strategy; this is the implementation plan of that strategy. This plan sets out achievements to date and the key deliverables to be delivered in 2016/17, 2017/18 through to 2018/19 and will be refreshed on an annual basis. This plan is supported by the publication of headline information on spend, activity and workforce for 2014/15 and 2015/16 (Appendix 1).

Priority 1 - Develop a strong programme of prevention that recognises how the first 1001 days of life impacts on mental health and wellbeing from childhood through to adulthood			
Leadership Team	**Achievements to Date**	**Key Deliverables for 2016/17**	**Key Deliverables for 2017/18 2018/19**
Sharon Yellin/ Jane Mischenko/ Andrea Richardson	Joint clinics/ training and protocols between obstetrician, specialist midwife and perinatal mental health (PNMH) psychiatrist in LTHT HNA PNMH completed Additional psychology resource commissioned for 2016/17 as part of Infant Mental Health Service Emotional and Mental Health (MindMate) links in children's centres in place Implementation of Best Beginnings Baby Buddy app (with localised information) as part of Northern impact study Infant Mental Health Service (IMHS) funded by LYPFT to work with Leeds PNMH Mother and Baby unit Inaugural Baby Week (UNICEF) held in Leeds during September Delivery of Leeds Baby Steps programme (targeted perinatal education programme for families with additional needs)	Publish revised PNMH pathway (universal through to specialist) January 2017 Anti-stigma campaign (PNMH) finalised and commenced January 2017 Digitalise and launch Understanding Your Baby into Baby Buddy app (with Best Beginnings) March 2017 Evaluation report of Best Beginnings implementation Target IMHS attachment training to adult mental health professionals Work with MindMate links in children's centres to develop MindMate accredited Champion settings	Workforce development plan to support implementation of PNMH pathway agreed and commenced Re-procurement of 0-19 Healthy Child Pathway services (delivery of priorities within Best Start Plan and PNMH pathway will be integral to this) Revised children's centre offer in the city (MindMate Champion accreditation integral to this) New Models of Care for practices with high levels of vulnerable children and families (safeguarding), aiming to break the intergenerational cycle of ACE*[*]

[*] ACE: Adverse Childhood Experiences evidenced to impact on whole life outcomes and into the next generation

Priority 1 Continued			
Child and Young People & Parent Voice: Co-production of PNMH pathway and offer with women and families			
Key performance Indicator: Placeholder: Additional number of women receiving specialist perinatal care compared to baseline % of Children's Centres with MindMate Links % of Children's Centres with MindMate Champion accreditation			
Workforce: PNMH workforce development plan IMHS training programme MindMate Champion subsidised training offer Think Family training			
Priority 2 - Work with young people, families and schools to build knowledge and skills in emotional resilience and to support self-help			
Leadership Team	**Achievements to Date**	**Key Deliverables for 2016/17**	**Key Deliverables for 2017/18 2018/19**
Sharon Yellin/ Val Waite/ Ruth Gordon	MindMate website co-produced with young people – provides details of support in the city, (narrative and animations), information and self-help tools – see mindmate.org.uk Parent page of MindMate website (developed with parents and carers) uploaded Emotional and Mental Health (MindMate) Links in all schools School Health Check tool for schools to self-assess if MindMate friendly and able to go for accreditation as MindMate Champion setting completed Feasibility study of Mindfulness in schools programme completed Conference on emotional resilience delivered by Boing Boing and local leaders in Education Psychology held in October (250 front line school and social care staff attended)	Further animations about the services in Leeds added to MindMate website March 2017 New issues pages added to MindMate website i.e., "angry, body image, feeling different" (content reflects MindMate Lessons curriculum content) Anti-Stigma (local Time to Change) plan agreed (co-produced with CYP) and commenced December 2016 (Space2 provider) School assessment visits as part of MindMate Champion accreditation to commence Publication of MindMate Champion subsidised training offer to schools November 2016 Complete content / lesson plans of the MindMate Lessons (PHSE curriculum for social, emotional and mental health) – free to schools March 2017 Test schools for pilot of MindMate Lessons curriculum identified – pilot to commence October 2016	Develop further the self-care/interactive games and tools component of the MindMate website Accreditation of MindMate Champion settings to commence Interactive MindMaze board and digital tool launched in 2017/18 Work with regional NHSE Clinical Network to develop competencies for school workforce Commissioned Evaluation of anti-stigma campaign: reports October 2017 Rollout of MindMate Lessons (PHSE curriculum) across schools to commence. Launch of Trylife play early in 2017/18 York MBSR to produce a Mindfulness in

Priority 2 – continued			
Leadership Team	**Achievements to Date**	**Key Deliverables for 2016/17**	**Key Deliverables for 2017/18 2018/19**
	Children's Social Care established Family Group Conferencing Restorative approaches being used to engage with families to come up with solutions to problems	"Fix This" a one woman play and workshop to raise awareness and coping strategies for self-harm to tour 20 schools in autumn term An adapted version of the 'Headspace' course targeting parents to improve whole family wellbeing to be piloted via 4 primary schools – commencing September 2016. Delivered by Oblong (Impact on CYP emotional wellbeing will be by pre and post SDQ)	Schools programme (co-produced with 5 primary schools, a SILC and FE college and 2 secondary schools) by July 2017 Mindfulness in Schools pilot reports March 2018
Child and Young People's Voice: Content, design and development of MindMate website led from the start by CYP CYP integral to development of MindMate self help tools and games MindMate Lessons (curriculum) content informed by what CYP said was critical 'Fix This' play developed in consultation with CYP Content of anti-stigma campaigns to be led by CYP			
Key Performance Indicators: Number of MindMate website visits Placeholder: MindMate website indicator – linked to use of self help tools/resources % of schools with MindMate links % of schools to achieve MindMate Champion accreditation			
Workforce: MindMate Champions programme Resource pack of practical tools to promote resilience to be produced			

Priority 3 - Continue to work across health, education and social care to deliver local early help services for children and young people with emotional and mental health needs who require additional support			
Leadership Team	**Achievements to Date**	**Key Deliverables for 2016/17**	**Key Deliverables for 2017/18 2018/19**
Jane Mischenko/ Val Waite/ Siobhan/ Sal Tariq	25 school clusters in place across the city and all have an early help offer, commissioned from a range of NHS and 3rd sector providers for CYP with SEMH needs. Pilot of CCG contributing additional funds to school cluster offer commenced 2015/16 Database for reporting of SEMH needs and service activity in school clusters developed First report (6-months of data) delivered to programme board September 2016 Agreed pilot sites for testing school cluster/ CAMHS liaison models September 2016 Provider Network established across the whole system – first meeting September 2016 Established the SEMH Pathways Panel to support improved learning pathways for children and young people at risk of exclusion	12 months data from school clusters due October 2016. Report to Programme Board due January 2017 Review most effective mechanism to ensure sustainable early help offer by March 2017 Pilot of rapid access to counselling at The Market Place (city centre 3rd sector provision) report March 2017 Develop a city-wide partnership approach to alternative educational provision for SEMH in Leeds Strengthen the relationship between clusters and Area Inclusion Partnerships to improve the core offer of targeted support for children, young people and families Early Surrport teams to be led by social workers to provide coordinated support for children, young people nad their families Children's Social Care to review services for adolescents	Clear commissioning framework for NHS, LCC and schools in the city to deliver early help offer (will need to be agile in recognition of changing and variable forms of school networks) June 2017 Joint commissioning of The Market Place by NHS and LCC for youth work and counselling provision from April 2017 Review protected groups and ensure early help offer in Leeds accessible and acceptable for them – address if inequity Pilot of social workers in clusters
Children and Young People Voice: Consultation of CYP in Leeds by Youthwatch and Young Minds identified need for local accessible services 2015			
Key Performance Indicators: Spend on CYP mental health by NHS, LCC and schools Numbers of CYP accessing early help mental health service (defined as from qualified mental health practitioner – cluster and third sector) Numbers of CYP starting treatment in NHS funded community CAMHS Reduction in % of CYP excluded from school (permanent and fixed term exclusions)			

Priority 3– continued			
Leadership Team	**Achievements to Date**	**Key Deliverables for 2016/17**	**Key Deliverables for 2017/18 2018/19**
Improvement in Attendance Improvement in Achievement Placeholder: increased % alternative provision categorised as good or outstanding Placeholder:% of key protected groups accessing early help service and education measures as above (i.e. Children who are Looked After, BME, CYP in youth justice system, LGBT)			
Workforce: SEMH Pathway Panel briefings for schools and targeted services			
Priority 4 - Commit to ensuring there is a clear Leeds Offer of the support and services available and guidance on how to access these			
Leadership Team	**Achievements to Date**	**Key Deliverables for 2016/17**	**Key Deliverables for 2017/18 2018/19**
Barbara Newton/ Ruth Gordon/ Chris Sutton	Single Leeds strategy (Future in Mind Leeds) incorporating requirements of Future in Mind (DH) and SEND/ SEMH (DfE) and refreshed LTP is the plan that drives the delivery of this The current Leeds offer of available support and services and how to access these is published as part of the SEND LCC Local Offer and is integral to the MindMate website Easy to understand animations of services are available on the MindMate website	Communication Plan agreed at Programme Board, March 2017 One Minute Guides available for professionals on support and services on offer and how to access, March 2017	Local Offer reviewed and updated at least annually
Children and Young People Voice: Consultation with CYP by Youthwatch and Young Minds (2015) informed priorities of Local Offer Common Room supported to work with CYP to have CYP version of Future in Mind Leeds Strategy			
Key Performance Indicators:			
Workforce: Strategy launch and briefings Cascade of One Minute Guides Quarterly Newsletter to health, education and social care staff			

Priority 5 - Deliver a Single Point of Access (SPA) to include assessment and an initial response for referrals that works with the whole Leeds system of mental health services to enable children and young people to receive the support they need, as soon as possible			
Leadership Team	**Achievements to Date**	**Key Deliverables for 2016/17**	**Key Deliverables for 2017/18 2018/19**
Jane Mischenko /Nick Wood	The 'MindMate SPA' as a whole system referral management system was launched in January 2016 Monthly reports are received on the number of CYP referred through the SPA, and of the end service destination Mitigation additional funds were provided to The Market Place and to clusters receiving high numbers of referrals September 2016	Embed systems for the MindMate SPA and ensure that there are effective operational relationships for referral management Develop the future model: with a potential to include an assessment and initial response function to routine referrals, as integral to the SPA redesign. Develop and agree this revised service model (in co-production with key stakeholders across the system). March 2017	Embed and evaluate new service model throughout 2017/18 Ensure restorative approach/ health coaching model is integral the whole system of support and service delivery
Children and Young People Voice: The SPA was created in direct response to reports by CYP and their families of difficulty of navigating the system to get support CYP and Parents will be involved in the development of the future model			
Key Performance Indicators: Placeholder: Numbers managed by SPA (new model) without requiring further service response Placeholder: CYP requiring further service (early help or CAMHS, etc) accessing right service swiftly (detail to be developed)			
Workforce: Restorative Practice training and Health Coaching programme			
Priority 6 - Using an integrated approach to ensure vulnerable children and young people receive the support and services they need			
Leadership Team	**Achievements to Date**	**Key Deliverables for 2016/17**	**Key Deliverables for 2017/18 2018/19**
Sal Tariq/ Jane Mischenko/ Barbara Newton	Specialist CAMHS psychologist integrated into Therapeutic Social Work Service (dedicated team for children with a child protection plan and who are in the care system) Training (8 x SafeTALK courses and 1 x applied Suicide Intervention Skills Training – ASSIST) is commissioned from Community Links for delivery to key foster carers, children's homes residential staff and YOS staff. 129 had attended at last report (September 2016) Residential course with support re emotional and mental health delivered for care leavers and	Develop clear criteria for fast tracking from TSWS to CAMHS In direct response to CYP request a film is being created to hear voice of children in care/ care leavers. This will be used as workforce training tool for staff across health, education and social care – complete by March 2017 Review cost and feasibility of extended remit of TSWS to provide support for Leeds Looked After Children placed out of area (March 2017)	Commission and extend remit of TSWS during 2017/18 if feasibility study results are positive. Work with regional colleagues in Centre of Excellence bid to secure post adoption therapeutic support As part of all age Transforming Care Programme (TCP) work to develop a dynamic register of CYP with LD and or autism and mental health needs at risk of admission to an acute bed

Priority 6– continued			
Leadership Team	**Achievements to Date**	**Key Deliverables for 2016/17**	**Key Deliverables for 2017/18 2018/19**
	evaluated well The Market Place commissioned to specifically offer support to care leavers from 2015/16 Embedded CAMHS nurses (4) within YOS team. Work taken place within 2016 to enable fast track to specialist CAMHS support if required Leeds MST supports chronic and violent offenders working in their system of homes and families, schools and teachers, neighbourhoods and friends. CCG co-commissioning 2-year pilot of targeted mental health support in place with SILC cluster commenced in 2016/17	Ensure clear pathways of local emotional and mental health support as part of CYP SARC pathway As part of HNA focus groups were held (by Common Room) with key vulnerable groups (Gypsy/Traveller group, Youth Muslim forum and LGBT group) Report to be published October 2016	In addition develop effective transition pathway as part of TCP; embed and deliver Community Treatment Reviews as required and deliver early support and intervention of CYP and their families (detailed in Leeds TCP) Pilot emotional and mental health support for unaccompanied asylum seekers who are children, utilising art/therapy approach A focus on transforming outcomes for young people who offend (or are at risk of doing so), who have special educational needs, through supporting professionals to bring about a culture and behaviour change around effective SEND joint working Work with NHSE to explore transfer of commissioning of secure CAMHS Outreach Service from NHSE to CCGs (with funding stream to support)
Children and Young People Voice: Targeted focus groups held in 20116 with vulnerable CYP as part of the Future in Mind HNA CYP in the care system part of workshop December 2015 to improve support for children who are looked after and care leavers			
Key Performance Indicators: Placeholder: Increased % of vulnerable groups accessing services (CLA, YOS, LD)			
Workforce: Film of CYP in the care system for use in workforce development Safe TALK training ASSIST training			

Priority 7 - Ensure there is a coherent citywide response to children and young people in mental health crisis			
Leadership Team	**Achievements to Date**	**Key Deliverables for 2016/17**	**Key Deliverables for 2017/18 2018/19**
Jane Mischenko/ Sal Tariq/ Jane Williams	As part of CORE 24 work pump priming is supporting new posts - Specialist Practitioners in liaison psychiatry are working in emergency departments (out of hours) with all-age (16+) CAMHS continue to deliver a four hour response to those young people presenting in emergency department in crisis (self-harm/ psychosis) Section 136 Suite for CYP opened in Leeds 2016 2 years since a CYP has been held in a police cell when in mental health crisis in Leeds Key event held with stakeholders (across emergency services, health, education and social care) to initiate work-stream to review and improve whole system response to CYP in mental health crisis September 2016 All age EIP service in Leeds for ages 14-65 seen within 2 weeks of referral and receiving a package of care. Work undertaken with regional clinical network to benchmark service against NICE recommended treatment and standards (current absence of sufficient CBTp and ARMS service Leeds is a relatively low user of inpatient Tier 4 beds, facilitated through the on-going investment in the outreach team, as part of the core CAMHS offer	Working group to commence review of whole system offer early in 2017: Key components which will be informed by the soon to be published NCCMH national guidance are: • Data pack (of needs, activity and performance) • Co-produced with CYP and parents • Swift access to mental health assessment and handover (in and out of normal hours) • Effective integration/use of all existing resource (CSWS EDT, AMHS, Police response, CAMHS self-harm rota and intensive outreach team) to create the service model • Explore safe haven provision (alternative to A&E) • Ensure all practitioners aware of local pathway Staff training programme in place for EIP service	Continue to work across the whole system to ensure that there is an effective and compassionate response to young people in mental health crisis 24 hours a day – working group to make recommendations to Programme Board by September 2017 Further development of EIP service to deliver access to CBTp and ARMS service
Child and Young People Voice: Co-production with CYP and their families will be integral to the work-stream to improve the response in the city to CYP in crisis			

Priority 7 – continued			
Key Performance Indicators: Hospital admissions for self-harm rate per 100,000 0-17 (inclusive) Number of CYP s136 detentions taken to police cell as a place of safety			
Number of CYP held in suite 136 in mental health crisis Number of CYP admitted to paediatric bed in mental health crisis Placeholder: Number of CYP in adult in-patient wards Placeholder: Number of CYP bed days in adult in-patient wards Number of CYP in tier 4 bed per CYP population Number of CYP bed days in tier 4			
Workforce: Training and protocols in place between CAMHS and acute paediatric settings (A&E and paediatric wards) Training and protocols in development between new A&E mental health practitioners (core24) and CAMHS Further workforce development plan to be integral to final report of the review EIP training programme			
Priority 8 - Invest in transformation of our specialist education settings to create world class provision.			
Leadership Team	**Achievements to Date**	**Key Deliverables for 2016/17**	**Key Deliverables for 2017/18 2018/19**
Andrew Eastwood/ Barbara Newton/ Viv Buckland	LCC committed to invest £45 million into new buildings for specialist SEMH places Converted specialist SEMH provision to the Springwell Academy Leeds	Start the building projects in creating capacity of 340 specialist SEMH places in Leeds (4-19yrs provision) Increased primary school capacity October 2016	Complete the building projects in creating capacity of 340 specialist SEMH places in Leeds Site completion by: East: January 2018 South: April 2018 North: September 2018
Child and Young People Voice:			
Key Performance Indicators: Reduction in CYP being placed out of authority for education Improved attendance at Specialist provision Improved educational progress			
Workforce:			

Priority 9 - Work with children and young people who have mental health needs as they grow up and to support their transition into adult support and services			
Leadership Team	**Achievements to Date**	**Key Deliverables for 2016/17**	**Key Deliverables for 2017/18 2018/19**
Jane Mischenko/ Jane Williams/ Barbara Newton/ Sal Tariq	Small CAMHS transition team in place for case management of CYP into adult support and services Engagement with young people on "what great looks like" for services 17+ CYP panel (16 plus) in place and advising MindMate website content for young adults Workshop held at FE Colleges event to map pathways to support and promote MindMate website and resources Commissioned a play on transition from primary to secondary school Pilot in the student medical practice supporting university students, with mental health liaison workers delivering early intervention support The Market Place and Leeds Mind part of national pilot testing out peer to peer support model (led by young adult with life experience) Report received by Programme Board on peer to peer support models and use of digital media	Young Adults page developed with MindMate 16 plus panel to support transition with young people and linked to adult MindWell portal November 2016 Tour and evaluate the play (on transitions between primary and secondary schools) Determine model of peer to peer support for young people in Leeds, March 2017 Adult mental health services to establish a young people champions SEMH Pathway Panel to ensure transition points are well managed and tracked to support children to continue to make progress To work on pathway for young people at the point of transition who are in Tier 4 beds, to create a protocol to support those in most urgent need of care (Working with adult and children commissioners, including NHSE as commissioner of Tier $ beds)	Identify mechanisms to increase the flexibility of the pathways between CAMHS and adult mental health services for the transition of young people between services Increase the range of options available to young people in primary care for mental health support
Child and Young People Voice: MindMate page for young adults developed by CYP CYP members of the transition task and finish group A Young Person is key in the leadership of the testing of the THRU peer support model			
Key Performance Indicators: Reduction in CYP NEET Numbers of CYP supported by the CAMHS transition team to adult service support Numbers of CYP champions in Adult Mental Health Services			
Workforce: Training programme for Young People Champions in adult mental health services MindMate Links training and accreditation will support this agenda			

Priority 10 - Establish a city-wide Community Eating Disorder Service in line with national standards and access targets			
Leadership Team	**Achievements to Date**	**Key Deliverables for 2016/17**	**Key Deliverables for 2017/18 2018/19**
Nick Wood	The service model, pathway and funding is agreed for a Leeds service commissioned by the 3 Leeds CCGs Children and young people are receiving the agreed pathway of care Recruitment is complete and staff co-located Experienced and interested paediatricians within the acute trust are identified The provider is reporting into the national baseline data collection process Both parents and CYP are involved in the service development An interim service specification is in place A training programme for universal settings, such as school-based staff, is underway	Embed the pathways for young people to, and within the Community Eating Disorder Service Secure sustainable base for the service Offer training to universal staff to support identification and response to people with suspected eating disorder including primary care 50% of staff in CEDS to commence training to be accredited in Family Based Therapy March 2017 Transition pathways agreed with adult mental health providers of Eating Disorder Services, March 2017	Ensure that the Community Eating Disorder Service meets national standards and access targets Work to optimise impact of CEDS-CYP to reduce crisis and inpatient admissions (and monitor the same)
Child and Young People Voice: CYP involved in recruitment of CEDS-CYP staff CYP and parents involved in development of the service CYP informed content of MindMate website on body image			
Key Performance Indicators: Placeholder: Proportion of CYP with ED seen within 1 week (urgent) or 4 weeks (routine) Spend on CEDS-CYP Number of CYP with eating disorder admitted to tier 4 bed Number of CYP with eating disorder supported by intensive outreach team			
Workforce: Training programme for universal staff in schools Primary care targeted communication and training CEDS-CYP specialist team training programme			

Priority 11 - Improve the quality of our support and services across the partnership through evidence based interventions, increased CYP participation and shared methods of evidencing outcomes			
Leadership Team	**Achievements to Date**	**Key Deliverables for 2016/17**	**Key Deliverables for 2017/18 2018/19**
Jane Mischenko/ Steve Walker/ Peter Storrie	Leeds NHS CAMHS is part of the CYP-IAPT (since wave 3) Leeds is part of the CORC national pilot to develop cross-sector outcomes and data linkage across services involved in children and young people's mental health and wellbeing Further investment has been made by Leeds to increase support from the CORC and EBPU centre for this priority A conference took place in March 2016 to formally launch this work A formal steering group is established, named HOPE (Harnessing Outcomes, Participation and Evidence)	Commissioned HNA to be published November 2016 Develop resource explaining Leeds methods of outcome measurement across the system Future in Mind: Leeds Dashboard first draft produced March, 2017 Consultation of CYP, parents and professionals re: CYP mental health support and services (coordinated by Youthwatch and Common Room) underway and reports before March 2017 CORC works with 3 clusters, the TSWS and NHS CAMHS to identify issues around recording outcomes in individual services, and using them to greatest effect to improve service quality	Partnership workshops held in local areas to promote importance of Evidence Based Practice and outcomes and share useful resources All emotional health services are recording outcome data of some kind, and all services have clear statements of the high level outcomes they seek to achieve by end of 2018 Explore data linkage and unique identifier i.e., NHS number opportunities
Child and Young People Voice: Commitment that CYP participation is integral to our definition of quality to agree care plan and goals			
Key Performance Indicators: Future in Mind Dashboard will provide overview of progress in Leeds of the strategy and plan Placeholder: proportion of CYP showing reliable improvement in outcomes following mental health service intervention Placeholder: proportion of CYP meeting their mutually agreed goals against number of CYP accessing services			
Workforce: Numbers of staff completing CYP-IAPT courses Delivery of workshops to local areas/cluster promoting evidence base, participation and value of outcome monitoring			

Communication and governance
In delivering the plan we need to: • Engage young people and families to co-produce communication to ensure we use a language they understand • Effectively communicate with all key partners, including frontline staff • Develop a workforce plan to ensure delivery of the strategy and local transformation plan • Develop a clear governance structure for the assurance of work streams through an effective Programme Board and through to the Children and Families Trust Board and the Health and Wellbeing Board •
Cross cutting themes:
1. We recognise that improving the Social Emotional and Mental Health of children and young people in Leeds needs everyone to play their part 2. We will work together to plan and deliver our strategy and make best use of our collective resources to improve the experience and outcomes of children and young people with social emotional mental health needs. 3. In direct response to the request from children and young people we will maximise the opportunities digital technologies offer us, whilst safeguarding children and young people from some of the risks the Internet poses.

Appendix 1:
Increased investment

	14/15 (£)	**15/16 (£)**	**16/17 (£)** (planned)
Core service funding for direct delivery (CAMHS, The Market Place, MST, school clusters, Therapeutic Social Work Service) and creation of the SPA	11,464,353	11,898,500	12,128,500
Funding in core services to pump prime school cluster commissioning and targeted waiting list initiatives across the system of provision	1,500,000	526,486	496,551
Developing capacity and promoting resilience	30,000	960,000	Not committed yet

Funding into services that support direct contact with children and young people who have social, emotional and mental health needs has increased between 2014/15 and 2016. In core services this amount has risen from £11.5 million recurrent spending by both the CCGs in Leeds and Leeds City Council to £11.9 million. This is increasing to over £12 million in the current financial year. In addition to this there is the considerable investment school clusters are delivering over the same time period (circa £1.5 million per annum).

There have also been several examples of non-recurrent investment to support the whole system to transform. In 2014/15 this was significant with £1.5 million being devolved to local school clusters to improve their local offer to children and young people. In 2015/16 over half a million pounds has been provided to increase face to face contacts in services with increasing waiting lists as the system responded to the introduction of the SPA.

In 2015/16 a key focus of the new investment was to develop confidence, capability and capacity across the system and especially in families and schools. The investment on this has risen significantly from £30k in 2014/15 to £960k for 2015/16. This money will support children and young people to receive help early in the life of their presentation of emotional health need and so ultimately help reduce escalation and a requirement for specialist services.

Increased numbers of Children and Young People seen:

	14/15 (number accepted into services)	**15/16 (number accepted into services)**
Core service activity (CAMHS, The Market Place, MST, school clusters, Therapeutic Social Work Service)	6993	7694

The MindMate Single point of Access is supporting an improved and swifter pathway from referral to the right service.

701 more children and young people are being supported by core services in the city. Some of this increase can be explained by the additional investment to reduce waiting lists in the city for a number of core services.

Children and Young People requiring admission to a mental health bed

	14/15	15/16
Occupied bed days	2089	2814
Total number of new admissions	26	37

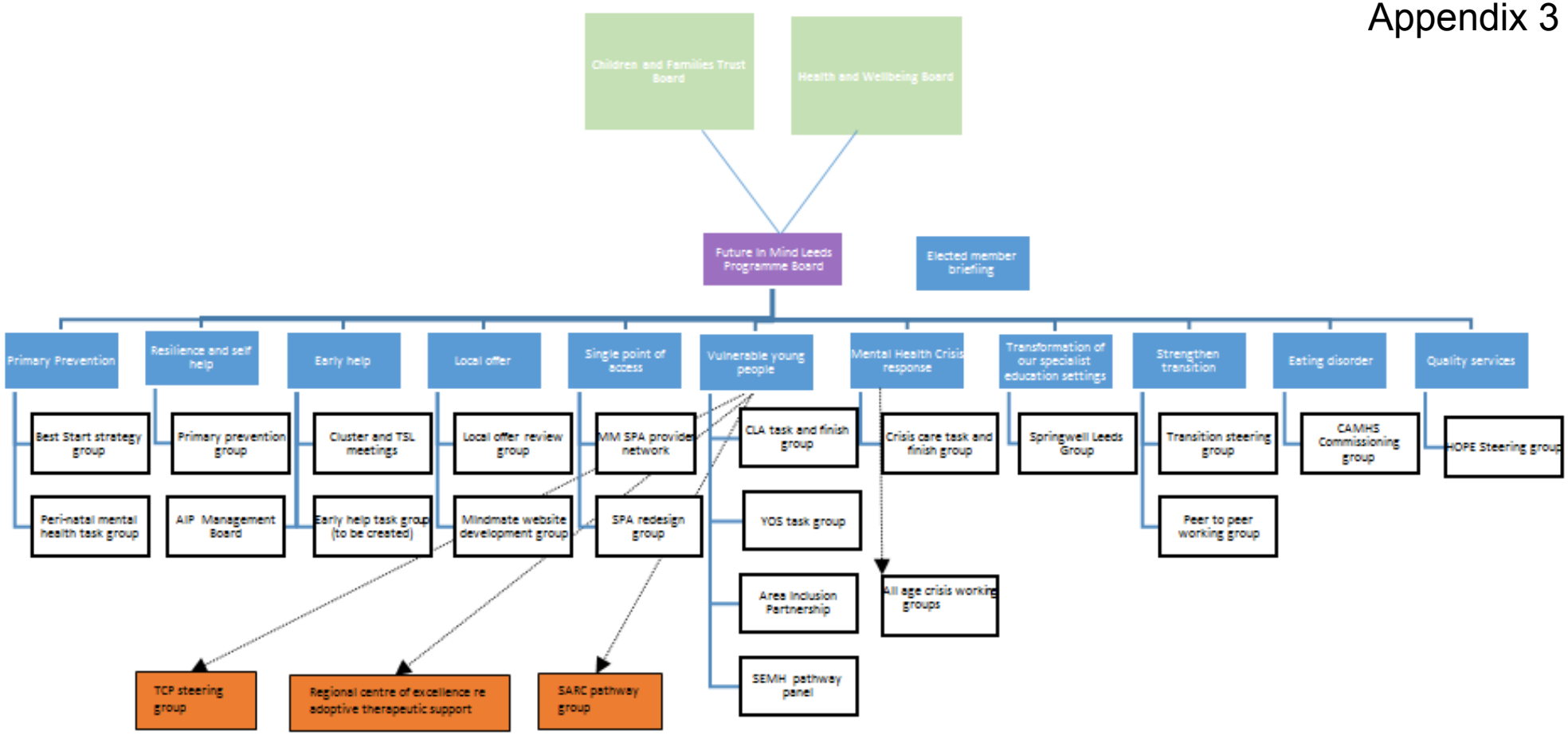
CCG commissioners are reviewing the current increase in need for inpatient beds and working with NHSE commissioners to understand the particular needs presenting.

Increased numbers of mental health practitioners:

	14/15 (wte staff as of June 2015)	**15/16 (wte staff as of June 2016)**
Core service workforce (CAMHS, The Market Place, MST, school clusters, Therapeutic Social Work Service) and SPA	125.76	163.3

38 more practitioners are in place. The increased investment into services is demonstrating an increase in practitioners delivering face-to-face services to children and young people. This increase is across a full range of staff from those delivering local psychological support into schools to those providing counselling at the Market Place and those within specialist CAMHS.

Appendix 3



This is supported by embedded processes for co-production with children and young people and their families, a communication plan and a workforce development plan.

This page is intentionally left blank

Leeds Health & Wellbeing Board

Report author: Dr Ian Cameron, Director of Public Health

Report of: Dr Ian Cameron, Director of Public Health

Report to: The Leeds Health and Wellbeing Board

Date: 20 October 2016

Subject: The Director of Public Health Annual Report 2016

Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number:	☐ Yes	☒ No

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

Recommendations
The Health and Wellbeing Board is asked to:

- Note the availability of:
  - This year's digital Annual Report at www.leeds.gov.uk/dphreport
  - the digital materials on 150 years of Public Health in Leeds
  - Indicators on the current health status for the Leeds population
- Support the inclusion, 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.
- 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.

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

1 Purpose of this report

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

2 Background information

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

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

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

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

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

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

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

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

3 Main issues

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

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

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

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

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

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

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

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

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

3.2.7 The interwar years saw a significant rise in the influence of the Medical Officer of Health and the creation, through the Council, of a state medical service for Leeds that included taking over the Poor Law hospitals. The expectation that the Council through the Medical Officer of Health would take on the lead for the new National Health Service were not realised and were a major disappointment.

3.2.8 The Medical Officers of the 1950's and 1960's focused on the development of a wide range of personal health services for mothers, children, the elderly, those

with mental health problems, learning disabilities. Leeds Medical Officers of Health of the past had despaired about the rise in deaths caused by cancer. The action taken in Leeds, when the link between smoking and cancer was finally understood, is re-assessed.

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

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

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

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

3.4 **Improving the Health status of Leeds beyond 2016**

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

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

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

3.4.4 So 2016 marks the beginning of our five year journey with the new Leeds Health and Wellbeing Strategy. Let's imagine that the first Medical Officer of Health for Leeds was now arriving. He or she would want to hear our latest position against the seven health status indicators set out in the strategy alongside key indicators that relate to those Public Health issues described as priorities within the same strategy (Appendix 1).

3.4.5 Even a cursory glance at Appendix 1 highlights the scale of the challenge for Leeds. We might take a defensive position with the new first Medical Officer of

Health and describe how many of the trends for health are going in the right direction (true) and that we can demonstrate examples of where we are narrowing the health inequalities within the city (again, true). We can demonstrate progress with our first Leeds Health and Wellbeing Strategy (2013-2015) and we can point to a wealth of health data that is now available at local level http://observatory.leeds.gov.uk

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

3.5 **Improving the health and wellbeing of children & young people**

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

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

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

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

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

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

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

3.6 **Improving the health & wellbeing of adults & preventing early death.**

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

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

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

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

3.6.5 The smoking level for adults is 18.5%, which is above the England figures.

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

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

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

3.7 **Protecting the health & wellbeing of all**

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

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

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

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

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

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

3.8 Progressing health status improvement 2016 and beyond

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

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

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

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

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

3.9.2 Progress on the recommendations are summarised in appendix 2.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

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

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

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

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

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

4.3 **Resources and value for money**

4.3.1 The costs of producing the Annual Report of the Director of Public Health are contained with in the ring fenced Public Health Grant.

4.4 **Legal Implications, Access to Information and Call In**

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

4.5 **Risk Management**

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

5 Conclusions

5.1 This year's digital Annual Report has, through the Annual Reports of Medical Officers of Health & Directors of Public Health, set out the 150 year story of Public Health in Leeds, from 1866 to the present day. A review of the current health status baseline for the new Health & Wellbeing Strategy highlights where there needs to be focus and significant improvement over the next five years if Leeds is to be the "best city for health & wellbeing".

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the availability of:
    - This year's digital Annual Report at www.leeds.gov.uk/dphreport
    - the digital materials on 150 years of Public Health in Leeds
    - Indicators on the current health status for the Leeds population

- Support the inclusion, 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.

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

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

7 Background documents

7.1 None.

8 Appendices

8.1 Appendix 1: Health status indicators

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

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

Appendix 1

Leeds CITY COUNCIL

Director of Public Health Annual Report 2016

Improving the Health Status for Leeds beyond 2016

Improving the health and wellbeing of children and young people

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

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

Improving health and wellbeing of adults and preventing early death

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

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

Protecting the health and wellbeing of all

Indicator No.	Indicator	England	Leeds	Direction of Travel
3.a	Mortality from Communicable Diseases (including influenza)	10.2	8.8	Improving
3.b	Gonorrhoea - Diagnosis Rate	70.7	78.5	Worsening
3.c	HIV - New Diagnosis Rate	12.3	15.1	Worsening
3.d	Chlamydia - Detection Rate	1887	2433	No change
3.e	Tuberculosis incidence	13.5	12.7	Improving
3.f	Excess Winter deaths	15.6	18.1	No change
3.g	Fraction of Mortality attributable to particulate air pollution	5.3%	5.0%	No change

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

Notes:

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

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

Appendix 2

Director of Public Health Annual Report 2015

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix 3
Equality, Diversity, Cohesion and Integration Screening

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

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

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

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

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

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

3. Relevance to equality, diversity, cohesion and integration

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

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

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

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

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

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

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

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

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

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

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

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

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

- **Key findings**

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

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

- **Actions**

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

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

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

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

7. Publishing

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

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

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

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

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

This page is intentionally left blank

Leeds Health & Wellbeing Board

Report authors: Janet Wright, ASC & Norman Campbell, Leeds North CCG

Report of: Nigel Gray (Chief Officer, NHS Leeds North CCG)

Report to: The Leeds Health and Wellbeing Board

Date: 20 October 2016

Subject: Update on Transforming Care three year plan

Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

Work is ongoing across Leeds to implement the integrated strategic commissioning and delivery plan designed to deliver the Transforming Care Programme. The Transforming Care Programme is an 'all age' plan to close inpatient assessment and treatment beds, develop effective local services and reduce usage of out of area inpatient services including specialised commissioning. This is an NHS England requirement and is monitored extensively at government level. There is a three year project plan in place locally which is being overseen by a Transforming Care Executive Group (TCEG). NHS England has yet to confirm how the programme will be financed with clarification expected to be provided to local areas imminently.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the partnership work which is already happening to meet the requirements of the transforming care programme.
- Receive further reports on progress against the Transforming Care programme.

1 Purpose of this report

1.1 The purpose of this report is to provide an update on the Transforming Care Programme and follows on from previous reports to the Leeds Health and Wellbeing Board in March 2014 and June 2015.

1.2 The local plan is a 'must do' from NHS England and has been developed to address the national programme of work following the publication of the

Winterbourne View report (2012) and subsequently Transforming Care and Building the Right Support. The national plan "Building the Right Support" (2015) identifies that local areas develop an "all age" plan to close in-patient assessment and treatment beds, develop effective local services and reduce usage of out of area inpatient services including specialised commissioning. The plan is an integrated strategic commissioning and delivery plan designed to deliver the Transforming Care Programme.

1.3 The Transforming Care Programme supports Leeds to deliver on the five outcomes of the Leeds Health and Wellbeing strategy. It does this by ensuring that those people with the most complex learning disability and/or autism have choice and control over the lives they lead and there is the right community based health and social care services to support them to lead their lives outside hospital in-patient provision.

2 Background information

2.1 In 2011, a Panorama investigation broadcast on television exposed the abuse of patients in Winterbourne View, a learning disability hospital. As a response to this the minister for care and support gave the Local Government Association (LGA) and NHS England resources to set up a programme called the Winterbourne View Joint Improvement Programme (WVJIP). The purpose of which was to help local commissioners transform care in line with a vision to end any inappropriate hospital placements for people with learning disabilities by June 2014. The national failure to meet targets led to the publication of subsequent reports, Time for Change (2014) and Transforming Care for people with learning disabilities and/or autism in December 2015.

2.2 The Time for Change report recommendations include a focus on local commissioning plans, pooling of health, social care and housing budgets to draw up a long term plan for spending and funding to build up community services. Although initially, Transforming Care could be described as aspirational, it is now a 'must do'. NHS England, the Local Government Association and the Association of Directors of Adult Social Services (ADASS) published Building the Right Support, a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

2.3 To deliver the programme, NHS England divided Clinical Commissioning Groups (CCGs) nationally into Transforming Care Partnerships (TCPs) NHS Leeds CCGs are one TCP, the Senior Responsible Officer (SRO) is Nigel Gray, NHS Leeds North CCG and Shona McFarlane, Adult Social Care, Leeds City Council is the deputy SRO. Reporting on progress and data collection from NHS England is significant; currently there is a requirement to complete three templates a month. The programme of work is over a three year period from April 2016 to March 2019.

3 Main issues

3.1 This plan is about a very small percentage of the population of children and adults with learning disabilities and/or autism. Although this cohort is small in number, the cost to meet their care and support needs is significant. To give an indication, a placement can cost more than £10,000 per week.

3.1 At the time of writing, there are only 36 Leeds individuals in specialist hospital provision. Of this 36, 23 are people who are the commissioning responsibility of NHS England through its Specialist Commissioning Team. The remaining 13 are the responsibility of NHS Leeds CCGs. This figure is fluid as it includes people who have been admitted to a specialist hospital for a period of assessment and treatment. Individuals have been detained under a range of provisions within the Mental Health Act including Ministry of Justice orders.

3.2 The requirement from NHS England is to see a significant reduction in the number of specialist hospital beds across the country. Obviously, our plan is not just about reducing specialist hospital beds, but ensuring that wherever possible we prevent hospital admission. To this end, each Transforming Care Partnership is required to develop an 'at-risk of hospital admission register'. In Leeds, our register has identified 9 adults. The risk register is also in a fluid state and is reviewed monthly therefore the number deemed at risk may fluctuate. We are aware of 11 children aged between 14-18 however we are exploring how we can develop an all age dynamic risk register to bring together children, young people and adults, in line with suggested national good practice.

3.3 The following groupings help to illustrate some common needs amongst the diversity of the population that this service model is about, needs which could lead to hospital admission if not given the right support:

- Children, young people or adults with a learning disability and/or autism who have a mental health condition such as severe anxiety, depression, or a psychotic illness, and those with personality disorders, which may result in them displaying behaviour that challenges.
- Children, young people or adults with an (often severe) learning disability and/or autism who display self-injurious or aggressive behaviour, not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome and where there may be an increased likelihood of developing behaviour that challenges.
- Children, young people or adults with a learning disability and/or autism who display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system (this could include things like fire-setting, abusive or aggressive or sexually inappropriate behaviour).
- Children, young people or adults with a learning disability and/or autism, often with lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds (e.g. social disadvantage, substance abuse, troubled family backgrounds) who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.
- Adults with a learning disability and/or autism who have a mental health condition or display behaviour that challenges who have been in hospital

settings for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.

3.4 Our Plan

3.5 As required by NHS England, we have developed a three year route-map detailing how the Transforming Care Programme will be delivered in Leeds. The outcomes that we will achieve over the next three years are:

- Close 50% of the hospital beds used by people with complex learning disabilities and/or autism
- Prevent specialist hospital admissions where possible for people with complex learning disabilities and/or autism
- Develop effective pathways through transition for young people with complex learning disabilities and/or autism
- Ensure people with complex needs relating to their learning disability and/or autism can be supported in the community.

3.6 In order to support this process, a number of different work streams have been established in Leeds to oversee the development and implementation of the Transforming Care Programme on a local level. These are:

3.6.1 **Data and monitoring progress**: To ensure that up-to-date detailed information is available on those individuals affected by the programme, including and understanding of future demand.

3.6.2 **Finance:** To identify capital and revenue budgets available and ensure affordability of the programme, NHS England has yet to clearly define how funding transfers will happen from secure care provision.

3.6.3 **Access, pathways and processes:** To describe current pathways and access to services, and design new processes which ensure clear pathways to the right support.

3.6.4 **Buildings and facilities:** To determine assets available and future requirements to enable individuals to remain in Leeds in appropriate accommodation.

3.6.5 **Coproduction and engagement:** Central to Transforming Care is an emphasis on coproduction of plans. Given the needs of the individuals included in the programme, significant work will need to take place to ensure the delivery of this work stream.

3.6.6 **Workforce development:** To undertake a skills audit of the current local workforce and develop a workforce plan to meet any skills gaps.

3.6.7 **Stakeholder and communication:** To deliver and coordinate a communication and engagement plan across all stakeholders in easy read formats, and develop a plan on a page to support the briefing of stakeholders.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 The principles that underpin the Transforming Care Programme are:

- Shift in power - People with a learning disability and/or autism are citizens with rights, who should expect to lead active lives in the community and live in their own homes just as other citizens expect to. We need to build the right community based services to support them to lead those lives, thereby enabling us to close all but the essential inpatient provision.
- Coproduction - To do this people with a learning disability and/or autism and their families/carers should be supported to co-produce transformation plans, and plans should give people more choice as well as control over their own health and care services. An important part of this is through the expansion of personal budgets, personal health budgets and integrated budgets.
- Strong stakeholder engagement – providers of all types (inpatient and community based; public, private and voluntary sector) should be involved in the development of the plan, and there should be one coherent plan across both providers and commissioners. Stakeholders beyond health and social care should be engaged in the process (e.g. public protection unit, probation, education and housing) including people with direct experience of using inpatient services.

4.1.2 Delivering on these principles is central to our Transforming Care plan in Leeds. The level of complexity of need of the individuals affected by the plan requires significant input to ensure that they are meaningfully engaged. This will include working with advocates and delivering information in easy read formats. This activity is incorporated in two priority work streams – 'Coproduction and engagement' and 'communication'. This work has begun and will underpin the activity in all other work streams on the implementation.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 This report is based on a human rights approach to ensuring people with learning disabilities and/or autism are supported to have a lifestyle which offers the same opportunities as any other adult in the local community and feel safe and free from abuse.

4.2.2 The strategic commitment to ensuring, where possible, that people are supported to live in Leeds in community settings will promote both community cohesion and integration. It will also play a vital role in ensuring those within minority groups, such as people with learning disabilities and/or autism discharged from specialist hospitals are not disadvantaged and are able to be supported within Leeds.

4.3 Resources and value for money

4.3.1 As stated earlier in this report, the cost to meet the care and support needs of this cohort is significant. From the start of this programme, NHS England has stated that it expects this transformation to be cost neutral but in reality there is currently no assurance of this.

4.3.2 Although expected at any point, at the time of writing this report there has been no clarity as to how funding is to be calculated.

4.4 Legal Implications, Access to Information and Call In

4.4.1 This report meets the requirement from NHS England to make Health and Wellbeing Boards aware of the delivery of the Transforming Care Programme at t local level.

4.4.2 There are no access to information and call-in implications arising from this report.

4.5 Risk Management

4.5.1 A Transforming Care Executive Group (TCEG) has been established to oversee the local implementation. The aims of the group include the management of risk, the monitoring of progress, to ensure the voices of people included in the programme are heard, to hold to account officers involved in delivery and oversee the deployment of resources within the CCGs and Leeds City Council.

4.5.2 The TCEG will report activity to the Leeds Health and Wellbeing Board, the Leeds Integrated Commissioning Executive and the Leeds Learning Disability Partnership Board as and when required.

5 Conclusions

5.1 Work in ongoing across Leeds to implement the integrated strategic commissioning and delivery plan designed to deliver the Transforming Care programme.

5.2 The Transforming Care Programme is an ‘all age’ plan to close inpatient assessment and treatment beds, develop effective local services and reduce usage of out of area inpatient services including specialised commissioning.

5.3 This is an NHS England requirement and is monitored extensively at government level. There is a three year project plan in place locally which is being overseen by a Transforming Care Executive Group (TCEG).

5.4 NHS England has yet to confirm how the programme will be financed with clarification expected to be provided to local areas imminently.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the partnership work which is already happening to meet the requirements of the transforming care programme.
- Receive further reports on progress against the Transforming Care programme.

Leeds Health & Wellbeing Board

Report author: Mark Allman
Head of Sport

Report of: Dr Ian Cameron (Director of Public Health, Leeds City Council)

Report to: The Leeds Health and Wellbeing Board

Date: 20 October 2016

Subject: Leeds Let's Get Active Evaluation Findings

Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues
The Health and Wellbeing Board received an update report in September 2015 outlining the significant and successful impact that the Leeds Let's Get Active (LLGA) scheme has had in engaging people to be physically active. Additionally a further update regarding funding was presented in January 2016. This report provides a further update on LLGA by presenting an overview of the research and evaluation findings, prepared by Leeds Beckett University from Year 3 of the project (1st April 2015 –25th April 2016).

The project is shown to be effective at increasing physical activity levels and reducing sedentary behaviour among inactive individuals. Since its launch in September 2013, LLGA participants have now attended over 410,000 visits with 45% of these visits made by participants who were classified as inactive at baseline. The data collection for the Year 3 evaluation regarding wider lifestyle behaviours and long term conditions emphasises LLGA's potential to engage with individuals with wider Lifestyle Risk Factors and to be used as a vehicle for promoting wider lifestyle changes.

Recommendations
The Health and Wellbeing Board is asked to:

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

1 Purpose of this report

1.1 The purpose of this report is to present key findings and an outline of the evaluation report covering Year 3 of LLGA. This includes progress against targets which have the primary focus of supporting inactive people to become active for a minimum of 30 minutes per week. It will also illustrate how LLGA has engaged

with individuals with wider unhealthy lifestyles (current smoker, excessive alcohol consumption and lack of fruit and vegetables). It will demonstrate therefore how LLGA is helping the board to deliver the Leeds Health and Wellbeing Strategy key priorities to 'get more people, more physically active, more often' and to have 'a stronger focus on prevention'. Additionally the report illustrates how LLGA helps the board to reduce health inequalities by engaging with individuals from the most deprived areas of Leeds.

2 Background information

2.1 In 2013, Leeds City Council Sport and Active Lifestyles Service was successful in applying for £500k of Sport England funding from their "Get healthy get into sport" pilot grant programme. LLGA was one of 14 national pilots looking at different ways of increasing the activity levels of those who are currently inactive.

2.2 The Sport England £500k was matched by Public Health who also committed funding of £60k, continued from the previous Bodyline Access Scheme project, making the funding for the first 18 months (October 2013 – March 2015) of delivery £1,060,000.

2.3 Following the first 18 months of delivery, the project was extended following a re-profiling of the loss of income expenditure from years 1 and 2 and additional financial support from Public Health. This allowed for one full additional year of delivery which ended March 2016.

2.4 In January 2016 the Integrated Commissioning Executive agreed an additional 8 months funding for LLGA to allow the final Year 3 evaluation report to be produced in July 2016 and for a cost effectiveness analysis to be completed for the scheme. This funding is due to end on the 30th November 2016.

2.5 The LLGA scheme provides an offer that includes; free, universal access to all Leeds City Council Leisure Centres (which includes gym, swim and exercise class provision); free physical activity opportunities in local parks and community settings and a continuation of the Bodyline Access Scheme.

2.6 Members of the Board will be aware of the significant health and life expectancy inequalities which exist within Leeds. This project is contributing towards reducing these inequalities by increasing participation in physical activity, targeted at those who are presently inactive and doing less than 1 x 30 minutes of physical activity per week, and whilst providing a universal free offer, the offer is greatest in those areas with the highest need.

2.7 A report outlining progress in relation to the evaluation of years 1 and 2 of LLGA was previously presented to the board on the 30th September 2015 with a further update on 12th January 2016.

3 Main issues

3.1 A full evaluation report has been submitted by Leeds Beckett University – the research partner for LLGA. The report provides an overview of the findings from LLGA with results that have been generated for data that was collected from 1st

April 2015 –25th April 2016. A summary of the figures from the full evaluation report are provided below for the board.

3.2 The evaluation was captured through self-report questionnaires completed by participants signing up to LLGA. The single –item activity measure was used to capture activity data and data was gathered through XN, a leisure industry IT management system that provides data on attendance at LLGA. Participants signed up on-line or via paper-based questionnaires.

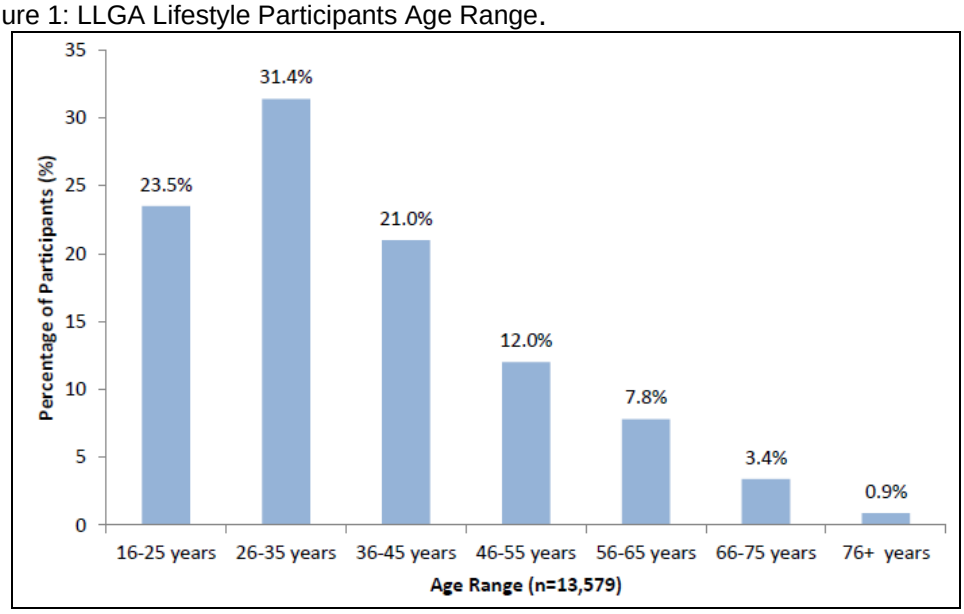
3.3 In addition, to help determine the reach of LLGA and to gather valuable intelligence about the impact of LLGA on lifestyle risk factors and long term conditions, self-reported data on demographics, long term conditions, lifestyle risk factors, wellbeing and height and weight was also captured within the evaluation for Year 3.

3.4 Key Achievements for LLGA:

3.4.1 Registration and demographics:

Since it began in September 2013 LLGA has recruited over 89,000 participants. The evaluation for Year 3 was based on 18,175 registered participants in that year (1st April 2015 –25th April 2016) and following data cleaning and validation, the subsequent analysis is centred on 13,579 participants of which 62% were female. Figure 1 illustrates the breakdown of participant's age range. The mean age was 37.

Figure 1: LLGA Lifestyle Participants Age Range.



Overall 22.3% of participants were classed as deprived (living within the top 20% of the most deprived areas in Leeds). Table 1 shows the top 5 postcodes for LLGA sign up by deprivation.

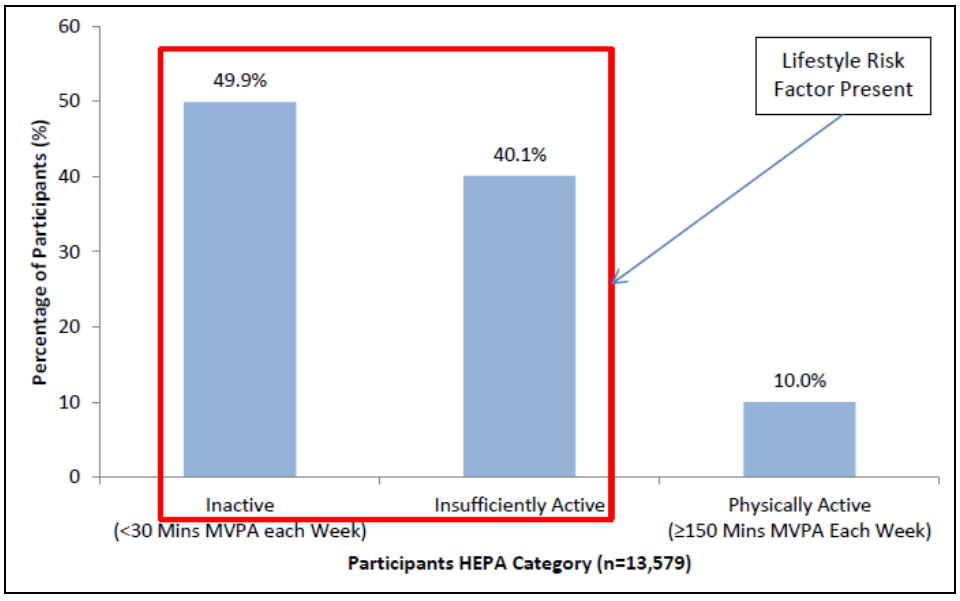
Table1: LLGA Lifestyle Participants Top 5 Postcodes for Sign- up by Deprivation.

Postcode	Local Area's	Proportion of participants	Proportion from Deprived areas
LS12	Armley, Farnley, New Farnley, Wortley	8.1% (n=1,093)	61.8% (n=591/957)
LS8	Roundhay, Oakwood, Gledhow, Harehills	6.2% (n=843)	0.0% (n=0/739)
LS13	Bramley, Rodley, Swinnow	5.7% (n=768)	41.6% (n=285/685)
LS28	Calverley, Farsley, Pudsey, Stanningley	5.3% (n=722)	3.8% (n=23/611)
LS11	Beeston, Beeston Hill, Cottingley, Holbeck	5.1% (n=690	68.2% (n=431/632)

3.4.2 Physical Activity Status

Current recommendations suggest that adults should undertake 150+ minutes of moderate intensity physical activity each week, equating to around five sessions of physical activity lasting 30 minutes or more each week. Based on activity scores from the single-item measure Figure 2 shows that 40.1% of LLGA sign ups were insufficiently active for health and 49.9% were inactive, therefore, 90.0% of participants presented physical activity as a Lifestyle Risk Factor.

Figure 2: LLGA Lifestyle Participants - Physical Activity Status



3.4.3 Lifestyle and Wellbeing Baseline Data

Chronic health conditions such as cancer, cardiovascular disease, diabetes and chronic respiratory disease are now grouped together in public health terms as non-communicable diseases; these conditions are thought to be underpinned by Lifestyle Risk Factors (current smoker, excessive alcohol consumption, insufficiently active and lack of fruit and vegetables).

Individual Lifestyle Risk Factors:

- 82.3% of participants did not consume enough fruit and vegetables each day.
- 19.3% of participants were current smokers.
- 45.7% of participants reported hazardous and/or harmful alcohol consumption.

Combinations of Lifestyle Risk Factors (LRF):

- 87.0% of participants reported LRFs in combination.
- 8.3% of participants presented all four LRFs simultaneously.
- 1.7% of participants reported a healthy lifestyle (zero LRFs).
- 43.4% of participants reported two LRFs. With 33.6% of participants reported lack of fruit and vegetables and insufficient physical activity. This was the most prevalent combination of two LRFs.
- 35.4% of participants reporting combinations of three LRFs. The combination of insufficient activity, a lack of fruit and vegetables and excessive alcohol consumption was the most prevalent.

Body Mass Index (BMI):

- 56.9% of participants presented an unhealthy BMI.
- Obese individuals were least likely to present a healthy lifestyle (no LRFs).

Long Term Conditions (LTCs):

- 19.7% of participants were diagnosed with a LTC in the last 12 months.
- 8.7% of participants presented with a mental health related condition.
- Participants reporting a LTC were twice as likely to report all four LRFs.

Wellbeing:

- 19.0% of participants reported their 'life satisfaction' as very low.
- 17.8% of participants reported their 'happiness yesterday' as very low.

3.4.4 Attendance Data and Participation at LLGA

For the period covered by the Year 3 evaluation (1st April 2015 –25th April 2016), there have been 34,962 visits to LLGA sessions.

- 57% of attendance came from the *'Swim'* option and 43% came from *'Bodyline Gym'* visits.

- On average 660 LLGA lifestyle participants engaged gym and swim sessions each week.

3.4.5 Inactive Participants Attendance at LLGA

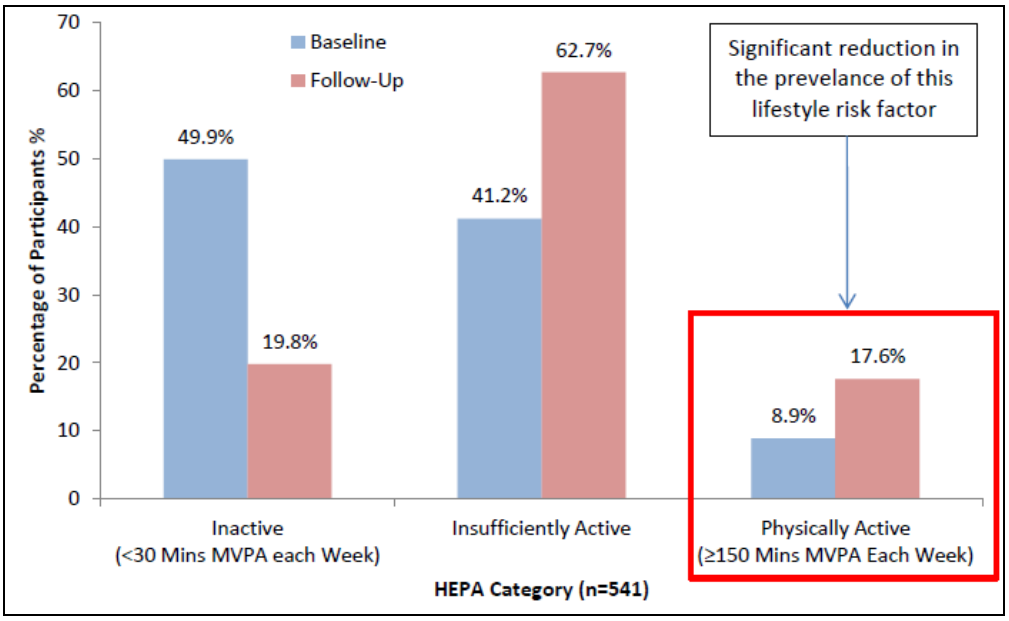
- In total, 45.6% LLGA visits were made by LLGA participants who were classed as inactive at baseline.
- Almost fourteen thousand visits to LLGA sessions were made by inactive participants.
- On average, around 296 inactive participants engaged in sessions each week.
- Among these inactive participants, male participants who were economically inactive and participant's from BME backgrounds attended the most sessions.
- 32.4% of inactive participants had attended at least one LLGA session.
- In total 83.4% of LLGA visits were made by participants who reported combinations of 2 or more LRFs.

3.4.6 Follow-Up Data (Impact Evaluation)

There was an overall reduction in the proportion of participants presenting Lifestyle Risk Factors (current smoker, excessive alcohol consumption, insufficiently active and lack of fruit and vegetables) with 25% of participants reducing the occurrence and combinations of Lifestyle Risk Factors profile from baseline to follow-up.

Figure 4 illustrates that there was 8.7% reduction in participants reporting physical activity as a Lifestyle Risk Factor.

Figure 4: Change in Physical Activity Status



In summary the university suggest the following key messages from their evaluation findings:

- Findings highlight the need for continued physical activity and lifestyle improvement opportunities across Leeds
- LLGA was able to reach a large proportion of health needy individuals across the social spectrum often unreached by other services.
- There are currently a lack of approaches and interventions that intersect multiple behaviours. Yet LLGA helped to improve and stabilise several of the most important lifestyle behaviours impacting mortality and morbidity.
- These findings show the potential benefits of LLGA and provide a rationale for its integration into a long term sustainable programme that helps to prevent and manage the foundational risk factors for non-communicable disease incidence.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 LLGA continues to engage a wide variety of stakeholders as part of the project delivery. Importantly the project team consider community groups already working with key target groups as being essential in ensuring that the project reaches those people who are inactive and based in the highest areas of deprivation as they will have some of the best communication channels. A series of workshops and events continue to be delivered as part of this holistic approach. In addition to this the project is also engaging directly with, for example, Sport Leeds, West Yorkshire Sport, Public Health, Children's Services, Adult Social Care, Resources (revenues and benefits).

4.1.2 In addition to a previous communication audit with Leeds Beckett University, LLGA has pooled resource with the National Governing Body Place Pilot (A project led by the Sport and Active Lifestyles service (S&AL) funded by Sport England) to commission a large scale insight report with the following objectives;

- Understand how to better engage inactive people in physical activity and sporting opportunities in Leeds.
- Understand how barriers to sport and physical activity can be removed.
- Understand how to better influence the range of emotional responses people have regarding physical activity.
- Understand supportive and engaging messages, channels and credible advocates for increasing physical activity in the inactive.
- Provide recommendations to S&AL service to help in responding, planning and the implementation of services to encourage an increase in activity levels with a focus on those currently inactive.

This insight work will support S&AL to better engage inactive people following in-depth qualitative research with large number of residents. This work has also incorporated focus groups and co-creation workshops to ensure projects are innovative and accessible with communication methods and channels working to maximum effectiveness.

4.1.3 The Scrutiny Board (Sustainable Economy and Culture) considered the LLGA Scheme proposals at its meeting on 16 July 2013 and received an interim report/update on 16 December 2014. Members of the Board strongly welcomed the scheme and its aims and objectives. They were pleased that the council has been successful in obtaining the funding for the pilot from Sport England and Public Health, and are keen to play a part in seeing the project succeed.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 LLGA has previously been screened for issues on Equality, Diversity, Cohesion and Integration as part of the Executive Board report on the 24th April 2013. In general, such considerations are integral to LLGA as one of the major aims of LLGA is to narrow health inequality, a key council objective. The screening noted:

- The pilot project is designed to provide more assistance to get active in more deprived communities.
- The free swim and gym offer will be doubled at Armley, Fearnville and the John Charles Centre for Sport – all measured as having the most deprived catchment areas among the council's leisure centres.
- The community offer and the pathways to the Bodyline offer will be focused on areas and individuals where the health need is highest.
- The free offer will be available to the whole population and across the whole council leisure centre portfolio.
- Consider whether some free sessions should be female only.
- Consider how access to free sessions is extended to disabled groups as far as possible and practical.

These notes have been actioned as the project has progressed.

4.3 Resources and value for money

4.3.1 Continuing this pilot on the same scale as previously was neutral to the council's budget in 2014/15. The budgeted cost for 2014/15 of £631k was met with £349k from Sport England (note, includes £28k that was not claimed in Year 1), £82k from Public Health, £40k from Public Health funding Bodyline Access Scheme and £160k in-kind officer time funded by the Council in its base 2014/15 revenue budget. LLGA ran in Year 3 based on a re-profile of £195k of Public Health money (Year 2) alongside an additional £145k additional support to build evidence base and enable delivery until the end of March 2016. And additional 8 months funding was provided by the Integrated Commissioning Executive to enable the Year 3 evaluation reports to be produced in July 2016 and for a cost effectiveness

analysis to be completed for the scheme. This funding is due to end on the 30th November 2016.

4.3.2 Cost effectiveness results from University of Leeds, Academic Unit of Health Economics.

In addition to the evaluation carried out by Leeds Beckett University the University of Leeds, Academic Unit of Health Economics conducted a review of population-level physical activity promotion programmes. Only economic papers matching the following criteria (mirroring Leeds Let's Get Active "free exercise" scheme) are reviewed and discussed:

1) Reviews including economic evaluations of UK-based interventions/ programmes that are aimed at changing/maintaining physical activity related behaviours solely through the promotion of physical activity.

2) Programmes oriented at whole populations or wide population sub groups of apparently healthy, community-based people. Programmes where individuals at risk were targeted and identified to participate (e.g.: typically in primary care settings, such as exercise referral schemes) were excluded.

3) Economic evaluations reporting incremental cost per Quality-Adjusted Life Year (QALY), Disability-Adjusted Life Year (DALY) or Return on Investment (ROI) estimates. Studies based only on cost-effectiveness, such as costs per change in unit of physical activity, were excluded.

The search identified three review papers meeting the selection criteria and altogether these included three relevant articles and are presented in Table 2.

Table 2: Economic studies identified in the selected review papers

Study reference	**Year**	**Study design / Population**	**Intervention detail**	**Comparator**	**Cost per QALY gained**	**Cost savings per participant***	**Time Horizon**	**Sensitivity analysis**
[9] (Munro et al. 2004)	2003 to 2004	Cluster RCT; (n=2283) aged 65 and over	Free exercise classes	No intervention	£ 12,192**	-	2 years	Different approaches to calculating cost per QALY from £ 3,365** to 23,098**
[10] (Pringle et al. 2010)	2004 to 2006	Model; (n=1000) aged 10-17	Free swimming activities	No intervention	£ 103	£ 2,111	not specified longer term	-
[8] (Frew et al. 2014)	2011	Model; on the whole city population aged 16 – 70 (n=~650,000)	Universal, free access to leisure centres	No intervention	£ 400	-	5 years	Time horizon 2 years: £ 2,100 / QALY gained

RCT=randomised controlled trial; QALY=Quality-Adjusted Life Year; *in terms of NHS savings: **converted from € (0.71 EUR-GBP exchange rate 01/2004)

4.3.3 In addition the University of Leeds conducted a preliminary cost-effectiveness analysis of the LLGA scheme using an existing economic modelling tool (MOVES version 02.2015; https://www.sportengland.org/sxls-login/). It allows analysts to input data on programme costs, mean activity levels (visits per week) given set levels of starting activity, proportions of males/females and age groups. It uses this data to provide cost per quality-adjusted life year (QALY) and return on investment (ROI) estimates, comparing the intervention with "no intervention". Table 3 includes the cost-effectiveness and ROI results. For both the 5 and 25 years' time horizon, the ICERs lie below the cost-effectiveness threshold of £20,000, but the ROI has a positive value only in the longer term. This means that LLGA is cost-effective. This trend is confirmed after testing the sensitivity of the main analysis assumptions.

On the basis of the results we can conclude that LLGA is cost-effective in attaining QALY gains, compared to no intervention and is cost saving in the longer term.

Table 3: Cost-effectiveness and Return of Investment Results

Analysis	**Time Horizon**	**Incremental costs**	**Incremental benefits** (QALYs)	**Cost-effectiveness estimate** (per QALY gained)	**Financial ROI*** (per £ 1 invested)	**Interpretation**
#1 Main analysis	5 years	£ 212,810	65	£ 3,274	- £0.51	LLGA cost-effective
	25 years	- £ 1,382,120	436	- £ 3,170	£ 3.36	LLGA cost-effective and cost saving
#1 Sensitivity analyses						
In-kind staffing cost included (£429,093)	5 years	£ 462,085	65	£ 7,109	- £ 0.70	LLGA cost-effective
	25 years	- £ 1,139,268	436	- £ 2,613	£ 1.63	LLGA cost-effective and cost saving
Starting activity level from moderately inactive to moderately active	5 years	£ 208,704	64	£ 3,261	- £ 0.51	LLGA cost-effective
	25 years	- £ 1,438,276	434	- £ 3,314	£ 3.45	LLGA cost-effective and cost saving
Alternative analyses						
#2	5 years	£ 341,360	16	£ 21,335	- £ 0.88	LLGA not cost-effective
	25 years	- £ 41,216	112	- £ 368	£ 0.10	LLGA cost-effective
#3	5 years	£ 177,284	164	£ 1,081	- £ 0.25	LLGA cost-effective
	25 years	- £ 4,080,993	1119	- £ 3,647	£ 5.70	LLGA cost-effective and cost saving
#4	5 years	£ 604,765	35	£ 17,279	- £ 0.85	LLGA cost-effective
	25 years	- £ 269,654	238	- £ 1,133	£ 0.38	LLGA cost-effective

4.4 Legal Implications, Access to Information and Call In

4.4.1 The provision of sport services by councils and their pricing or subsidy is not subject to statute so the main legal criteria are that these proposals are reasonable. The Board are reminded of the project development taking due regard to consultation on groups impacted. There is no access to information and call-in implications arising from this report.

4.5 Risk Management

4.5.1 The main financial risk is that the free offer diverts more paying customers than anticipated, widening the loss of income and reducing the space in pools for previously inactive newcomers. This would increase the cost and reduce the effect of the free swim part of the offer and it might have to be curtailed early to avoid loss to the council. To manage the risk the income loss and numbers of new participants continue be monitored for any disproportionate loss of income.

4.5.2 The main policy risk is that this pilot produces an expectation of free access to high cost facilities and activities at a public subsidy that cannot be sustained. To mitigate this risk, efforts will be made to offer additional paid sessions to new customers and to build up evidence of the benefits of the offer, so as to encourage future funding or sponsorship.

4.5.3 The risk of funding not being secured and ceasing. The Sport & Active Lifestyle Service are exploring sustainable options, but the pressures of austerity are making this extremely difficult.

5 Conclusions

5.1 LLGA has demonstrated that it has been effective at getting more people, more physically active, more often by increasing physical activity levels among inactive individuals, including those areas that have the highest health inequalities. The scheme continues to grow with over 410,000 visits being made and 45% of these visits made by participants who were classified as inactive at baseline.

5.2 Since its launch in September 2013, LLGA has recruited over 89,000 individuals and has captured valuable baseline and attendance data. The continued investment in LLGA for a third year has enabled valuable intelligence about self-reported demographics, lifestyle risk factors and long term conditions of its members to collated. LLGA has the ability to engage and communicate with all its members and therefore has the potential to be used as a vehicle for promoting wider lifestyle changes.

5.3 Cost analysis carried out by the University of Leeds concludes that LLGA is cost-effective in attaining Quality-Adjusted Life Year gains, compared to no intervention and appears to be cost-saving in the longer term.

5.4 LLGA is funded till the end of November 2016. Officers are exploring sustainable options but the pressures of austerity are making this extremely difficult.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

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