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Leeds
CITY COUNCIL

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

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Wednesday, 7th September, 2016 at 2.30 pm

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

MEMBERSHIP

Councillors

C Anderson	-	Adel and Wharfedale;
J Chapman	-	Weetwood;
M Dobson	-	Garforth and Swillington;
B Flynn	-	Adel and Wharfedale;
P Gruen (Chair)	-	Cross Gates and Whinmoor;
A Hussain	-	Gipton and Harehills;
J Pryor	-	Headingley;
B Selby	-	Killingbeck and Seacroft;
A Smart	-	Armley;
P Truswell	-	Middleton Park;
S Varley	-	Morley South;

Co-opted Member (Non-voting)

Dr J Beal - Healthwatch Leeds

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

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A G E N D A

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

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.	
5			**APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES** To receive any apologies for absence and notification of substitutes.	
6			**MINUTES - 26 JULY 2016** To confirm as a correct record, the minutes of the meeting held on 26 July 2016.	1 - 6
7			**MINUTES OF EXECUTIVE BOARD - 27 JULY 2016** To receive for information purposes the minutes of the Executive Board meeting held on 27 July 2016.	7 - 24

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8			**SCRUTINY INQUIRY - MEN'S HEALTH IN LEEDS** To consider a report from the Head of Scrutiny introducing details associated with the 'State of Men's Health in Leeds' report, published earlier in the year, and identified as a specific area for inquiry.	25 - 94
9			**SCRUTINY INQUIRY REPORTS: UPDATE** To consider a report from the Head of Scrutiny presenting an update on the scrutiny inquiry areas relating to the Third Sector and Primary Care.	95 - 114
10			**DATE AND TIME OF NEXT MEETING** Tuesday, **4 October 2016** at 1:30pm (Pre-meeting for all Board members at 1:00pm).	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
			THIRD PARTY RECORDING Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda. Use of Recordings by Third Parties – code of practice a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.	

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

TUESDAY, 26TH JULY, 2016

PRESENT: Councillor P Gruen in the Chair

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

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

15 Chair's Opening Remarks

The Board paid tribute to campaigning Yorkshire doctor Kate Granger who sadly passed away recently.

The Board also welcomed Councillor M Dobson to his first Board meeting of the 2016/17 municipal year.

16 Late Items

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

- Agenda item 9 – Supplementary information in relation to budget monitoring; Latest Executive Board report
- Agenda item 10 – Supplementary information in relation to the Better Lives Strategy in Leeds (Progress Update) – draft response; Board's draft response and comments from the Director
- Agenda item 12 – Supplementary information in relation to responses to the Scrutiny Board recommendations; Response from HealthWatch Leeds
- Agenda item 15 – Late item in relation to Care Quality Commission (CQC) Inspection Outcomes.

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

17 Declaration of Disclosable Pecuniary Interests

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

- Councillor M Dobson advised that he was Manager of a Neighbourhood Network.
- Councillor B Selby advised that one family member was employed within the local NHS and another family member was employed by the University of Leeds.

- Dr Beal advised that he held the post of Honorary Senior Lecturer in Dental Public Health with the University of Leeds

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

18 Apologies for Absence and Notification of Substitutes

An apology for absence was submitted by Councillor J Chapman.

19 Minutes - 28 June 2016

RESOLVED – That the minutes of the meeting held on 28 June 2016 be approved as a correct record.

20 Minutes of Executive Board - 22 June 2016

RESOLVED – That the minutes of the Executive Board meeting held on 22 June 2016, be noted.

21 Matters arising from the Minutes of Executive Board - 22 June 2016

Minute no. 7 – Review of the Long Term Community Support Service – next steps and Progress Report

The Board sought clarification regarding arrangements to cease the directly provided Long Term Community Support Service (LTCSS) and the development of alternative models of support.

The Board was advised by the Director of Adult Social Services that a dedicated transfer team had responsibility for identifying suitable alternative provision. The Director also advised the Board that residents were only transferred to provision that had been rated 'good' or above by the Care Quality Commission (CQC).

22 Chair's Update

The Chair provided a verbal update on recent scrutiny activity that was not specifically included elsewhere on the agenda.

The key updates were:

- Alzheimer's Society's latest publication - 'A Guide for Local Councillors' around transforming the lives of people with dementia. Subject to capacity, actions to be considered through the Scrutiny Board during the year.
- Men's Health – meeting held with Professor Alan White, author of the report on The State of Men's Health in Leeds, to discuss the potential role and scope of the Scrutiny Board's work.
    - Full report to be considered in October to identify some specific matters to examine in more detail. Suggestions based on

discussions to date included men's suicide and healthchecks for men.

- Kidney Patient Transport – a series of issues had been raised. Currently waiting for a further response form Yorkshire Ambulance Service (YAS), commissioners and LTHT before any decision on the next steps. Likely to involve a working group of the Scrutiny Board to consider:
  - The current and previous transport arrangements
  - The patient concerns raised (i.e. patient safety issues)
  - The responses from service commissioners and providers
  - Making recommendations to relevant NHS organisations (YAS, LTHT, Commissioners) based on the information received.

RESOLVED –

(a) That the Chair's update be noted.
(b) That the proposed further actions associated with Kidney Patient Transport discussed at the meeting be endorsed and supported by the Scrutiny Board.

23 Budget Monitoring

The Head of Scrutiny submitted a report which introduced the Financial Health Monitoring 2016/17 report presented to the Executive Board on 22 June 2016.

The following were in attendance:

- Councillor Rebecca Charlwood (Executive Member for Health Wellbeing and Adults)
- Cath Roth (Director of Adult Social Services)
- Dr Ian Cameron (Director of Public Health)
- Anne Hill (Head of Finance) – Adult Social Care.

The key areas of discussion were:

- Confirmation that the level of budget dependent on NHS partners was £3.9m. The Board was advised that due to budget pressures there was uncertainty about securing all of the funding. Alternative measures had been established, particularly focussing on a review of non-care spend.
- Development of homecare arrangements through joint working with housing colleagues. The Board was provided with an update on the Ordinary Lives Project which supported home based solutions.
- A suggestion that future reporting included further information around some of the key headings in the report.
- Clarification sought regarding reported underspend for public health budget. The Board was advised that public health had received a loan of £1.3m for 2016/17 from Council reserves and any underspend was to be offset against this amount.

- Concern about the impact of public health cuts on local communities, particularly in terms of equality, diversity and cohesion and integration.
- Greater scrutiny involvement needed regarding the impact of not undertaking public health initiatives in future.
- Clarification sought regarding the transfer of services to the third sector and TUPE arrangements in place.

RESOLVED –

(a) That the Board notes the Financial Health Monitoring 2016/17 report presented to the Executive Board on 22 June 2016
(b) That the Board be provided with clarification regarding the transfer of some services to the third sector and details about TUPE arrangements in place.

24 Care Quality Commission (CQC) - Inspection Outcomes

The Head of Scrutiny submitted a report which presented the outcomes of recently reported Care Quality Commission (CQC) inspection reports in relation to Health and Social Care organisations within the Leeds boundary.

The following were in attendance:

- Councillor Rebecca Charlwood (Executive Member for Health Wellbeing and Adults)
- Cath Roff (Director of Adult Social Services)
- Shona McFarlane (Chief Officer: Access and Care Delivery) – Adult Social Services, Leeds City Council).

The key areas of discussion were:

- Concern that ‘requires improvement’ was a broad judgement that required more detailed explanation.
- Greater focus needed on key themes and emerging issues.
- The relationship between the CQC and the Council’s Contracts Assurance Team.
- Any relationship between the size of care facilities and inspection outcomes.

RESOLVED – That the Board notes the inspection outcomes for health and social care providers across Leeds, and the information discussed at the meeting.

(Councillor A Hussain joined the meeting at 2.25pm during the consideration of this item.)

25 Better Lives Strategy in Leeds (progress update) - draft response

The Head of Scrutiny submitted a report which introduced a draft response following more detailed consideration of the Better Lives Strategy in Leeds

(progress update) which had been presented to the Board meeting in June 2016.

The following were in attendance:

- Steven Courtney (Principal Scrutiny Adviser), Scrutiny Support
- Cath Roth (Director of Adult Social Services)

The key areas of discussion were:

- A suggestion to include further information in the Board's response regarding the measures in place to address proposed closures.
- Clarification sought about future provision, specifically in relation to Siegen Manor Care Home. The Board was advised that there had been specific discussions regarding the development of extra care provision in the Morley area of the City.
- The Board's role in monitoring future progress, particularly in relation to extra care and staffing arrangements.
- An emphasis on the re-use or disposal of surplus buildings.
- Concern about the limited timescale available for the Board to give detailed consideration to the directorate's additional / further briefing paper provided at the meeting.

RESOLVED –

(a) That the Board notes the draft response to the Better Lives Strategy in Leeds (Progress Update) presented at the meeting.
(b) That subject to the minor amendments discussed for inclusion, the Board's draft response be agreed for submission to the Director of Adult Social Services.

26 Leeds Academic Health Partnership

The Head of Scrutiny submitted a report which presented the Executive Board report on Leeds Academic Health Partnership for consideration by the Scrutiny Board.

The following were in attendance:

- Councillor Rebecca Charlwood (Executive Member for Health Wellbeing and Adults)
- Paul Bollom (Chief Officer Health Partnerships) – Adult Social Care
- Colin Mawhinney (Head of Innovation) – Leeds Health Partnerships

The Board received a presentation regarding development of a Leeds Academic Health Partnership.

The key areas of discussion were:

- An acknowledgment of the complexities regarding existing structures.

- Proposals for a workforce academy, development of training pathways and opportunities.
- More information needed about proposed public engagement activities and work with schools.
- Governance arrangements for the work and decision-making of the partnership.
- The need to ensure that membership of the group was reflective of local communities.
- The important role of the third sector.
- The need to identify clear measures to assess the benefits of work being undertaken.

RESOLVED – That the Board notes the details presented in the Executive Board report.

(Councillor B Flynn left the meeting at 3.40pm during the consideration of this item.)

27 Responses to Scrutiny Board recommendations

The Head of Scrutiny submitted a report which introduced responses to the Scrutiny Board recommendations following its inquiry reports in relation to Cancer Waiting Times in Leeds and Bereavements.

RESOLVED – That the Board notes the responses provided and the associated actions, approach and proposed timescales.

28 Work Schedule

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

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

29 Date and Time of Next Meeting

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

(The meeting concluded at 4.05pm)

EXECUTIVE BOARD

WEDNESDAY, 27TH JULY, 2016

PRESENT: Councillor J Blake in the Chair

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

33 Declaration of Disclosable Pecuniary Interests

There were no declarations of Disclosable Pecuniary Interests made at the meeting, however a comment with regard to interests was made at a later point in the meeting (Minute No. 35 refers).

34 Minutes

RESOLVED – That the minutes of the meeting held on 22nd June 2016 be approved as a correct record.

CHILDREN AND FAMILIES

35 Investment in new Social, Emotional and Mental Health Specialist Provision for Children and Young People

Further to Minute No. 93, 18th November 2015, the Director of Children's Services, the Director of Adult Social Services and the Deputy Chief Executive submitted a joint report which presented proposals regarding investment in Social, Emotional and Mental Health (SEMH) provision. The report outlined key statutory duties, the national policy framework, together with the costs and benefits of the main options being considered. In addition, the report provided details of the proposed construction programme and sought approval of the relevant injections into the capital programme and related authority to spend.

Members welcomed the investment which was proposed and the fact that such proposals would enable children and young people to remain in the city, rather than having to travel outside of Leeds to receive such provision.

Responding to an enquiry, the Board received assurances around the priority which was being given to ensuring that the proposals would meet the bespoke needs of service users.

In commenting upon the report, Councillor Golton drew the Board's attention to his role as a school governor, and given the issues that he had experienced with partners delivering a construction programme as part of that role, he sought assurances around ensuring the high quality of the design, together with the monitoring of associated costs. In response, officers provided the Board with the relevant assurances on such matters.

RESOLVED –

(a) That the case for change to SEMH provision, as detailed within the submitted report, be endorsed;

(b) That the injection of £16,469.2k of Departmental Borrowing into the Capital Programme be approved;

(c) That the injection of £12,212k of Leeds City Council Borrowing into the Capital Programme be approved;

(d) That the principle of ring-fencing capital receipts from the sale of Elmete Behavioural, Emotional and Social Difficulties (BESD) Specialist Inclusive Learning Centre (SILC), Burley Park Pupil Referral Unit (PRU) and the Meanwood Centre be agreed, subject to a dispensation being granted by the Department for Education for the use of any such receipts;

(e) That the authority to spend £45m be approved, subject to individual Design and Cost Reports being brought forward at appropriate design freeze stages for approval by the Learning Places Programme Board;

(f) That it be noted that the Deputy Director for Children's Services is responsible for the oversight of this programme.

36 Outcome of consultation to increase learning places at Beecroft Primary School

The Director of Children's Services submitted a report regarding a proposal to increase learning places at Beecroft Primary School, brought forward to meet the local authority's duty to ensure sufficiency of school places. The report detailed the outcome of the consultation regarding the proposal and which sought permission to publish a statutory notice in respect of such proposals.

RESOLVED –

(a) That the publication of a Statutory Notice to permanently expand Beecroft Primary School from a capacity of 210 pupils to 315 pupils with an increase in the admission number from 30 to 45 with effect from September 2017, be approved;

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

37 Outcome of Statutory Notices to increase learning places at Low Road Primary School and Cottingley Primary Academy

The Director of Children's Services submitted a report regarding proposals to increase learning places at Low Road (Community) Primary School and Cottingley Primary Academy, brought forward to meet the local authority's duty to ensure sufficiency of school places, and which supported the Best Council Plan priority to improve educational achievement and close achievement gaps. The report was divided into two parts in order to describe

the outcome of each of the statutory notices and which sought final decisions on each of the proposals.

RESOLVED –

(a) That the proposed expansion of Low Road (Community) Primary School from a capacity of 140 pupils to 210 pupils with an increase in the admission number from 20 to 30, with effect from September 2017, be approved;

(b) That the proposed expansion of Cottingley (Academy sponsor led) Primary Academy from a capacity of 315 pupils to 420 pupils with an increase in the admission number from 45 to 60, with effect from September 2017, be approved;

(c) That it be noted that the responsible officer for the implementation of such matters is the Sufficiency and Participation Lead.

38 Outcome of consultation to increase learning places at Hunslet St Mary's Church of England Primary School

The Director Children's Services submitted a report providing details of a proposal to increase learning places at Hunslet St. Mary's Church of England Primary School which had been brought forward to meet the local authority's duty to ensure sufficiency of school places, and which supported the Best Council Plan priorities to improve educational achievement and close achievement gaps. The report sought permission to publish a statutory notice in respect of such proposals.

RESOLVED –

(a) That the publication of a Statutory Notice to expand Hunslet St Mary's Church of England Primary School from a capacity of 210 pupils to 315 pupils, with an increase in the admission number from 30 to 45, with effect from September 2017, be approved;

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

39 Regionalisation of Adoption

The Director of Children's Services submitted a report providing information on the adoption reform proposals contained within the Education and Adoption Act 2016 and which outlined the collaborative work which was being undertaken with other Local Authorities and Voluntary Adoption Agencies in order to develop a new model of delivering adoption services in the Yorkshire and Humber region.

Members welcomed the proposals detailed within the submitted report and paid tribute to all those involved for the significant work which had been undertaken on this initiative to date. In addition, emphasis was placed upon the positive outcomes for children and young people which could be achieved from the collaborative approach being taken.

RESOLVED –

(a) That the proposals towards progressing the arrangements for establishing a Regional Adoption Agency and the creation of a West Yorkshire Adoption Agency, be supported and endorsed;

(b) That agreement be given to the proposition that Leeds City Council becomes the host authority for the agency;

(c) That the above resolutions be agreed, subject to the satisfactory resolution of the following:

- The appointment of a joint committee with appropriate membership, terms of reference and rules of procedure;
- The appointment of a management board including the West Yorkshire local authorities and third sector organisations through a partnership agreement;
- Proposed delegation of functions from the Joint Committee to the lead officer within the West Yorkshire Adoption Agency with regard to the recruitment and assessment of adopters, adoption panels, family finding and adoption support;
- The transfer of staff from other Local Authorities into Leeds City Council;
- The establishment of a budget for the new agency and a funding formula to reflect each Local Authorities contribution to the regional agency budget;
- Establishment of the commissioning needs of the new agency and the ICT requirements;
- The creation of an organisational unit within Leeds City Council for the new West Yorkshire Adoption Agency. The lead officer for this will be the Director of Children's Services and the unit will sit within Children's Services;
- Agreement that the Director of Children's Services will continue to work with the participating authorities in order to progress these matters.

COMMUNITIES

40 Empty Homes Strategy: Filling the Void 2016-19

The Director of Environment and Housing submitted a report providing an update on the progress made by the Empty Homes Strategy, and which sought approval for the Private Sector Housing Service to undertake a further 3 years of activity in Holbeck, with the aim of returning empty homes back into occupation.

Members welcomed the positive impact of the strategy to date, together with the proposal to continue to target empty homes within Holbeck for a further 3 years. In addition, the Board paid tribute to the work undertaken by the community led housing sector in this area.

Responding to an enquiry as to whether the strategy could be extended to other areas of the city, Members were informed of the criteria which had been used to identify the communities targeted to date, and that further work would

be undertaken in due course for Members' consideration, which could be used when considering the potential of other locations in the future.

RESOLVED – That approval be given for the Private Sector Housing Service to continue to target empty homes within Holbeck for a further 3 years.

ECONOMY AND CULTURE

41 Leeds City Council's Initial Response to the Referendum on the UK's Membership of the European Union

The Chief Executive submitted a report which presented the steps that Leeds City Council, working closely with partners, were taking in order to support people, growth, businesses, and key institutions across the city following the EU Referendum.

Emphasis was placed upon the vital role of the Council, working with partners across all sectors, in moving Leeds forward following the referendum result. Also highlighted was the strength and resilience that the city had shown in the past and would continue to show in the future. The Board also provided reassurance that all citizens and communities of Leeds, regardless of their nationality, were welcome in the city. It was also acknowledged that whilst there would be uncertainty as a result of the referendum result, such circumstances would also present opportunities for the city and the wider region.

Members highlighted the need for Leeds' viewpoint to be robustly represented in any post referendum discussions, and it was noted that the Leader had spoken to the Secretary of State for Communities and Local Government and had also written to the Prime Minister on such matters. It was also highlighted that consideration needed to be given to the ways in which it could be ensured that all citizens felt that their viewpoints were listened to and that they did not feel marginalised.

RESOLVED – That the following be approved:-

(a) That the Chief Officer Economy and Regeneration be requested to identify the impact of the economic uncertainty on major development projects, and measures that could be undertaken by the Council working with the Leeds City Region Enterprise Partnership (LEP) and the West Yorkshire Combined Authority to de-risk existing schemes, and to bring forward new projects in order to take advantage of the positive exchange rate;

(b) That the case be made to Government to secure the European Structural Investment Funding (ESIF) which is committed to Leeds City Region over the remainder of the period the UK is a member of the EU, and once the UK leaves the EU, for funding to replace the European Funds earmarked for the city region;

(c) That the Chief Officer Economy and Regeneration be requested to put in place strengthened Key Account Management mechanisms for

supporting businesses, particularly those where there is a potential risk of disinvestment, and key institutions in the city that could be affected by changes in EU funding, and their ability to recruit staff from across the EU;

(d) That the Chief Officer Economy and Regeneration be requested to set up a standing task force in order to respond to any major disinvestment and redundancies, by providing support for people to find alternative jobs, and seeking to attract investment to sites that become available;

(e) That the Council continue to promote a tolerant, open and inclusive city, providing information and advice to people on the implications of 'Brexit' and reassuring them that they are welcome to live and work in Leeds, whilst also monitoring and seeking to tackle any community tensions;

(f) That the Council continue to make the case for increased devolution in order to ensure that Leeds and the City Region have the powers and resources to respond to changing economic circumstances, and to do so in a way that connects local people better with the making of decisions that affect their lives;

(g) That actions be taken to enhance the image of Leeds on the global stage as an outward-looking, diverse and international city by continuing to promote inward investment in Leeds, attracting international visitors, strengthening existing international partnerships and reaffirming the Council's support to the bid for Leeds to become European Capital of Culture in 2023. (If the UK is not eligible for a Capital of Culture (which is only one of a number of possibilities), consideration be given to the potential for a major international cultural festival being held in order to bring people together and promote Leeds internationally).

42 Compassionate City with a Strong Economy: Financial Strategy

The Deputy Chief Executive submitted a report which presented an approach and timetable for updating the Council's medium term financial strategy, taking into account the Government's spending plans together with issues such as increased demand upon Council services and cost pressures. The report highlighted the scale of the challenges faced and the potential impact of such challenges, in advance of a more detailed report being submitted to the Board in September 2016.

In presenting the report, the Leader reiterated the scale of the challenge which was being faced by the Council, highlighted the difficult decisions which continued to be taken to address the challenge and acknowledged the potential implications of such decisions. At the same time, it was emphasised that the Council's continued commitment for Leeds to be a compassionate city would remain at the heart of such decision making.

In noting that the intention was to present an updated financial strategy to the Board in September in order to inform the Board's decision on whether or not to accept the 4 year settlement, it was suggested that enquiries be made with the Treasury as to whether a decision on this could be deferred until after the details of the Autumn statement had been announced. In response, it was undertaken that enquiries on this would be made with relevant parties, including the Local Government Association.

Members discussed the ways in which the Council would need to operate differently in the future, and responding to comments made, a Member placed emphasis upon the need for the Council to work with communities in order to enable them, where appropriate, to become further involved in the delivery of service provision.

The Board paid tribute to the valuable work which had been undertaken by the Scrutiny Board (Strategy and Resources) in respect of fees and charges.

In conclusion, it was noted that Board Members would be kept updated on such matters.

RESOLVED –

(a) That the medium-term financial challenge and the Government's proposed four-year funding settlement for those local authorities choosing to accept this offer, be noted. That it also be noted that the Deputy Chief Executive will present an updated medium-term financial strategy at the Board's September 2016 meeting as part of the decision on whether or not to accept this four-year settlement;

(b) That the service and policy review work currently underway which is aimed at continuing to deliver the Best Council Plan ambition of tackling poverty and inequalities, whilst at the same time addressing the challenges of increasing demand, reducing resources and the particular pressures on the council's 2017/18 budget, be noted;

(c) That the Board's thanks be expressed to Scrutiny Board (Strategy and Resources) for its work on the issue of fees and charges and that the progress made against the Scrutiny Board's recommendations, approved by the Executive Board in February 2016, be noted;

(d) That the potential implications for the Council's workforce, as set out within the submitted report, together with the indicative timescales presented in Appendix 2, be noted.

(Councillor Yeadon joined the meeting during the consideration of this item)

43 Leeds Innovation District

The Director of City Development submitted a report which presented the potential for developing the concept of an "innovation district" for Leeds. The report provided background information about innovation districts and detailed how the development of one in Leeds could be beneficial for the city. Finally,

the report sought approval to undertake a range of short and medium term activities in order to develop the concept further.

Members welcomed the proposals detailed within the submitted report and the positive outcomes that such a development could bring to the city. Members also welcomed the enabling role which the Council was playing in this initiative.

RESOLVED –

(a) That the formation of a partnership between Leeds City Council, University of Leeds, Leeds Beckett University and Leeds Teaching Hospitals Trusts be supported in order to further develop the concept of an innovation district for Leeds;

(b) That it be agreed that the Director of City Development allocates funding from existing City Development directorate budgets, in order to progress the masterplan, strategy and branding work over the next six to nine months on the basis that the other key partners would contribute;

(c) That it be agreed, that as part of the masterplanning work: planning policy and the approach to highways and transport are considered and reviewed where necessary;

(d) That it be agreed that the branding and marketing work is carried out and that an investment proposition is developed.

44 Transfer of Hurst Bequest to Leeds Art Fund

The Director of City Development submitted a report regarding the proposed transfer to the Leeds Art Fund of the balance from a bequest received by the Council in 2011 from Mrs. Patricia Hurst, subject to an agreement being reached between all relevant parties.

Responding to a specific enquiry, it was noted that the items which had been purchased to date using the bequest had been with the agreement of Lieutenant Colonel and Mrs Hurst's niece and focussed on items that were available in the market and augmented Leeds' existing collections.

Also responding to an individual request that consideration be given to this matter being referred to the relevant Scrutiny Board, it was undertaken that the Member in question be provided with a detailed briefing on the matter.

RESOLVED –

(a) That subject to an appropriate agreement being entered into with the niece of the late Lieutenant Colonel and Mrs Hurst and Leeds Art Fund, the balance of the bequest be transferred to Leeds Art Fund;

(b) That approval of the terms of the agreement (as referenced in resolution (a)) be delegated to the Chief Officer (Culture and Sport), in consultation with the Chief Officer (Financial Services) and the City

Solicitor, with such an agreement addressing, amongst other things, the following issues:

- the Council being released from any ongoing obligations in respect of the management of the bequest;
- the use of the bequest by Leeds Art Fund going forward; and
- the ownership being retained by the Council of the objects which have already been acquired using the bequest.

(c) That Councillor A Carter be provided with a detailed briefing on this matter.

(The resolutions detailed within this minute were not subject to the Call In process as they were decisions made on behalf of the Council as the trustee of the bequest rather than in pursuance of the Council's statutory powers).

EMPLOYMENT, SKILLS AND OPPORTUNITY

45 Equality Improvement Priorities Progress Report 2015 - 2016

The Assistant Chief Executive (Citizens and Communities) submitted a report which presented the annual progress achieved against the Council's Equality Improvement Priorities for the period 2015 – 2016. The report also outlined the refreshed Equality Improvement Priority for Adult Social Care and also a new priority for Environment and Housing.

Members welcomed the content of the progress report and specifically thanked the Council's Equality Champions for the significant work which they continue to undertake in this area.

RESOLVED –

(a) That the contents of the submitted report be noted;

(b) That the Equality Improvement priorities annual report for 2015 – 2016, as appended to the submitted report, be endorsed;

(c) That the refreshed Equality Improvement Priority for Adult Social Care and the new priority for Environment and Housing be approved.

RESOURCES AND STRATEGY

46 Best Council Plan Annual Performance Report 2015/16

The Deputy Chief Executive submitted a report which presented the Best Council Plan (BCP) Annual Performance Report for 2015-16 and which reviewed the Council's performance in delivering each of the six strategic BCP objectives.

Responding to a Member's comments, it was highlighted that the BCP was an effective way of monitoring the Council's performance and identifying those areas where the authority was performing well together with those areas where improvement was needed. Also in respect of performance monitoring, it was noted that following the recent Local Government Association Peer

Review, it was intended that a report on the review's findings be submitted to a future Executive Board for Members' consideration.

RESOLVED –

(a) That the draft annual performance report, as appended to the submitted report, be received;

(b) That the progress made against the 2015/16 Best Council Plan objectives, be noted;

(c) That it also be noted that further design work will take place and that some of the statistics included may change between this draft and the final design version being published as full-year results are finalised.

47 Financial Health Monitoring 2016/17 - Quarter 1

The Deputy Chief Executive submitted a report presenting the Council's projected financial health position for 2016/17 as at the conclusion of Quarter 1. In reviewing the current position of the budget, the report also highlighted potential key risks and variations after the first quarter of the year.

RESOLVED – That the projected financial position of the authority be noted.

48 Capital Programme 2016-2020 Quarter 1 Update

The Deputy Chief Executive submitted a report providing an update on the Council's capital programme as at end of June 2016. The report included an update of capital resources, progress on spend and a summary of the economic impact of the capital programme.

RESOLVED –

(a) That the injection of £0.44m in relation to Capital Receipts to be utilised by Ward Councillors under the Capital Receipts Incentive Scheme (CRIS), as detailed at Appendix C of the submitted report, be approved;

(b) That the latest position on the General Fund and HRA capital programmes, be noted.

49 Annual Risk Management Report

The Deputy Chief Executive submitted a report providing an update on the Council's most significant corporate risks and which summarised the arrangements in place to manage them, whilst also highlighting the further associated work planned.

RESOLVED – That the annual risk management report, as detailed within the submitted report, together with the assurances provided on the Council's most significant corporate risks, be noted.

50 Growing the Leeds Digital Economy

The Director of City Development submitted a report regarding the growth of the digital sector in Leeds and the work being undertaken to support and

promote this sector. In addition, the report also sought approval to delegate powers to the Director of City Development in order to build a Tech Hub.

In considering the report, the Board received information regarding the ongoing actions being taken to increase the digital skills base in Leeds.

Responding to an enquiry, the Board received a brief update on the achievements in this field to date. In addition, with regard to the specific details around the development of a Tech Hub, it was noted that further work would be undertaken around such proposals and submitted to the Board for consideration in due course.

RESOLVED –

(a) That the Leeds Digital Skills Action Plan be endorsed, together with the Council's approach to procuring sector specialists to lead on this, with a view to moving to a model where it is entirely funded by the sector;

(b) That the success of the Leeds Digital Festival be acknowledged and that support continues to be offered as this becomes an annual event, with continued support also being offered to the Leeds Digital Board and the work it does to promote the sector;

(c) That the £3.7m grant from Department for Culture, Media and Sport be accepted, and that the injection of the grant into the capital programme be approved;

(d) That the Chief Officer Economy and Regeneration be requested to work up proposals for a Tech Hub in Leeds, for consideration by Executive Board later in 2016;

(e) That the Chief Officer Economy and Regeneration be requested, in consultation with the relevant Executive Member, to develop a proposal to support the existing FutureLabs pop up in the short to medium term;

(f) That the Chief Officer Economy and Regeneration be requested to work up proposals and submit them to Executive Board for supporting the growth of fintech businesses in Leeds, with the aim of developing Leeds as a centre of expertise for cybersecurity, and for Leeds to become a hub for innovation in Blockchain and distributed ledger technologies.

REGENERATION, TRANSPORT AND PLANNING

51 South Bank Regeneration Framework and Leeds Station

The Director of City Development submitted a report which presented details of the South Bank Regeneration Framework, provided an update on the status of work on the Leeds Station and which sought approval to undertake comprehensive public consultation on the framework, the next steps on the HS2 Growth Strategy and also to develop a reference case design for the Leeds Station.

The Board welcomed the submitted report. In addition, Members highlighted the need for the associated consultation exercise to be comprehensive, with due consideration being given to the responses which were received.

RESOLVED –

(a) That the ambitions for the South Bank and Leeds Station be supported, and that the Director of City Development be requested:-

(i) To undertake a three month public consultation exercise on the South Bank Regeneration Framework and associated city centre transport proposals, to commence in August 2016;

(ii) To develop the HS2 Growth Strategy, as per the proposals contained in paragraph 3.10 of the submitted report, including a delivery and funding plan to deliver proposals contained within the framework;

(iii) To develop, in partnership with others, a single reference case design for Leeds station, which includes the opportunity to phase improvements and consider how third party funding could help deliver change;

(b) That the Chief Planning Officer be requested to review the Council's South Bank Supplementary Planning Document and policy framework relating to taller buildings in the South Bank, with a view to recommending how the framework may facilitate updates or changes to existing policies;

(c) That an injection of a £575,000 loan from the West Yorkshire Combined Authority into the Council's Capital Programme be approved, in order to fund the ground remediation to four sites off Bath Road;

(d) That it be noted that the Director of City Development is responsible for the implementation of such matters, and that it be requested that a further report on these issues be submitted to Executive Board later in 2016.

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

52 Aire Valley Leeds Area Action Plan - Submission Draft

Further to Minute No. 21, 15th July 2015, the Director of City Development submitted a report which provided an update on the progress of the Aire Valley Leeds Area Action Plan (AVLAAP) submission draft, which sought agreement to the content of the 10th May 2016 Development Plan Panel report (as detailed at Appendix 1) and which sought approval to recommend to full Council that the 'Submission Draft' of the Aire Valley Leeds Area Action Plan as appended (which included the Sustainability Appraisal Report and the addendum) be submitted to the Secretary of State for Examination.

RESOLVED –

(a) That the contents of the 10th May 2016 Development Plan Panel report, as detailed at Appendix 1 to the submitted report, be agreed. (The Development Plan Panel report detailed: 1) officer responses to representations to the publication draft Aire Valley Leeds Area Action Plan consultation; 2) proposed pre-submission changes to the Publication draft AVLAAP and Sustainability Appraisal; and 3) the process of technical and Background Paper amendments to the documents which will support the plan and form the Submission documents for the Planning Inspectorate);

(b) That it be recommended to full Council that the 'Submission Draft' of the Aire Valley Leeds Area Action Plan (including the Sustainability Appraisal Report and addendum, as appended to the submitted report), be submitted to the Secretary of State for Examination. (The 'Submission Draft' was appended to the submitted report along with a consolidated schedule of pre-submission changes);

(c) That it be noted that the Aire Valley Leeds Area Action Plan has been prepared by officers within the Plans and Policies Group under the direction of the Head of Strategic Planning, and that following Executive Board and Council approval (should this be given), the plan will be submitted to the Secretary of State for Examination by an independent Inspector. It also be noted that an Examination in Public could occur as early as December 2016 and will be resourced by officers from within Plans and Policies Group;

(d) That the process of technical and background paper amendments to the documents, which will support the plan and form the Submission documents for the Planning Inspectorate (as outlined in paragraph 3.5 of the submitted report), be agreed.

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

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

53 Consideration of an Award of Grant Funding to Yorkshire County Cricket Club to contribute towards the Redevelopment of the North-South Stand at Headingley Stadium

The Director of City Development submitted a report which sought approval to the award of grant funding of £4m to Yorkshire County Cricket Club (YCCC), as a financial contribution towards the redevelopment of the North-South stand at Headingley Stadium, for the purpose of securing four World Cup Cricket Matches in 2019 and ensuring the 'Category A' status of the ground

leading to the award of a new Staging Agreement for the hosting of International Cricket matches in Yorkshire from 2020 onwards.

In considering the submitted report, Members discussed the importance of Headingley Stadium maintaining 'Category A' status and the wide range of benefits it brought to the city and the region. During the discussion, a concern was raised around the principle of the Council providing a grant, rather than a loan to YCCC, whilst also, responding to a further concern, clarification was provided that the proposals detailed within this report were separate from any ongoing planning submissions, and the consideration of this report did not pre-suppose the outcome of any such planning submissions.

Responding to a request, it was highlighted that should the grant be agreed, in addition to the Council retaining a place upon the Board of the Yorkshire Cricket Foundation, further work be undertaken with YCCC with a view to securing further commitment around the provision of associated community and cohesion work being undertaken by YCCC and/or Yorkshire Cricket Foundation.

In conclusion, the clarification provided earlier in the discussion was further reiterated, in that the proposals detailed within this report were separate from any ongoing planning submissions, which would be a matter for the relevant Plans Panels to determine.

RESOLVED –

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

(b) That the following be approved:-

(i) The award of a grant of £4 million to Yorkshire County Cricket Club, which will be used exclusively towards the redevelopment of the North-South stand at Headingley Stadium in order to ensure the hosting of four 2019 Cricket World Cup matches and the retention of YCCC 'Category A' status and the award of a new staging agreement from 2020-2022; and which will be subject to:-

(ii) The entry by the Council into a grant agreement with Yorkshire County Cricket Club based on the draft Heads of Terms, as detailed in the appendix to the submitted report;

(iii) The settlement of the final terms of the agreement (as referenced in resolution (ii) above) being delegated to the Director of City Development.

(Under the provisions of Council Procedure Rule 16.5, Councillors A Carter and Golton required it to be recorded that respectively, they both abstained from voting on the decisions referred to within this minute)

54 Whitehall Road / Northern Street Junction Improvement

The Director of City Development submitted a report which sought approval of the detailed design and implementation of a junction improvement scheme at Whitehall Road and Northern Street, as indicated in the drawing EP/732227/MIS/25, as appended to the submitted report, at a cost of £2.61m, which would be wholly funded by developer contributions.

RESOLVED –

(a) That the junction improvement works, as described in the submitted report, be approved, and that the detailed design and implementation of the scheme, as shown on drawing EP/732227/MIS/25 (as appended to the submitted report), be authorised;

(b) That authority be given to inject a further £2,103,200 into the Capital Programme (noting that £506,800 is already included within the Capital Programme);

(c) That authority to incur expenditure of £2,610,000 in order to implement the approved scheme, which will be fully funded from private developer section 106 receipts, be approved;

(d) That it be noted that all remaining decisions relating to detailed design including the proposed Traffic Regulation Orders and the designation of cycle tracks on the public highway will be reported to the Chief Officer (Highways and Transportation) using existing powers under the Officer Delegation Scheme (Part 3, Council Constitution) and as sub-delegated by the Director of City Development.

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

(Councillor A Carter left the meeting at the conclusion of this item)

HEALTH, WELLBEING AND ADULTS

55 Overview of the Health and Care Sustainability and Transformation Plans

The Director of Public Health, the Director of Adult Social Services and the Director of Children's Services submitted a joint report which presented an overview of the emerging health and care Sustainability and Transformation Plans (STP). The report provided the background and context of the Plans and set out the relationship between the Leeds STP and the West Yorkshire STP. Additionally, the report also highlighted some of the areas which would be addressed within the Leeds STP which would add further detail to the strategic priorities, as set out in the recently refreshed Leeds Health and Wellbeing Strategy 2016-2021.

RESOLVED –

(a) That the approach, as described within the submitted report, for the development of the West Yorkshire and Leeds STPs within the nationally prescribed framework, be endorsed;

(b) That the key areas of focus for the Leeds STP, as described in the submitted report, and how they will contribute towards the delivery of the Leeds Health and Wellbeing Strategy and the Best Council Plan, be noted;

(c) That it be noted that the Leeds Health and Wellbeing Board will continue to provide the strategic lead for the Leeds STP;

(d) That the key milestones, as outlined within the submitted report, together with the work of the officers from the Leeds and health and care partnership who are leading the development of the West Yorkshire STP and the Leeds STP, be noted;

(e) That staff and resources from Leeds City Council continue to be made available in order to support and inform the development and implementation of the STP both locally and regionally;

(f) That a further report be submitted to Executive Board in November 2016 which provides an overview of the proposed key changes and impacts outlined within the West Yorkshire STP and Leeds STP following further development through the summer.

ENVIRONMENT AND SUSTAINABILITY

56 Working together to improve domestic waste and recycling practices

The Director of Environment and Housing submitted a report which provided an update on the progress made in developing and implementing the communications and engagement strategy in relation to waste and recycling, and which set out principles to guide the approach and secure behaviour change.

Responding to a Member's enquiries, the Board received further information on the wider context as to the reasons why the communications programme was being undertaken, which had the overriding aim of increasing recycling levels across Leeds and promoting good practice around the management of domestic waste, both for the benefit of the city and the environment.

RESOLVED –

(a) That the progress made in delivering a programme of co-ordinated communications, marketing and engagement to provide the information, tools and services to support good waste and recycling habits, be noted;

(b) That approval be given to the targeted use of enforcement powers for persistent and unreasonable waste and recycling behaviours.

DATE OF PUBLICATION: FRIDAY, 29TH JULY 2016

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5.00 P.M., FRIDAY 5TH AUGUST 2016

(Scrutiny Support will notify Directors of any items called in by 12.00noon on Monday, 8th August 2016)

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 24 74707

Report of Head of Scrutiny and Member Development

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

Date: 7 September 2016

Subject: Scrutiny Inquiry – Men's Health in Leeds

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

Summary of main issues

1. At its meeting in June 2016, the Scrutiny Board identified 'Men's Health' as a specific area of inquiry for 2016/17.

2. Attached at Appendix 1 is a background briefing note with a summary version of the 'State of Men's Health in Leeds' report, also attached at Appendix 2.

3. This meeting will be the Board's first detailed consideration of matters related to Men's Health since June 2016, with appropriate representatives from Public Health and Leeds Beckett University invited to attend the meeting.

4. Early consideration of the issues identified by the state of men's health report, identified 'Suicide' and the 'take-up of health checks' as potential areas for detailed consideration.

5. To assist the Board's consideration of specific areas for more detailed scrutiny, the following information from the Centre for Public Scrutiny (CfPS) is also appended to this report:
   - Men Behaving Badly: Ten questions council scrutiny can ask about men's health;
   - Checking the Nation's Health: The Value of Council Scrutiny.

6. Both these publications present suggested questions that might assist the Board as the inquiry develops.

Recommendations

7. Members are requested to consider the information attached to this report and presented at the meeting to help inform and develop its inquiry into Men's Health in Leeds.

Background papers[1]

8. None

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

Appendix 1

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

MEN'S HEALTH BRIEFING NOTE

Introduction

1. Information on Men's Health was highlighted as a gap in the Joint Strategic Needs Assessment for Leeds and as an area for development by the Executive Member for Health and Wellbeing and the Public Health Leadership Team. In response, Leeds Beckett University was commissioned to undertake a review of Men's health in Leeds. They worked closely with key commissioners and stakeholders to make sure the report reflected what they wanted to know and evidence they needed to inform changes in future service specifications.

2. Men historically have been expected to be breadwinners, providing security for their family, with long term employment and a well-defined place in society. This 'traditional' way of living is no longer possible for many men, with an increasing reality of unemployment, fragile partnerships and poverty, which can have a negative effect on their mental and physical wellbeing. Poor physical or emotional health can threaten some men's identity and they may feel such 'weakness' will make others see them as being 'less of a man'. Health and social care services need to recognise the impact of masculine identity on how services are viewed and consumed by men.

3. Leeds is the first city in the UK to explore the health issues and behaviours of its male population. The State of Men's Health in Leeds study is an introduction to the issues, but it gives us a clear picture of the challenges across the city and evidence and best practice solutions to address them. The report goes beyond the brief we gave Leeds Beckett University and offers excellent value for money. It is a great example of the close working relationship between Leeds City Council and Leeds Beckett University and the use of academic research to improve health and wellbeing in Leeds.

4. The **Leeds Health and Wellbeing Strategy 2016-2021 has a clear vision for Leeds to be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. How do we design people centric, gender sensitive services to achieve this?**

5. There are a significant proportion of boys and men who are failing to reach their potential in terms of their educational attainment, employment, stable safe relationships, fatherhood, and their physical and mental health. There are many positive examples of where services are successfully reaching out to men, but there are also a significant proportion of those most in need that are effectively 'unreached' by current provision.

6. Across nearly all causes of death, men in Leeds are more likely to die at a younger age than women. The majority of men's health problems are preventable, related to their lifestyle or social conditions.

Key statistics for men in Leeds

7. Some of the statistics particularly relevant to men's health in Leeds include:

- Almost 4 out of 10 men aged 50 years or over have a disability that affects their lives in some way daily
- Two of every ten male deaths occur before the age of 65 years, compared to one in ten female deaths. The average age a man born in Leeds can expect to live to is 78.9. A woman can expect to live to 82.4.
- The rate of death for cardiovascular disease, cancer and respiratory disease is higher for men than women
- Men are more likely to lead unhealthy lives compared to women, which increases risk of poor health. Although risk factors are generally more common among men in less affluent areas of Leeds, many men in some of the wealthier areas are overweight, consume excessive alcohol and work long hours.
- Only 31% of registered Healthy Living Service users are men
- There are around 2,000 men who are single parents with dependent children.
- Around 6,000 men of working age provide 20 or more hours of unpaid care each week.
- The rate of death from suicide is five times higher for men than women.

Education, Housing and Employment

8. Men in less affluent areas of the city have significantly worse health than those living in more wealthy areas. The majority of this inequality can be attributed to the quality of their education, employment and living conditions.

Education

- Educational attainment is worse for boys in Leeds compared to girls throughout all the school years
- In some poorer areas of Leeds, 7 out of 10 boys are not achieving five or more grade A*-C GCSEs including English and Maths. This may impact on their ability to get good jobs.
- In 2011, 15% of men in Leeds had no qualifications but in nine local areas, over 30% of men had no qualifications

Employment

- In Leeds, those who are unemployed and seeking work are most likely to be male
- This gender gap for being out of work is greater in Leeds than the national average. Nationally there are a third more men than women who are workless for more than two years, in Leeds this rises to 60%
- 10% of men work at least 49 hours per week which can impact on their family relationships and social lives.

Housing and Living Arrangements

- Having access to good quality, affordable housing which enables people to be socially connected is an important determinant of good health
- Almost 1in 5 men live alone
- Nearly two thirds of residents in the city's council-owned high-rise flats are male. This type of housing can be linked to high levels of depression and social isolation
- Male residents of council owned high-rise flats are typically aged between 31 and 60
- Men are more likely than women to become homeless

What have we done?

Influencing contracts and strategy

9. Key messages from The State of Men's Health report were submitted as evidence to influence the Joint Leeds Health and Wellbeing Strategy 2016-2020 and have / are being used to inform the following Public Health contracts:

   - Healthy living services
   - Community Health Development
   - Cancer preventative contracts

   The Centre for Men's Health will review new specifications against the report.

10. The report will also go to the following Boards for discussion:

    - Leeds Mental Health Framework partnership
    - Leeds Cancer Strategy group
    - Ageing Well Board

JSNA

11. The data gathered and analysis will be utilised and used in a format which can make it a part of the JSNA. There will a link to Leeds Observatory so that the report will be open to organisations and the public to use.

Build on current evidence to develop further research

12. We have established links with national Men's Health Forum to support the local Leeds group and have linked with Public Health England (Professor Martyn Regan) to identify links and opportunities to promote men's health. Work is also being done through Professor White's Centre for Men's Health including the publication of papers and contributions to national and international conferences.

Local Communications plan

13. A communications plan for the men's health study has been produced. This included a citywide launch at the beginning of men's health week in June 2016. This highlighted the close working relationship between Leeds City Council and Leeds Beckett University and the use of academic research to improve health and wellbeing in Leeds. Leeds Beckett University produced a user friendly summary for use at future events.

14. Links to report have been distributed to the Chief Executives for commissioning and provider organisations across Leeds.

Next steps

15. The planned next steps include to:

- To promote to provider organisations
- To consider views of men and develop programme of work across Leeds
- To investigate in detail the issues highlighted by the report, especially around wider determinants of health
- To consider whether Leeds develops The State of Women's Health

Tim Taylor
Health and Wellbeing Improvement Manager

August 2016

Notes

To access the study, you can read the summary report here, the full report here and data report here.

The study was featured as the main story on BBC Look North and in the Yorkshire Evening Post.

There are also some interviews with people involved in the report and its case studies, including:

- *Professor Alan White and Dr Ian Cameron: Click here*
- *Dr Philomena Commons and St George's Crypt: Click here*
- *Space 2 Men's Group: Click here*
- *Black Health Initiative - Heather Nelson and Pastor Crawford: Click here*

LEEDS BECKETT UNIVERSITY

Opening minds
Opening doors

LEEDS BECKETT UNIVERSITY

The State of Men's Health in Leeds: A Summary

Professor Alan White, Leeds Beckett University
Dr. Amanda Seims, Leeds Beckett University
Robert Newton, Leeds Beckett University and
Leeds City Council

Leeds CITY COUNCIL

ISBN: 978-1-907240-68-3

About this report

This report is part of a project between the Centre for Men's Health at Leeds Beckett University and Leeds City Council, examining the state of men's health in Leeds. It should be read alongside the Main Report and Data Report of this project, which provide a full and detailed assessment of the state of men's health in Leeds.

Data

All data quoted in this report is from the most up-to-date source as at August 2015. Full referencing and data sources are available from 'The State of Men's Health in Leeds: Main Report' and 'The State of Men's Health in Leeds: Data Report'.

Authors

Alan White is a Professor of Men's Health at Leeds Beckett University.

Dr Amanda Seims is a Research Officer at Leeds Beckett University.

Rob Newton is a Health and Wellbeing Policy Officer at Leeds Beckett University and Leeds City Council.

The Centre for Men's Health, Leeds Beckett University

The Centre for Men's Health is a part of the Institute for Health & Wellbeing at Leeds Beckett University. The Centre has extensive research and consultancy experience on a broad range of areas relevant to men's health. The Centre is recognised as a world leader in the area of men's health and has been at the forefront of many of the most influential developments in this field.

Contents

Foreword

Leeds is a great city to live and work in. Over 750,000 people live here within fantastic and diverse communities and Leeds is home to 25,000 businesses. The city is ambitious and we want to be the best city in the UK for health and wellbeing.

In order to be the best city for health and wellbeing we need to address inequalities, so that more people live in thriving communities, achieve a good level of education and have decent jobs. The social and economic conditions in which we live are the biggest factors which influence how long, happy and healthy our lives are. 164,000 people in Leeds live in areas ranked amongst the top 10 per cent most deprived areas in the country and these areas of the city are more likely to have a population with poorer health compared to wealthier areas of the city. There is a 10 year difference in life expectancy between Hunslet and Harewood. We need to ensure that difference is addressed; our city's shared ambition in the Leeds Health and Wellbeing Strategy sets out to do just that.

To be the best city for health and wellbeing, person-centred services which are integrated around individual needs are also really important. Everyone is different, and our health is affected by our ethnicity, our gender, our sexuality, our relationships and our character. The way that services are designed and how we are treated needs to reflect these differences, so this means putting individuals at the centre.

Men and women's health are different. I look forward to the spotlight being thrown onto the differences in experience and outcomes for women in a future study. Lots of men in Leeds experience challenges to good health and have poorer health outcomes than they should. This report, produced as a result of collaboration between researchers and health and care professionals, brings to our attention the inequalities that thousands of men experience and how services should be sensitive to each individual's differences.

I welcome this report, because in Leeds men's health matters and men's health can be better.

Cllr Lisa Mulherin, Executive Member for Children and Families at Leeds City Council and member of the Leeds Health and Wellbeing Board

Understanding men and their health

There are about 368,000 males who live in Leeds. As a general rule, they are more likely to live unhealthy lives and die younger than females.

Biology does have different effects on the health of men and women. However, socio-economic conditions and cultural factors have a major impact on the most common health risks to men and what can be done about them. We need to understand these risk factors and health outcomes in order to know how to improve men's health in Leeds.

The status and place of men in society and their families is important. There can be a historic expectation on men to be the breadwinners, providing sufficiency and security for families. Unemployment, fragile relationships and poverty can all have a negative effect on the physical and mental wellbeing of men. Poor physical or emotional health can threaten some men's identity and they may feel such 'weakness' will make others see them as being 'less of a man'.

The freedom boys have to develop language about emotions, feelings and relationships is often more restricted than for girls, and can affect how they manage emotional and mental health problems throughout their lives.

Health and social care services need to recognise how risk factors, masculine identities and social relationships all affect how services are accessed and used by men.

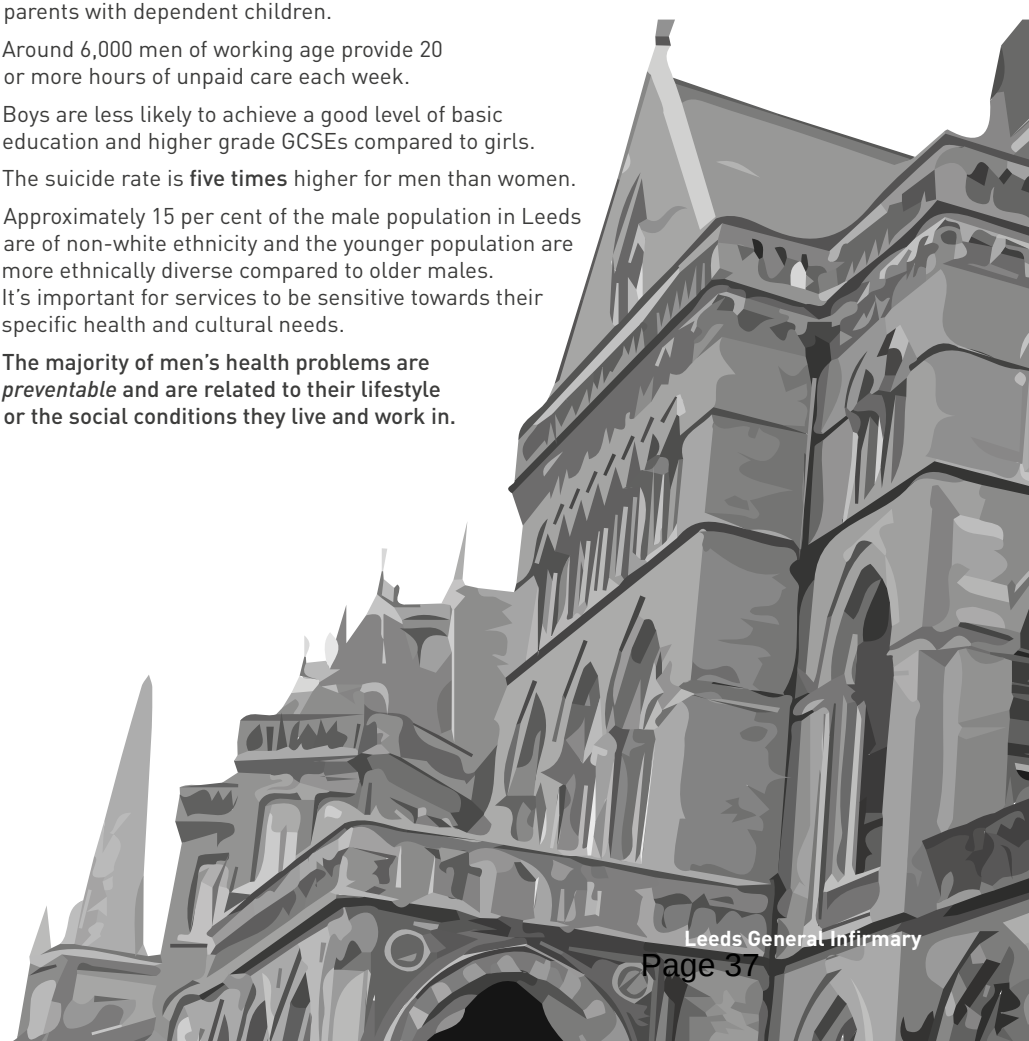
Across nearly all causes of death, men in Leeds are more likely than women to die at a younger age. The majority of men's health problems are preventable and are related to their lifestyle or their social conditions.

Men's health matters.

Men's health can be better.

Men in Leeds

- There are approximately 368,000 males in Leeds. The biggest rise in population over the next 20 years is expected in older men.
- Almost four out of ten men aged 50 years or over have a disability that affects their lives in some way on a daily basis.
- The death rate for cardiovascular disease, cancer and respiratory disease is higher for men than women.
- Men are more likely to lead unhealthy lives compared to women, which increases the risk of poor health. Risk factors are generally more common among men living in less affluent areas of Leeds. However, many men living in wealthier areas are overweight, consume excessive alcohol and work long hours.
- There are approximately 2,000 men who are single parents with dependent children.
- Around 6,000 men of working age provide 20 or more hours of unpaid care each week.
- Boys are less likely to achieve a good level of basic education and higher grade GCSEs compared to girls.
- The suicide rate is **five times** higher for men than women.
- Approximately 15 per cent of the male population in Leeds are of non-white ethnicity and the younger population are more ethnically diverse compared to older males. It's important for services to be sensitive towards their specific health and cultural needs.
- **The majority of men's health problems are *preventable* and are related to their lifestyle or the social conditions they live and work in.**



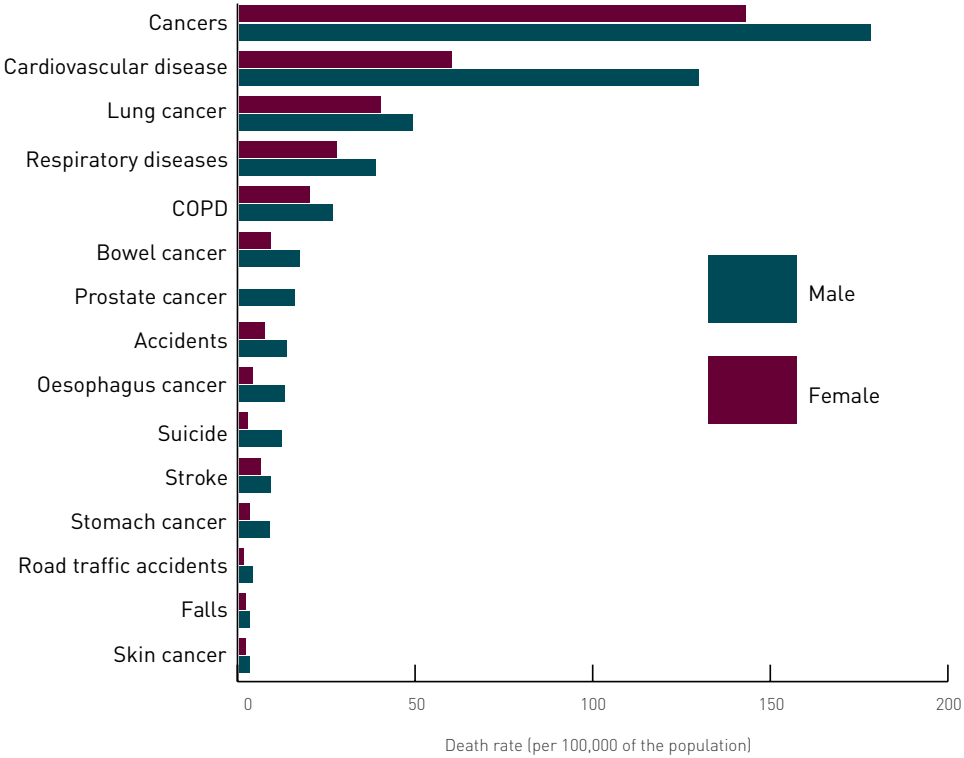
Leeds General Infirmary

Main causes of premature death for men in Leeds

Two of every ten male deaths occur before the age of 65 years, compared to one in ten female deaths.

Figure 1 shows us that cancer is the top cause of death for both males and females aged under 75 years, followed by cardiovascular disease. It also shows that the death rate for men is greater than for women across all causes of death.

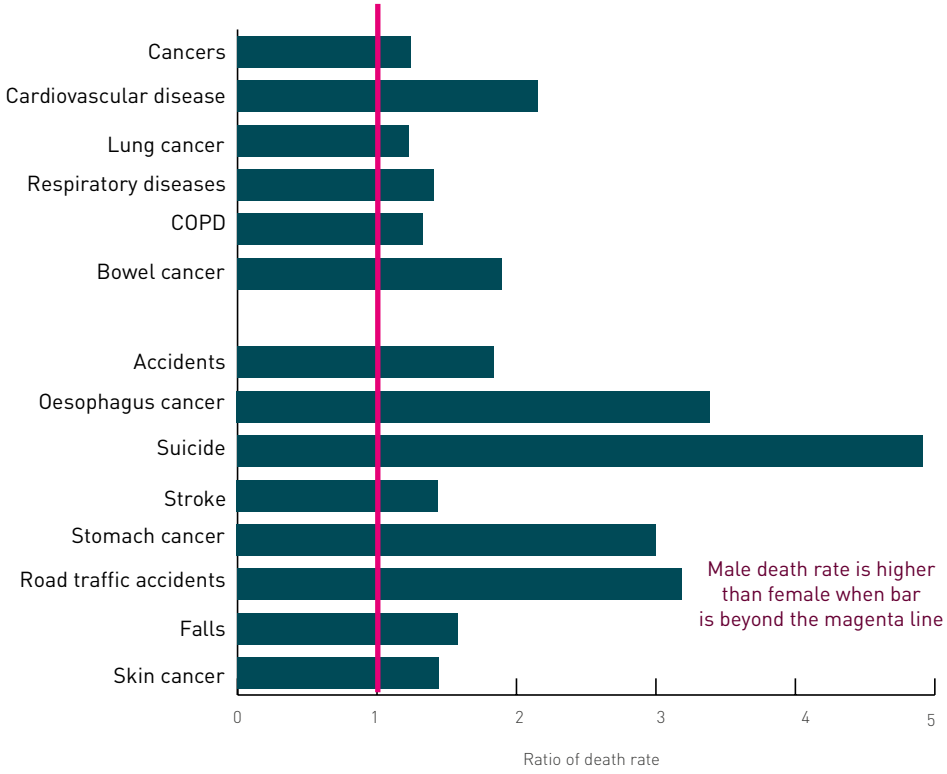
Figure 1: Common causes of death for males and females in Leeds aged under 75 years



The average age a man born in Leeds can expect to live to is 78.9. A woman can expect to live to 82.4.

If we compare the death rate of men to that of women across all major causes, we can see that suicide has the greatest impact on men out of all causes of death – the suicide death rate is five times higher for men in Leeds compared to women.

Figure 2: Ratio of male death rates to female death rates in Leeds for those aged under 75



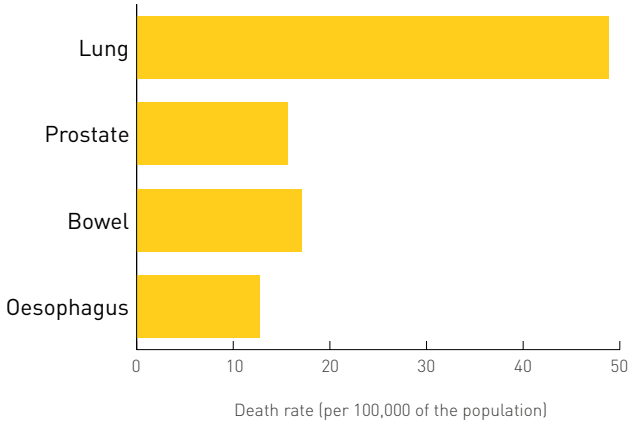
Cancer

For men aged under 75 years old in Leeds, cancer is the leading cause of death and the second highest cause of death for all ages.

A similar proportion of males and females in Leeds are diagnosed with cancer, however men are more likely to die from cancer.

Lung cancer results in the most cancer deaths for men in Leeds (Figure 3). The rate of lung cancer deaths is 40 per cent higher for men than women and 23 per cent higher for men aged under 75 years compared to women.

Figure 3: Male death rates in Leeds for the most common forms of cancer for those aged under 75



The male death rate for bowel cancer is almost double the female rate.

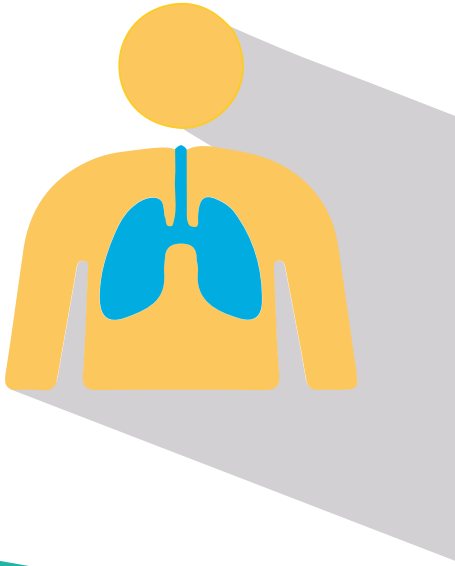
Men's greater cancer risk is largely due to lifestyle factors and health behaviours – men generally have higher smoking rates, alcohol consumption and poorer diets compared to women.

Healthier lifestyles and early detection can reduce the risk from cancer.

It is important men are aware of the symptoms of prostate cancer to ensure early diagnosis and effective treatment. This is particularly important for men from black ethnic groups as they have a higher risk of developing prostate cancer.

Everyone in Leeds between the ages of 60 and 75 receives a free bowel cancer screening test through the post. While 55 per cent of women completed their tests, only 45 per cent of men completed theirs. Of those who completed their tests, 2.4 per cent of men and 1.2 per cent of women tested positive for bowel cancer. This means that men are less likely to be screened for bowel cancer, yet more likely to benefit from it.

Men with a cough for more than three weeks should speak to their GP to discuss whether they need a chest x-ray. Men aged over 50 with a cough for more than three weeks can access a walk-in service to receive a free chest x-ray.



More campaigns should be targeted at men to support their engagement with bowel cancer screening and the early detection of cancer.

CASE STUDY:
BLACK HEALTH INITIATIVE (BHI)

Black Health Initiative's Men's Health MOTs are based within communities in Leeds and encourage men to look at behavioural change. The Health MOTs provide factual information, and health professionals are on hand to take measurements such as blood pressure and blood sugar levels. This information can be taken to GPs and used to encourage the men to access NHS Health Checks.

Blacka was diagnosed with prostate cancer at around the age of 50 and is also living with diabetes and asthma. Through the initiative, Blacka learned about the importance of balanced meals and healthy portion sizes and was given a plate that reflected his cultural foods. Light exercise sessions and social activities were incorporated into the MOT.

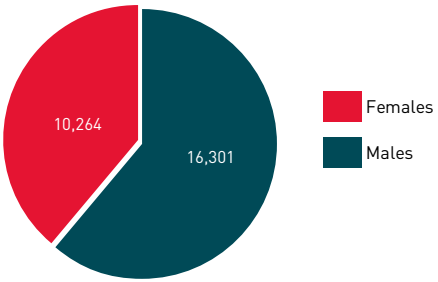
The MOT sessions have helped reduce Blacka's social isolation, while also providing him with much needed information on health that he would not otherwise have accessed, or only accessed at point of crisis.

Cardiovascular disease

Cardiovascular disease (CVD) is the leading cause of death for males and females of all ages, and the second highest cause of death for males and females aged under 75 years.

Men are more likely to develop CVD at a younger age, and die prematurely. For men under 75, the death rates from CVD is double that of women and the death rate for stroke are nearly 45 per cent higher.

Figure 4: Number of males and females (aged 25 or older) in Leeds registered as having coronary heart disease

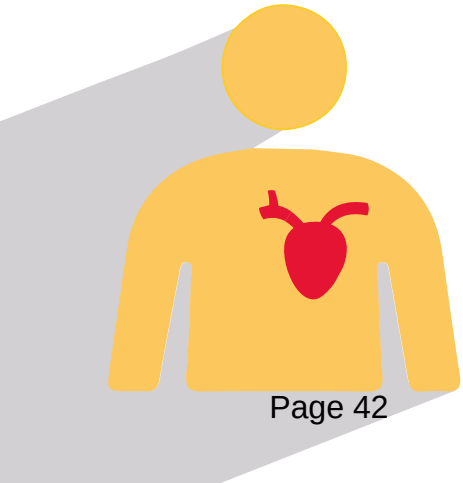


The total number of men in Leeds known to be living with coronary heart disease is 59 per cent higher compared to women (Figure 4).

Men are more likely to be overweight, smoke and drink harmful levels of alcohol. These all increase the risk of having cardiovascular disease.

Adults aged 40 and over are invited to complete an NHS Health Check with their GP. Men in Leeds are targeted as a priority but women are more likely to attend.

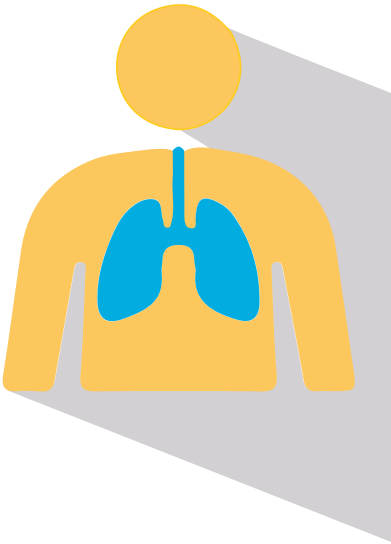
Men in Leeds are typically more likely than women to be diagnosed with a health condition (such as high blood pressure or diabetes) through these Health Checks.



Encouraging and supporting men to engage with NHS Health Checks is important for the early detection of disease and effective treatment.

Respiratory disease

Respiratory diseases are a collection of diseases which affect breathing, such as lung disease and asthma. In Leeds, the death rate for respiratory disease (excluding pneumonia and influenza) is 41 per cent higher for men aged under 75 years compared to women.



In at least 10 areas in Leeds, the death rate from respiratory disease for men aged under 75 is at least 70 per cent higher than the citywide average. These areas are commonly among the most deprived in Leeds.

The incidence of chronic obstructive pulmonary disorder (COPD) is similar for males and females in Leeds, but death rates from COPD across Leeds are 33 per cent higher for men aged under 75 compared to women.

Men's increased risk of dying from respiratory disease is mainly a result of historically higher rates of smoking or working in hazardous environments.

Nationally, the number of men smoking is steadily falling, and with the decrease in heavy manufacturing and mining, and increase in the use of protective equipment in the workplace, there should be a reduction in the chronic lung conditions.

CASE STUDY:
LEEDS MEN'S HEALTH AND WELLBEING NETWORK

When it started in 1998, the Leeds Men's Health and Wellbeing Network was one of the first of its kind in England. As well as supporting existing service users, the network started reaching out to men in the wider community and developed into a lobbying and campaigning organisation on behalf of men.

In recent years, the network has focused on Men's Health Week in June each year. This has included targeting men in areas where men's health is the poorest. The network has continued to grow and in 2014 they produced a strategic plan, an action plan and an information leaflet.

The network has been a strong advocate for men's health in Leeds and has engaged in lobbying the council whenever possible to get perspectives of men's health considered across the city.

Suicide

In Leeds, the suicide rate is five times greater for men than it is for women.

Suicide rates in the UK have been increasing and this is replicated in Leeds.

Many women also attempt suicide. However, less die as a result as they tend to use less violent means than men.

However, men are generally less likely than women to speak to someone about suicidal thoughts. Many of the men in Leeds who died from suicide had not previously contacted local health and social care services and were therefore not known to be at risk.

Employment problems, social isolation, relationship breakdown, loss of contact with children, bullying, long term health problems and poor socio-economic status are all common contributors to suicide.

Suicide has a huge long-term impact on the lives of friends and family.

The Leeds Crisis Card provides contact details for organisations in Leeds that can offer help and advice to anyone dealing with a crisis, including experiencing suicidal thoughts, abuse or struggling with debt.

CASE STUDY: MEN IN SHEDS

Men in Sheds brings men from a variety of backgrounds together and delivers a range of practical activities to build their confidence, skills, encourage social activity and improve their health. The men share ideas and skills built up over a lifetime, proving that you are never too old to learn.

Men come together and use a well-equipped workshop to make a range of products which can be sold or used to help members of their community. The Shed is more than just a building, as it allows a network of relationships to form between the members. These networks and relationships are important for good mental health and well-being.

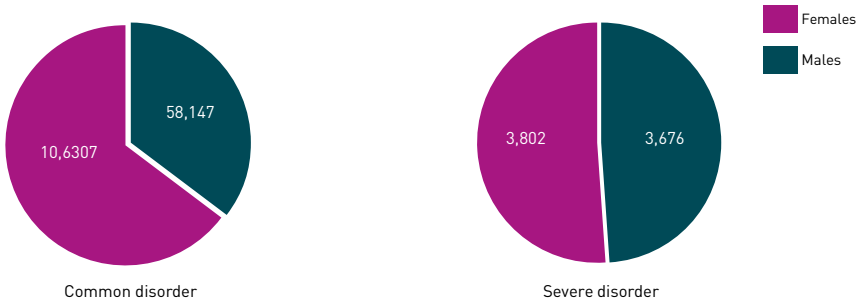
Mental health and wellbeing

Are mental health issues in men in Leeds being identified?

Women are much more likely than men to be registered as having a common mental health problem such as anxiety or depression.

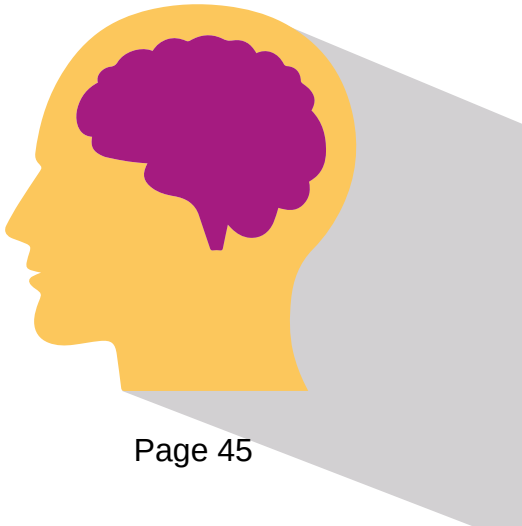
However, the number of men and women with a severe mental health illness such as schizophrenia or bipolar are similar (Figure 5).

Figure 5: Number of adults in Leeds registered as having a common or severe mental health disorder



Men take up more psychiatric hospital beds due to mental health issues. However, women are greater users of counselling services and have higher rates of referral to mental health services. Consuming high levels of alcohol, drug taking, aggression, offending and self-harm are often indicators of poor emotional wellbeing in men.This suggests that more men may be struggling with their mental health than we know of.

Wellbeing interventions and mental health services should encourage the recognition of mental health issues in men, reduce stigma around accessing help and improve the information available to men.



Domestic violence

Domestic violence is 'the abuse of power and control over one person by another, which can take many different forms, including physical, sexual, emotional, verbal and financial abuse'.[1]

Men are more often the perpetrators of domestic violence, however it is important to recognise that men can also be victims of domestic violence, and often find this hard to report. Awareness of local support available to people and understanding the challenges and key issues people face is important.

Preventing the causes of domestic violence should be a key aim. When violent men are removed from homes without any form of remedial support, problems are more likely to be replicated. Sometimes men need guidance and support as they may have been victims of abuse themselves.

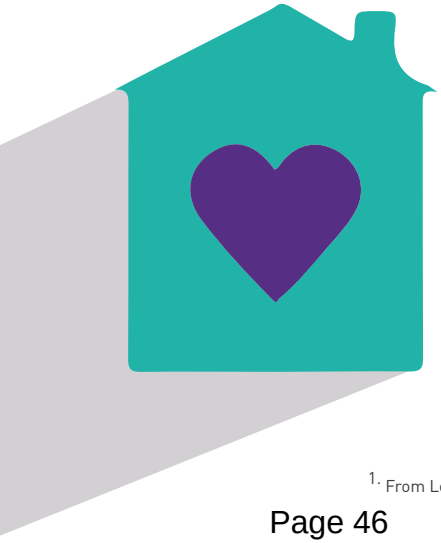
Accidents

For men aged under 75 in Leeds, the death rate due to accidents is more than 80 per cent higher than it is for women.

Men are more likely to be in occupations that put them at risk and are more likely to complete home DIY.

Men are also more likely to drive - for men aged under 75 in Leeds, the death rate due to road traffic accidents is three times higher than for females.

It is positive to see that deaths from accidents are generally falling within the UK due to stringent health and safety legislation at work, road safety measures, and a more risk-aware society.



Working with men as victims and as perpetrators can help break the cycle of misery caused for all concerned. Programmes need to take into consideration the co-occurrence with other health problems, such as alcohol dependence and mental health problems.

[1]. From Leeds City Council's Scrutiny Report, Tackling Domestic Violence and Abuse (2014)

Lifestyles

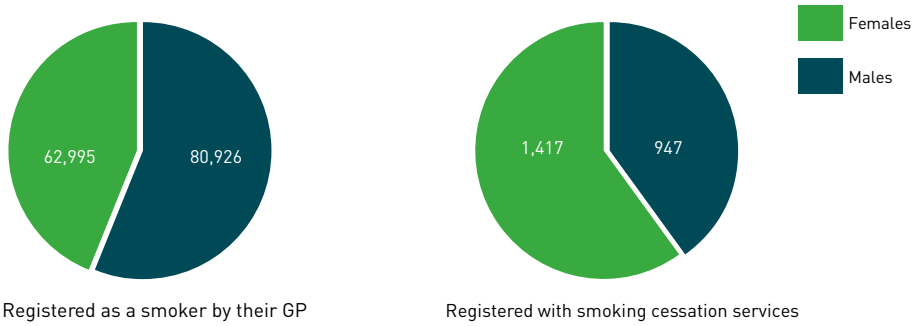
Men in Leeds are generally more likely to live unhealthy lives than women.

Despite this, men are less likely to use healthy living services than women, even though they are more likely to have a positive outcome as a result of using these services.

Smoking

Men are more likely to smoke than women.

Figure 6: Number of smokers versus number of smoking cessation service users across Leeds



Women are more likely to use smoking cessation services, however men using smoking cessation services are more likely than women to quit and quit successfully on their first attempt.

Targeting more men to use smoking cessation services could have significant benefits.

Alcohol

In Leeds, the male rate of death due to alcoholism, alcohol poisoning and liver disease is 25 per cent higher than men nationally. In Leeds, the number of men recorded as consuming a level of alcohol which increases the risk of harm to their health was double that of women.

In 2013 the male hospital admission rates in Leeds due to alcohol were more than double those for females.

Of those undergoing alcohol treatment, 63 per cent were men.

Weight and Physical Activity

Almost half of the males in Leeds with weight recorded by their GP are above what is considered a normal weight.

Around 30 per cent of males (aged 16-74) asked by their GP in Leeds were classed as 'inactive'. Being inactive can lead to becoming overweight.

In 14 localities in the city, over 40 per cent of male residents assessed were inactive.

Only 28 per cent of registered weight management service users in Leeds are male, however men are more likely to lose weight through the support of weight management services than women.

Fewer men are working in manual jobs with high levels of physical activity than previously, while more men are working in professional or service jobs with high levels of sitting down.

GPs are less likely to know the weight, smoking status and physical activity level of male patients compared to female patients.

The Leeds Let's Get Active scheme offers men in Leeds the opportunity to participate in free activities such as health walks, walking football, male-only swimming sessions and cycle training, and it also provides free access to council leisure centres during off-peak times.

CASE STUDY: NEW WORTLEY COMMUNITY CENTRE

New Wortley Community Centre provides services, activities and support to the people of New Wortley. Simon (aged 47) lives on his own in one of the tower blocks and is a long term resident of New Wortley. Despite regular job searches and training courses, he has been unemployed since 2002. Simon has difficulty reading and writing and feels this is the main reason preventing him finding work.

He has been involved with activity groups at New Wortley Community Centre for the past 18 months and feels that this has been very beneficial.

He said: *"It gets me out of the house doing useful stuff and keeps me fit and active. It feels good to be part of a team, meeting new people and learning skills like landscape gardening. I think the groups have given more confidence to people. The centre gives me a reason to get up in the morning. It makes me feel happier about myself and keeps me from being depressed."*

Education, housing and employment

Men in less affluent areas of the city have significantly worse health than those living in more wealthy areas. The majority of this health inequality can be attributed to the quality of their education, employment and living conditions.

Education

Throughout the school years in Leeds, boys fare worse than girls when it comes to educational attainment.

In some poorer areas of Leeds, seven out of 10 boys are not achieving five or more GCSEs (including English and maths) at grades A to C. This may impact on their ability to obtain good jobs.*

The educational attainment of boys in care is generally similar to, or worse than, boys in the lowest achieving areas of Leeds.

In 2011, 15 per cent of men in Leeds had no qualifications and, in nine local areas, more than 30 per cent of men had no qualifications.

CASE STUDY: SPACE2

Space2 promotes arts-based health and wellbeing programmes within Leeds' most challenged neighbourhoods. Lewis, 17, had severe learning difficulties, was very quiet, lacked confidence and hated travelling by public transport. He felt isolated and was without the level of independence he might have liked.

In 2011, Lewis joined Space2's East Arts Fest project, making films in Seacroft. He loved the film-making process and learned a huge amount of skills, gaining a Bronze Arts Award. He also enjoyed meeting new people and said: *"That was the first time I have ever got up and spoken alone in front of a group of people – I can't believe I just did that!"*

Last summer, he joined a young people's film and cookery course at Space2. Lewis says he is significantly more confident and would recommend the projects to others. He is now very independent and uses public transport, cooks at home, volunteers at a charity shop and attends college, where he has also started cooking.

Mum Stephanie said: *"He is more determined than ever to be treated as an adult and independently. Space2 has definitely contributed to his development."*

Employment

Work brings money in, but it also has a fundamental influence on social status, social roles and self-esteem.

In Leeds, those who are unemployed and seeking work are most likely to be male.

This gender gap for being out of work is greater; in Leeds than the national average. Nationally there are a third more men than women who are workless for more than two years; in Leeds this rises to 60 per cent.

Of those in work, 10 per cent of men work at least 49 hours per week, which can impact on family relationships and social lives.

Housing and Living Arrangements

Having access to good quality, affordable housing which enables people to be socially connected is an important determinant of good health.

Almost one in five men live alone.

Nearly two thirds of residents in the city's council-owned high-rise flats are male. This type of housing can be linked to high levels of depression and social isolation. Male residents of these flats are typically aged between 31 and 60.

Men are more likely than women to become homeless.

CASE STUDY:
YORK STREET HEALTH PRACTICE - TONY'S STORY

Tony was a homeless man in his mid-40s, shy, with low self-esteem and a history of drug abuse. He left home following a family argument and later ended up in hospital due to increasing health issues and in a wheelchair as a result of an accident. A care navigator from the Homeless Accommodation Leeds Pathway project based at York Street Health Practice visited Tony in hospital to assess his social, housing and benefit needs.

By working together in a holistic way, focusing on collaborative intervention and cross-sector planning, Tony's self-esteem and confidence improved and he said *"this is my chance to change things"*.

So what should we do about it? Recommendations for the City of Leeds
1. Build on assets - use the roles men play in Leeds life

Men as Learners

Boys need to catch up in schools, and this is particularly important in deprived areas. Education needs to focus on how we can create the best possible environment for boys to learn, behave and socialise. Education is for life, and innovative and engaging ways need to be found to encourage more adult males to keep gaining qualifications. This is particularly important for those who leave school without any qualifications, as this can account for a significant part of health inequalities.

Men as Workers

Men spend a large amount of their time at work and, for many, employment shapes much of their personal identity. Employers should engage with their workforce to reduce stress and work-related burden. Flexible working, benefits and leave entitlements can help men to invest time in the contribution they make outside of their working lives. But not all men are in work. Unemployment hits men hard, with detrimental effects on their physical and emotional health. Support for men being made redundant or suffering the effects of the recession should be recognised as an important health priority.

Men as Fathers

We should focus on the role of men as father figures and improve the support they receive. There should be more support for men during pregnancy, longer paternity leave, improved services for fathers and toddlers, assistance for lone fathers, help to maintain contact with children when separation occurs, recognition of the important role which grandfathers play, and many more.

Men as Friends

There is a large number of men in Leeds who are socially isolated, which has a significant detrimental effect on their health and wellbeing. They need to increase their social networks and improve the quality of their relationships. We can address the risk of social isolation through active support for vulnerable men of all ages using assets which exist in communities in Leeds. Good examples include Men in Sheds, gardening initiatives, walking groups, father groups and male carer networks, among many others. The city should continue to establish similar initiatives.

CASE STUDY: LEEDS DADS

Leeds Dads is a support organisation that aims to promote the wellbeing of children in Leeds by keeping a diverse community of dads actively engaged in the parenting of their children. It supports dads to connect with their children and build strong and lasting relationships to aid their physical, mental and emotional health. It allows dads to share the 'dad experience' and it offers expert and experienced parental advice and support.

Dads come together for social interaction and support through a range of meet-ups and low cost or free activities, such as outings to museums and playgrounds, dads' nights out and special events at Easter and Christmas.

"Most rewarding is seeing the kids grow together as friends, which is marvellous. And in the same way, many of the dads have bonded and friendships have developed".

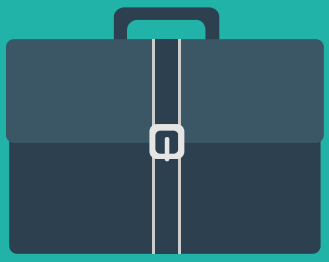
2. Tackle the big issues - priorities for health improvement

SMOKING AND ALCOHOL

There should be continued efforts to address smoking and alcohol behaviour, coupled with a rethink on a male gendered approach to tackling smoking and alcohol consumption in the areas of highest prevalence. Smoking cessation and drug and alcohol services should be linked to and integrated with other health services. This would help to maximise uptake and combat the clustering effect of lifestyle risk.

PHYSICAL ACTIVITY AND DIET

Men who move more are happier, smarter, more socially connected, fitter and healthier. This must be combined with corresponding improvements in diet to make a real difference to the upsurge in obesity levels. Men should discuss their weight and physical activity more with their GP.



EMPLOYMENT

Continued efforts across the city are required for sustainable economic growth which creates more jobs and better jobs for men in Leeds. More support is needed for those hit by unemployment or the effects of the recession.

MENTAL HEALTH

Greater attention should be placed on helping men with mental and emotional health problems. There could be targeted mental health campaigns for men and training of front-line workers to spot emerging issues for the mental wellbeing of men. More men need to recognise symptoms of poor emotional health and speak openly to their GP, friends and family.

ACCESSING SERVICES

Health services need to reach out and target men more effectively and men need to take the opportunities offered. This is particularly relevant for health checks and screening opportunities, where there could be increased uptake if more consideration was given to the timing, location, marketing and style of these services. Weight management services must become more responsive to men's needs, and be designed to make them male friendly and appealing.

Finally, and very importantly, services need to be integrated. The conditions described in this report are often clustered, with men experiencing at least one of the problems, often linked to a combination of socio-economic conditions. Integrated services would help provide whole-person care and encourage better and more effective use of services.

3. Make incremental changes for big impacts

- In all planning Leeds should consider how services should be developed to better meet the needs of men.
- In all official documents, move to talking about 'men' and 'women' and not 'the population'; 'boys' and 'girls', not 'children'; and 'mothers' and 'fathers', not 'parents', to ensure the impact of policy on gender is considered.
- Schools should continue to focus on how to specifically support boys to improve their achievements in education.
- Investment should be considered a high priority in those areas of Leeds where men's health issues are most pronounced.
- Services in Leeds should develop specific guidelines on how to target men, with greater use of integrated service provision.
- Employers should take more responsibility for the health and wellbeing of their staff, with services which would benefit both male and female workers.
- Community groups that have had success in reaching out and targeting men should be supported and encouraged to give guidance to those groups who are struggling to recruit men.
- A men's health campaign could raise the overall awareness of the issues faced by men in Leeds.
- Partnerships are needed with religious leaders to promote men's health and to establish men's health initiatives within religious settings.

Next steps

It is now important to hear from men themselves as well as service providers, to ensure we have a complete picture of the issues facing men and how they should be addressed. A report on the state of women's health in Leeds could be funded to ensure services are meeting the needs of both men and women.

Further information

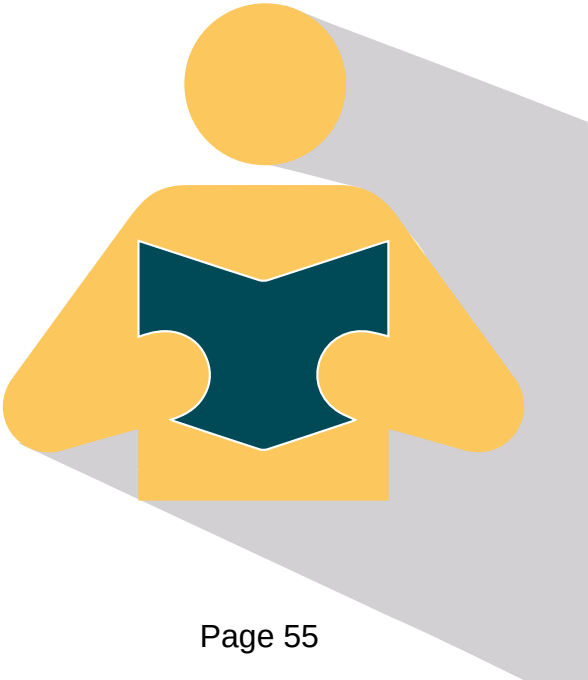
Where can I get support with my health and wellbeing?

The NHS website provides information on:

- Cancer signs and symptoms, treatment options and links to other cancer-related resources **www.nhs.uk/conditions/cancer**
- Cardiovascular disease signs and symptoms, risk factors and links to common types of cardiovascular disease **www.nhs.uk/conditions/cardiovascular-disease**
- The Leeds Crisis Card provides contact details for organisations in Leeds who can offer help and advice to anyone dealing with a crisis such as experiencing suicidal thoughts, problems with housing, debt or abuse. Contact details for local support services can be found online at **www.leeds.gov.uk/docs/CrisisCard.pdf**
- You can also get information from GP surgeries, pharmacies, council 'One Stop' shops and libraries.

Where can I get support for improving my lifestyle?

- The 'One You Leeds' website contains details of healthy lifestyle services in Leeds (including help with stopping smoking, weight management, reducing alcohol consumption and getting physically active) as well as information on self-management. **www.oneyouleeds.org.uk**

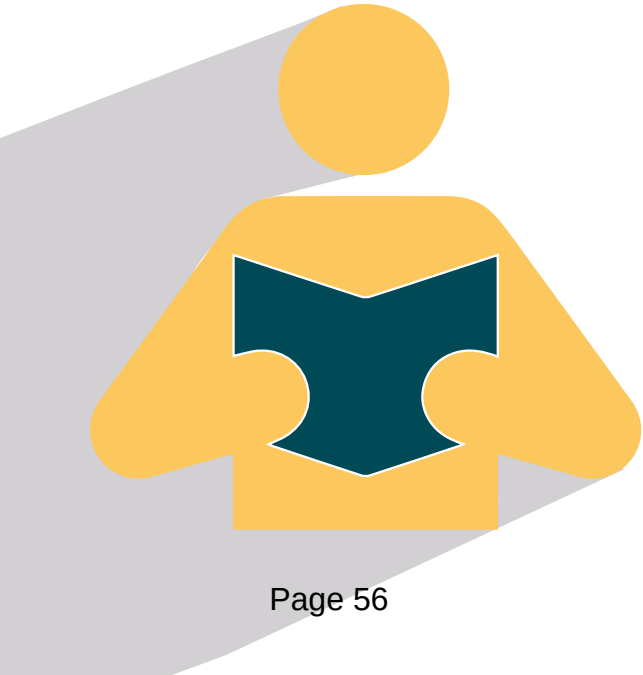


Where can I find support for delivering a health and wellbeing service?

- The Public Health Resource Centre (PHRC) offers support to anyone in Leeds with a responsibility or professional interest in public health or promoting health and wellbeing. Resources can be accessed via **www.leeds.gov.uk/phrc**

- The Centre for Men's Health at Leeds Beckett University has extensive research, evaluation and consultancy experience. If you have a specific project you would like to discuss or, for general information about our consultancy services, please contact the University Enterprise office on 0113 81 21904 or Dr Julian Sorrell, Business Development Manager, on 07780 493016. For more information, please visit **www.leedsbeckett.ac.uk/menshealth**

- The national Men's Health Forum provide information, advice and advocacy on the health of men and boys. They have produced a number of 'How To' guides covering weight-loss and mental health services and self-management support. For more information, please visit **www.menshealthforum.org.uk**



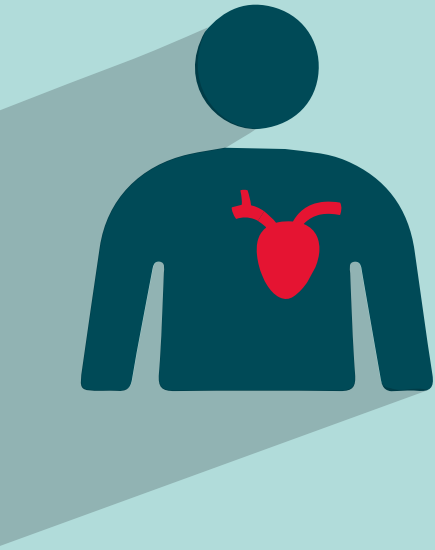
How can I contact the local services listed in this booklet?

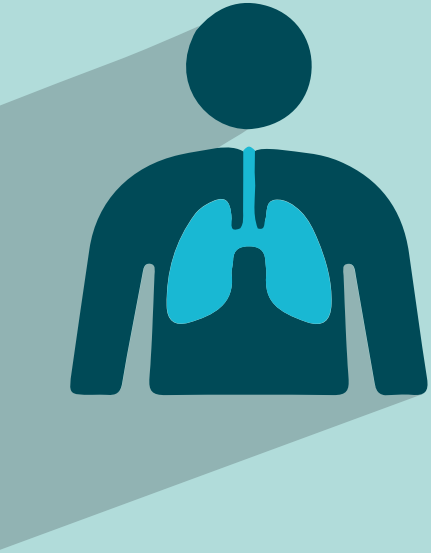
- Black Health Initiative, 231 ChapeltownRoad, Leeds. LS7 3DX **www.blackhealthinitiative.org/** Tel 0113 3070300
- Men in Sheds, Barkston House, Croydon Street, Holbeck, LS11 9RT | **www.groundwork.org.uk/men-in-sheds-leeds** | Will Core,Tel 0113 238 0601
- New Wortley Community Centre, 40 Tong Road, Leeds. LS12 1LZ | **http://newwortleycc.org/** | Tel 01132793466
- Space2, Leeds Media Centre, 21 Savile Mount, Leeds, LS7 3HZ |**www.space2.org.uk/** Tel 0113 320 0159
- Leeds Dads | email **leeds.dads@nct.org.uk**

Where can I find a full copy of the report on men's health in Leeds?

To view this report and the corresponding detailed data report please visit **www.leedsbeckett.ac.uk/stateofmenshealth**

This map represents the Leeds areas that the services mentioned in this report are in.





Web: www.leedsbeckett.ac.uk

@menshealthleeds

Email: HSSresearchoffice@leedsbeckett.ac.uk

Men Behaving Badly?

Ten questions council scrutiny can ask about men's health

cfps Centre for Public Scrutiny

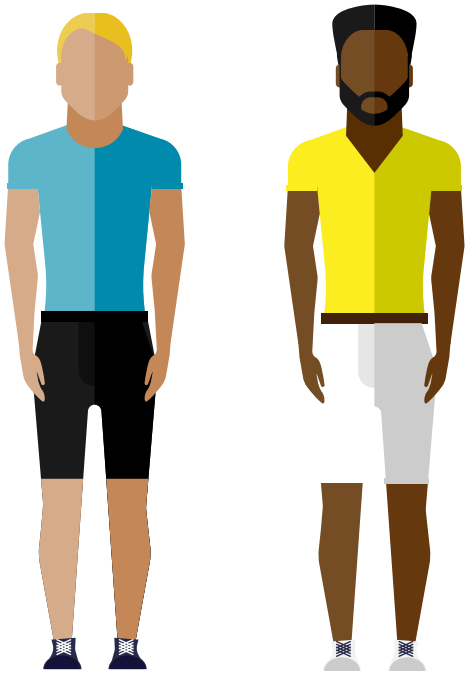
accountability, transparency, involvement

MEN'S HEALTH FORUM

Contents

About the Centre for Public Scrutiny
The Centre for Public Scrutiny (CfPS) (an independent charity) is the leading national organisation for the development and application of policy and practice to promote transparent, inclusive and accountable public services. We support individuals, organisations and communities to put our principles into practice in the design, delivery and monitoring of public services in ways that build knowledge, skills and trust so that effective solutions are identified together by decision-makers, practitioners and service users.

About the Men's Health Forum
The Men's Health Forum is a charity that works to improve men's health services and the health of men. In the UK, one man in five dies before he reaches 65. Together, we can change that. Through our advice, research and campaigning we aim to reduce the tragic deaths of men and boys who simply die too young because of preventable health problems. We work across a number of health and related issues including cancer, workplace health, mental health and access to services. Our work focuses particularly on those groups of men with the worst health and we are striving to ensure that we take account of the diversity of men and their needs.



Why scrutiny of men's health is important

This guide is designed to help scrutiny of local actions to promote men's health and to tackle health inequalities. On average, more than one in five men die between the ages 16 and 65 and more than two in five before the age of 75 – death rates amongst men in the poorest areas of the country are worse. Men are more likely to die from cancer and cardiovascular disease (CVD), are more likely to be obese and more likely to drink and smoke. Many men die prematurely from diseases such as cancer and coronary heart disease that are caused by lifestyle behaviour.

The challenge

- 75% of premature deaths from coronary heart disease are male
- Men have a 37% higher risk of dying from cancer and a 67% higher chance of dying from cancers that affect both men and women
- 67% of men are overweight or obese
- Middle-aged men are twice as likely to have diabetes as women (and twice as likely not to know they have diabetes)

Men are more likely than women to:

- smoke, smoke more cigarettes per day and smoke hand-rolled tobacco
- eat too much salt
- eat too much red and processed meat
- eat too little fruit and too few vegetables
- drink alcohol at hazardous levels (and twice as likely to have liver disease)

Almost four in five suicides are by men – suicide is the biggest cause of death for men under 35 and there has been a sharp increase in the rate among men aged 35-64

Councils are well placed to influence lifestyle through their duties to promote health, tackle inequalities, ensure robust plans are in place to protect the population and to provide public health advice to NHS commissioners [1]. Council scrutiny can add value to the way health services are planned and delivered by asking questions about men's health and the actions being taken to improve it.

1. London Councils http://www.londoncouncils.gov.uk/policylobbying/healthadultservices/publichealth/

Ten questions to ask about men's health

1 What's the difference between male and female life expectancy in the different parts of our area? What's driving it?

To understand men's health requirements locally, it is important to establish the difference in male life expectancy and what's driving it. Many people are shocked when they see the variation in life expectancy between men and women in their area. Establishing the difference is a critical step in identifying health inequalities.

Across the UK, the average life expectancy for men is 78.9 years and for women is 82.7 years. But this varies significantly across areas and within areas. For example, male life expectancy in Blackpool is 74.3 years. Female life expectancy is 80.1 years. That's almost a 6 year gap between men and women in Blackpool. There is also a gap in male life expectancy among different areas. Whereas Blackpool has the lowest male life expectancy, South Cambridgeshire has the highest with 83.0 years. Within Blackpool itself, the male life expectancy in the least deprived area and the most deprived area is separated by 10.3 years.

2 Do we collect and report all health data by gender? Is there any data we don't report by gender?

If data is not published in a gender disaggregated form then local commissioners cannot understand and address men's poor health. It is therefore difficult to determine what causes the gap in life expectancy between men and women. In 2014 research conducted by the Men's Health Forum, of all 147 available Joint Strategic Needs Assessments (JSNA) only 27 (18%) had a majority of the measures both local and gendered, that is broken down to show figures for men and for women and some Health and Wellbeing Boards did not analyse the data comprehensively.

Nationally, 67% of men are overweight or obese but a Freedom of Information request revealed that only 61% of councils providing weight management programmes for adults were able to say how many men were reached with their programmes. Only 37% had specific weight management programmes targeted at men despite evidence that these can be more effective.

The average life expectancy across the UK

3 Do we have any local research to determine health differences between men and women or boys and girls?

Local initiatives provide valuable information which can be used to target gaps in services. Any local research undertaken would dramatically improve action to tackle men's poor health. Some councils have undertaken local research to address key gaps in understanding on men's health. Bolton Metropolitan Borough Council conducted the Bolton Health and Wellbeing Survey to determine men's lifestyle choices and how these affect their health. Sefton Council conducted a lifestyle survey to determine the prevalence of smoking and binge drinking in males in their area. Additionally the NHS in Nottinghamshire conducted research into sexually transmitted infection rates in males. The findings of this research were then used in Nottinghamshire's JSNA.

4 How many men and women use our weight loss services? Do we run the same programmes for men as women?

Preventative services have been given greater emphasis in recent years by NHS England and Public Health England. Councils and the local NHS are well placed to deliver targeted programmes that work. Men are more likely to smoke, drink and be unemployed and are more likely to suffer the ill effects of this. A greater focus on lifestyles and prevention in the JSNA can reduce the inequality in health policy for men.

Currently, weight management services tend to appeal more to women which results in low uptake amongst overweight males. Research has shown tailored services work better for both men and women. 67% of men have a BMI of 25 or more yet only 10-30% of participants on weight management programmes are men. The Men's Health Forum's best practice guide "How to make weight-loss services work for men" published with Public Health England [2], shows how this can be tackled.

2. https://www.menshealthforum.org.uk/best-practice-weight-loss-programmes

5 What is the split in NHS Health Check uptake between men and women in our area?

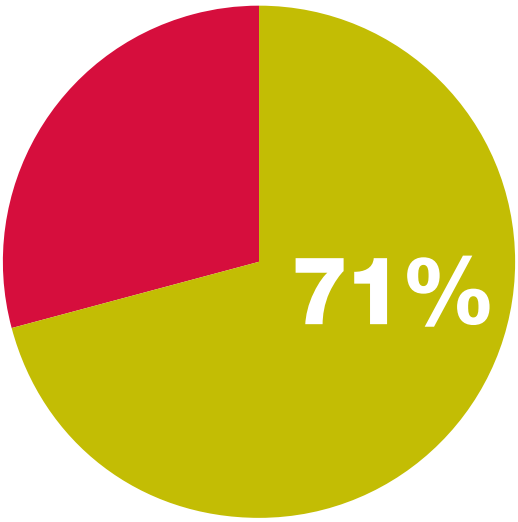
MHF research indicates that, in most areas, fewer men than women take up the offer of an NHS Health Check:

- 71% of CVD-related deaths under 65 are amongst men and the NHS Health Check programme focuses on circulatory conditions, a major killer of men
- only 35% of councils know how many men they reach with the NHS Health Check
- within those councils only 44% of NHS Health Checks conducted were male

For maximum effectiveness, identifying the gender split on service use and implementing a strategy to improve it is important. A priority should be to get to at least 50% male participation in NHS Health Checks - by designing it to meet men's needs and lifestyle - and outreach to the highest risk groups. Councils should follow examples of areas which are improving their outreach programmes on the NHS Health Check to increase the uptake amongst men. For example, Buckinghamshire has implemented activities in places where men are based who are often most reluctant to receive a Health Check, including mosques, jobcentres, the probation services, football clubs and other community-based organisations.

The Centre for Public Scrutiny has published a guide about council scrutiny of NHS Health Checks [3]

3. Checking the Nation's Health – The Value of Council Scrutiny http://cfps.org.uk/publications?item=11579&offset=0



of CVD-related deaths under 65 are amongst men

6 How do we join up services for men and women with a combined substance and mental health problem? Does a substance problem stop people being able to access mental health services?

Men in mental distress often exhibit difficulties in other areas of their life. Alcohol and drug misuse, which may be used as a coping mechanism, is common. Relationship problems, social disengagement, offending behaviour and difficulties with work (chronic employment or work-related stress) also occur. Many men with overlapping mental health and substance use problems (dual diagnosis) have received poorly integrated care. The outcome of this is poor care with high cost to the individuals, taxpayers and communities. Consequently many men are forced to choose between one service or another as many services are reluctant or unable to deal with both mental health and substance abuse issues.

"Whole-life" problems need whole-life solutions. Joined-up approaches which include the involvement of social care, employment and housing providers may be of particular value for men, who sometimes lack supportive networks of their own. Mental health services need to develop good communications with other support services, such as housing benefit or drug and alcohol services and gather up-to-date and comprehensive information on all local support available so that service users can be provided with effective signposting.

7 What public health outreach programmes do we have to reach men?

Outreach programmes should target hard to reach males and encourage them to engage. This requires reaching out to men proactively and services need to be designed to encourage men to engage. This can include:

- taking services to where men are: workplaces, online, pubs, sports grounds, betting shops, prisons
- where it is not already happening, extend occupational health to include screening and preventative health measures
- increase NHS Health Check outreach and uptake amongst men

As major employers, councils should encourage the men in their workplace to take up screening and any health advice that is available. Additionally, councils should make the most of men's engagement with health services to ensure an integrated and comprehensive health care strategy. This could consist of:

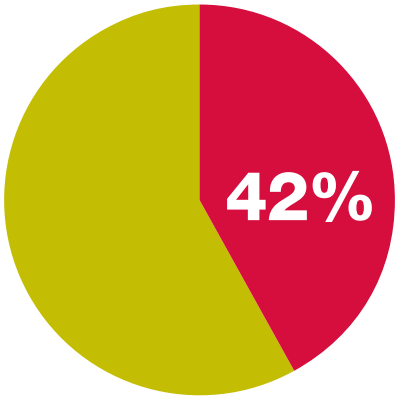
- cancer symptom awareness, mental health, sleep apnoea and erectile dysfunction in Health Checks
- a special focus on high-risk infrequent attenders
- co-designing new services with men

8 Are there any groups of men with particularly poor health? What services are available for them?

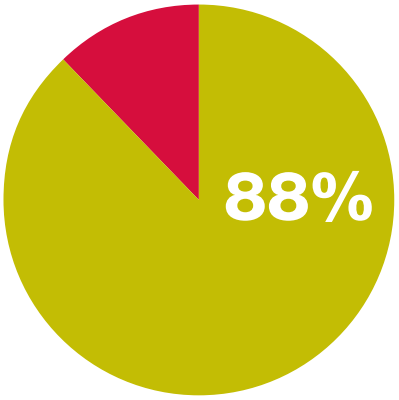
Not all men are equally at risk of poor health. For example:

- unemployed men are significantly more likely to suffer from heart attacks and depression and are significantly more likely to smoke and report greater mental health and relationship worries
- black men are three times more likely to develop prostate cancer than white men of the same age
- a recent study showed that by age 80, twice as many British South Asian, Black African and African Caribbean men had developed diabetes compared with Europeans of the same age
- gay and bisexual men report higher levels of depression, are more likely to attempt suicide, are more likely to smoke and are also much more likely to have used recreational drugs and have engaged in binge drinking compared to men in the wider population
- 42% of carers are male and seven out of ten male carers said that that they missed out on having a social life, leaving them isolated and alone
- around 88% of rough sleepers are men. The average age of death for rough sleepers is 47.

A response would be to tailor health improvement programmes to reflect what works with men. Once particular groups have been identified, it's particularly important to actively involve men in these groups in the design of services to tackle their issues.



of carers are male



of rough sleepers are men

9 What is being done to promote better health awareness and health literacy amongst men and boys?

There are lower levels of health awareness among men than women. One study found that men were twice as likely as women to have inadequate health literacy and the risk of having limitations in health literacy increased with age, being male, having low educational attainment and low income. Every point higher on the health literacy scale increases the likelihood of eating at least five portions of fruit and vegetables a day, being a non-smoker and having good self-rated health, independently of age, education, gender, ethnicity and income.

Men are less likely to know how to contact an out-of-hours GP. A large study of British adults found that women were more likely than men to recall seven out of nine cancer warning signs. Health literacy in schools is also vital for the development of boys' health. Personal, Social, Health and Economic (PSHE) education is the school subject that teaches skills, knowledge and attributes to prepare for life and topic areas include mental and physical wellbeing, healthy relationships and staying safe, online and offline. The Chief Medical Officer's report from 2013 called PSHE "a bridge between education and public health" yet the subject remains non-statutory and therefore given little curriculum time and taught by untrained teachers in too many cases.

10 Who's responsible for men's health in your organisation? Do you have a strategy to tackle poor men's health? Does the Clinical Commissioning Group have a person responsible for tackling men's health?

A men's health strategy can provide organisational focus. Having a JSNA which actively takes into account men's health requirements will set out clear information regarding men's health in the area. This will then enable local organisations and practitioners to meet the challenge accordingly and develop a strategy which reduces inequality in men's health.

Bristol has a lead councillor for men who has developed local policy to improve the health services in relation to men. In the London Borough of Haringey councillors conducted effective scrutiny on the health of men in Haringey. This led the council to develop a strategy on men's health, headed by Director of Public Health. Consequently Haringey worked alongside Tottenham Hotspur Foundation as part of a wide reaching strategy to improve the health of men in Haringey.

Conclusion

Most of the difference in life expectancy between men and women - and between men in different areas - tracks back to lifestyle factors that councils can take a leading role in addressing. That is why the recent Men's Health Manifesto [4] published by the Men's Health Forum identifies challenges for councils - as well as other parts of the health system. Specifically, the MHF called on local health systems to:

- analyse all available data on men's health and other equalities in their Joint Strategic Needs Assessment
- review men's health at the Health and Wellbeing Board and reflect gender in their Health and Wellbeing Strategy, track delivery and outcomes
- integrate drug and alcohol services with mental health and offer joined up care for people with a dual diagnosis
- get to at least 50% male participation in NHS Health Checks by designing to meet men's needs and lifestyles and outreach to the highest risk groups
- tailor health improvement programmes - especially for weight loss - to reflect what works with men

4. https://www.menshealthforum.org.uk/mens-health-manifesto

If you would like more information regarding men's health, then please visit the Men's Health Forum website at **www.menshealthforum.org.uk**

If you would like more information about scrutiny, please visit the Centre for Public Scrutiny website at **www.cfps.org.uk**

Notes

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Checking the Nation's Health

The Value of Council Scrutiny

cfps Centre for Public Scrutiny

accountability, transparency, involvement

Contents

The Centre for Public Scrutiny
The Centre for Public Scrutiny (CfPS), an independent charity, is the leading national organisation for ideas, thinking and the application and development of policy and practice to promote transparent, inclusive and accountable public services. We support individuals, organisations and communities to put our principles into practice in the design, delivery and monitoring of public services in ways that build knowledge, skills and trust so that effective solutions are identified together by decision-makers, practitioners and service users.

Public Health England
Public Health England's (PHE) mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

About NHS Health Check
The Global Burden of Disease 2012 Study highlighted the need to tackle the increasing trend in people dying prematurely from non-communicable disease. The UK is falling behind other countries and we need to take urgent action. The NHS Health Check programme systematically addresses the top seven causes of preventable mortality by assessing the risk factors: high blood pressure, smoking, cholesterol, obesity, poor diet, physical inactivity and alcohol consumption. We know that there is a huge burden of disease associated with conditions such as heart disease, stroke, type 2 diabetes and kidney disease and that many of these long term conditions can be avoided through modifications in people's behaviour and lifestyles.

Commissioning and monitoring the risk assessment element of the NHS Health Check is one of the small number of public health functions that are mandatory and detailed in the Local Authorities Public Health Functions and Entry to Premises by Local Healthwatch Representatives Regulations 2013. Supporting local authorities to implement this programme is one of Public Health England's priorities.

Acknowledgments
This publication has been written by Su Turner, Principal Consultant at the Centre, and Rachel Harris Expert Adviser for the Centre. We are very grateful to the councillors, officers, partners and their Expert Advisers from the five Scrutiny Development Areas for their hard work and commitment to the programme.

Foreword

The NHS Health Check programme is a world-leading programme and a key component of this Government's priority to reduce premature mortality. It gives us an unprecedented opportunity to tackle the UK's relatively poor record on premature mortality by focusing on the risk factors that are driving the big killers. We know that high blood pressure and cholesterol, smoking, obesity, poor diet, physical inactivity and excessive alcohol consumption increase the risk of diseases that we can – and should – do more to prevent, such as heart disease, stroke, type 2 diabetes and kidney disease.

The NHS Health Check programme is the first approach this country has taken to address these risk factors at a population level, and in a systematic, integrated way. We believe it could also be a powerful way to reduce health inequalities, because we know that the burden of chronic disease tends to fall more heavily on those who are most deprived.

If NHS Health Check is going to realise this potential, it will require highly effective implementation. This report from the Centre for Public Scrutiny marks a valuable contribution to this effort, by providing a process for how local areas can undertake their reviews of local NHS Health Check programmes. The five case studies in this report illustrate local scrutiny in action; namely the opportunity it gives local councillors, commissioners and GPs, among others, to ask tough and practical questions: how will the NHS Health Check programme improve outcomes for those with the worst health? How will NHS Health Check be integrated with the work of health and wellbeing boards? What does best practice look like?

These challenges are the local counterpart to the national challenge set out in last year's NHS Health Check implementation review and action plan, which was led by Public Health England. This plan identified the need for greater consistency of delivery, the need for new governance structures and evaluation as well as the importance of data flows across the health and social care system.

Independent reviews can play an important role in meeting these challenges, by encouraging stakeholders to search for practical solutions that are adapted to local circumstances – how best to collect data, for instance, or how best to explain to users the aims and benefits of the programme. We need to make sure that these insights are shared, and that the questions prompted by these reviews are useful to others, who may be embarking on their own reviews of local NHS Health Check programmes.

Ultimately, though, the power of these reviews is not in coming up with a uniform set of recommendations, but in providing a forum, in which local clinicians, public health professionals and elected officials can develop a shared understanding of how to improve the health and wellbeing of their communities. The hope is that these reviews will help them to find their own way of working together. It is these relationships that will be vital to the success of NHS Health Check implementation.

I am delighted to introduce this report, which I hope will prove a valuable resource to all those who commission, deliver and support the NHS Health Check programme.

Jane Ellison MP
Parliamentary Under Secretary of State for Public Health

Introduction

NHS Health Check is a national illness prevention programme to identify people 'at risk' of developing heart disease, stroke, diabetes, kidney disease or vascular dementia. It was introduced on a phased basis in 2009 and at that time Primary Care Trusts were expected to roll it out over five years. However, there was considerable variation across the country which meant that when local authorities took on responsibility for NHS Health Check in April 2013 they took on local programmes at different stages of implementation.

Early in 2013, a review of the lessons learned from the programme's implementation was used to develop a 10 point action plan. The implementation review and action plan set out the work that will be undertaken with key partners to support effective implementation across the country and realise the programme's potential to reduce avoidable deaths, disability and inequalities. The 10 point action plan covers:

- Leadership
- Improving take-up
- Providing the Health Check
- Information governance
- Supporting delivery
- Programme governance
- Provider competency
- Consistency
- Proving the case
- Roll-out

Councillors' scrutiny role can be a powerful lever for improving local health services, alongside other incentives in the system. Recognising this, the Centre for Public Scrutiny (CfPS) was identified as a key partner in delivering the 10 point action plan and was asked to support some local areas to undertake scrutiny reviews of their local NHS Health Check programmes to:

- Understand the benefits of the NHS Health Check programme to local areas (costed and consequential benefits).
- Understand the barriers to take up and how it can be improved.
- Promote the role of scrutiny to all councils and NHS Health Check teams.
- Increase the use of scrutiny reviews to assess NHS Health Check programmes.

CfPS worked with the following five areas to help them to carry out a scrutiny review of their local NHS Health Check Programme:

- Devon County Council
- London Boroughs of Barnet and Harrow
- Lancashire County Council and South Ribble Borough Council
- London Borough of Newham
- Tameside Metropolitan Borough Council

This publication contains the learning gathered from these areas – collectively via the outcomes of a national learning event and individually via short case studies at the end of this publication. It provides useful insight for councils and for NHS and Public Health colleagues.

Public Health England, CfPS and the five areas were aware from the outset that reviewing NHS Health Check was set against a backdrop of structural changes to the health system:

- The new health landscape created by the Health and Social Care Act 2012 was being implemented – including the creation of Public Health England.
- Public health responsibilities, including the commissioning of the NHS Health Check programme, were moving from the NHS to Local Authorities.

Using CfPS' return on investment approach (see details at appendix one) has reinforced the value of scrutiny as a way to build relationships. The case studies in this publication illustrate that there are significant opportunities for improving understanding and working relationships between councillors and primary care practitioners. Reviews of NHS Health Check programmes have led to closer working between GPs and councillors – two groups that are fundamental partners in improving the health and wellbeing of local communities.

The lessons from the five reviews chime really well with the actions that are being taken forward nationally by the NHS Health Check programme. As you will read, opportunities for improved leadership, quality, consistency and integration that are identified within the 10 point action plan have been confirmed by the CfPS support programme.

The five areas found that there were challenges and opportunities around leadership, culture and relationships; and information and communication. This publication looks at these through the lens of CfPS' principles of:

Accountable - improving leadership for whole system pathways.

Inclusive - developing relationships and cultural understanding.

Transparent – understanding information and getting communication right.

The recommendations within this publication are equally applicable to local areas as they seek to improve local population health; or to national health organisations who support and advise (including how councillors and council scrutiny have a valid role in health improvement).

The five areas also suggested questions that other councils may find useful (see appendix two).

Accompanying this publication is a series of briefings for council scrutiny:

- Improving take-up.
- Barriers and solutions to delivery of effective NHS Health Check.
- Understanding data (launched December 2013).

Accountable – Improving leadership and whole system pathways for health

Improving leadership

All five areas reported confusion about responsibility for leading local NHS Health Check arrangements. Although professionals in the system are aware of their responsibilities for delivering a NHS Health Check Programme, it is not clear to the wider health and wellbeing sector or local populations.

All areas were interested in improving take up of the NHS Health Check, however they found that variations in commissioning and the commitment of GPs were local barriers to take up.

They concluded that whilst attention is placed on inviting and carrying out NHS Health Checks, it is important for leaders of local programmes to ensure that there are effective follow-up procedures in place – either to ensure that people attend a NHS Health Check appointment or that if they are identified at risk – follow up action is taken.

Areas also reported a desire to work with NHS England as the commissioner of primary care but were unclear how to best engage local area teams.

Recommendations

- Further clarify roles and responsibilities within the health system (including the NHS Health Check programme - nationally and locally).
- Emphasise the quality of follow-up action to reap the benefits of early interventions.

Whole system pathways – embedding NHS Health Check

What became clear is that the NHS Health Check programme as a health improvement tool needs to be 'plugged in' to a wider 'improving health' pathway. Areas found that some GPs chose not to engage with the programme because the validity of the NHS Health Check as part of the whole system remained an issue of debate.

> *"GPs are geared up to deal with the unwell whereas NHS Health Checks are for people who are apparently well."*
>
> **Quote from programme participant**

Concerns also surfaced about the clarity, consistency and quality of feedback to patients following NHS Health Checks. Questions arose about how NHS Health Check can be used to encourage and support people to make lifestyle changes. Programme participants felt there were opportunities to maximise the impact of NHS Health Checks by embedding them within the work of health and wellbeing boards.

Recommendation

- The NHS Health Check programme needs to be 'plugged in' to the local health system, the preventative agenda and the work of health and wellbeing boards.

What practical steps helped?

Devon's review helped to develop the local approach to NHS Health Checks. Their approach to the review strengthened both their internal and external relationships and flagged up their intent as community leaders to embed public health improvements for their most socially isolated groups. The strong leadership focus of the review also helped to kick start relationships with local area teams.

London Borough of Newham found that whilst public health professionals understood lines of accountability there was not a shared understanding across the wider system. The transfer of public health allowed for clarity of this and the review and its recommendations have gone some way towards plugging this gap. The review took an asset based approach - supporting GPs to improve their NHS Health Check programme via their Clinical Effectiveness Group and using their expertise, adding to the clinical collaboration perspective of the review.

Inclusive – Developing relationships and cultural understanding

Developing relationships

In some areas, the reviews were pivotal to changing and enhancing the relationship between council scrutiny and local public health teams. For many, there had not been the opportunity for councillors and public health teams to work together and scrutiny provided a catalyst.

Focusing together on improving the outcomes and effectiveness of a new area of council commissioning has highlighted how closer working and sharing data and insight can move services forward. All areas reported the positive impact of outcomes and recommendations from scrutiny on commissioning of preventative interventions.

All areas agreed that the approach to identifying and hearing from stakeholders was a very effective element of the CfPS support. The approach leads scrutiny to move beyond its traditional audience and thematic workshops produced a better understanding of issues to be tackled by commissioners. Further details are included within the case studies.

Three areas recognised the need to foster relationships across tiers of local government and between councils to support health improvements. The return on investment approach was a good way to achieve closer working with robust recommendations.

Recognising the contribution of other organisations and partnerships can also help share learning about ideas for future working. The Community Hub model developed by Devon & Cornwall Probation Trust inspired a recommendation about developing a whole person 'one stop' approach for socially isolated and hard to reach groups.

Recommendations

- A commitment to develop relationships constantly and consistently can help local areas achieve better health outcomes.
- Moving beyond traditional stakeholders can strengthen the outcomes and value of scrutiny.

Understanding cultural differences

Evidence emerged in some areas that the cultural differences between the NHS 'clinical model' and councils' 'social model' need to be better understood so that a shared health and care improvement culture can be developed.

Areas found that the natural focus of clinicians and GPs is the patient and the symptoms that present to them (the clinical model); whilst the council and councillors naturally focus on what is impacting on poor health – the causes of the causes and the wider determinants of health (the social model). By blending these skills (as advocated by the Institute of Health Equity's Fair Society, Healthy Lives (Marmot) review on health inequalities) a better understanding of communities can be gained leading to better action to support health.

Scrutiny has been shown to be an effective way to build on the common ambition of GPs and local councillors to improve the health of local people. Scrutiny of the NHS Health Check programme can be a catalyst to strengthen relationships between councillors and primary care.

Recommendations

- Develop a universal language for health locally that all partners can understand.
- The knowledge and experience of councillors can enhance the work of health partners and commissioners to improve health and health services.

What practical steps helped?

Tameside Metropolitan Council's stakeholder event provided the vehicle to get everyone together to look holistically at improving a service. It allowed for open and honest dialogue between public health professionals, GPs and the commissioners – something that wouldn't have taken place without the review. Using the CfPS approach helped scrutiny to move at a pace which led to massive benefits. They will be using the model again within future reviews.

Transparent – Understanding information and getting communication right

Understanding information and data

All areas encountered challenges with the collection, consistency or analysis of data to help them explore issues and support their findings. Inconsistent data collection by different agencies, particularly at general practice level, was highlighted as a barrier to understanding the financial value of care pathways. This translated in to a lack of confidence in some areas about the validity of data.

An important lesson from the programme was that clinicians and health professionals are used to working with absolutes whereas scrutiny is more comfortable with possibilities and insight. For example, public health professionals wanted to provide detailed, statistically accurate information and data (which could take longer to produce) but councillors were happy to receive less academically robust figures, together with strong experiential evidence and public health team insight. The reviews generated considerable learning about which partners held useful information, for example:

- Clinical Commissioning Groups understand and have access to national acute care costing information as well as GP practice information. It is essential that scrutiny develops contacts with their CCGs and general practices so that they work alongside each other.
- Information about public health outcomes is often available from national organisations and charities that hold robust data banks based on specific areas of interest that can be useful for return on investment calculations.

Some areas used particular methods to test performance data. Examples included: commissioning a community researcher; direct questionnaires to GPs to establish take up levels; concentrating on gathering in depth information from a few sources.

All the areas recognised the validity of financial return on investment as a proven and important demonstrator of the effectiveness of the NHS Health Check programme. But they also found 'softer' qualitative return on investment is equally important and gave weight to the potential of the NHS Health Check programme as a key tool to improve public health. For example, the actions that can move people towards recognising their own responsibilities for improving or maintaining their personal health is an essential part of the improvements that the NHS Health Check programme is seeking to make. The drivers for changes in personal behaviour may include improving neighbourhood interactions or bringing services into one place to improve accessibility and outcomes from the NHS Health Check programme.

Recommendations

- The variation in the quality and nature of data held at GP practices needs to be reviewed at a national level alongside consideration of how population statistics could be standardised. There is a need for consistent data collection, particularly around quantifying hard to reach groups and clearer standard measurements of comparable performance and NHS Health Check take up rates. They need to be readily available and usable by local authority commissioners.
- Review and revise local data sharing protocols and consider easily accessible mechanisms to pool partners own knowledge about alternative information sources.
- Commission services from a variety of sources including 'drop-in' services for people unable to attend their GP during working hours and monitor follow-up.

Communication

Communication was a key feature that emerged at the learning event – both with the public about the NHS Health Check programme and within and across stakeholders about how to best incorporate NHS Health Check in to local actions to improve health. Improving communication across the partners in the local health system would allow for a better sharing of information leading to improved services.

Most reviews sought to gather public views on the NHS Health Check programme, and concluded that, despite national publicity, there remains a lack of public awareness about the aims, objectives and benefits of the programme. Feedback from some people indicated an awareness of the NHS Health Check programme but an anxiety that it might identify medical conditions that could not be treated.

Recommendations

- Provide clear public information about the benefits and process of a NHS Health Check and the support available to participants with health issues and consider targeted promotion.
- Consider a NHS Health Check scrutiny review to see who does what, to generate a local understanding of the breadth of the programme.

What practical steps helped?

London Boroughs of Barnet and Harrow tested public opinion about their NHS Health Check programmes by commissioning an engagement specialist and concluded that there was not a great understanding by the public on what NHS Health Check is and how to access it.

Lancashire County Council and South Ribble Borough Council created an effective “drill-down” questionnaire that generated a new set of qualitative information about GPs’ views of their experience with the NHS Health Check, and why many GP practices do not feel it worthwhile to engage with the programme. This review also demonstrated the value of district council scrutiny and the added dimension that district councillors can add to scrutiny.

The value of good scrutiny

Good scrutiny and accountability involves different people in different ways – citizens, patients and service users, elected representatives, service providers and commissioners, inspectors and regulators. Four mutually reinforcing principles, leading to improved public services, need to be embedded at every level:

- Constructive 'critical friend' challenge.
- Amplifing the voice and concerns of the public.
- Led by independent people who take responsibility for their role.
- Drive improvement in public services.

Using these principles, CfPS has again highlighted the benefit that scrutiny can bring to other partners seeking to improve health and health services.

Why scrutiny - what's the added value?

- Scrutiny is independent.
- Scrutiny adds value to councils' corporate leadership and it supports health improvement by taking a proactive approach.
- Can bring the NHS / GPs and councils / councillors together by providing a neutral space to work through issues and identify solutions.
- Uses councillors' unique democratic mandate as a 'conduit between the public and their services', enables them to test whether what is provided meets community needs and aspirations.

The added value of a return on investment approach

In addition to the value described above the return on investment approach:

- Allows areas to move away from a traditional 'committee meeting' approach and explore an 'action learning' approach.
- Involves a wider group of stakeholders from across the whole system bringing more ideas and contributions to the review process.
- Uses quantitative and qualitative outcomes to provide evidence for improving joint working and the pooling of resources.
- Keeps scrutiny focused on outcomes when scoping and undertaking a review.
- Provides an opportunity to use return on investment to demonstrate the value of scrutiny, alongside internal council performance measures.

The added value of scrutiny to public health

All five reviews secured the involvement of their local public health teams, and as you have read contributed to improved understanding and working relationships. Below are quotes from public health professionals involved with the programme.

Tina Henry, Consultant in Public Health and NHS Health Check lead, Devon County Council commented:

> *The work undertaken by scrutiny on NHS Health Checks has been very timely and has raised the profile and understanding of the programme. The process allowed independent engagement with a wide range of stakeholders and providers to determine next steps in rolling out the programme. The intelligence work and feedback from the focused sessions will be used to inform the model of delivery to increase take up.*

Gideon Smith, Consultant in Public Health Medicine, Tameside MBC

> *The Tameside Health Checks Scrutiny Review has been extremely timely and supportive to the process of rethinking the local programme within the context of transition from NHS to local authority commissioning responsibility. The Stakeholder Workshop was particularly helpful in gauging the concerns, commitment and potential contributions of interested parties, and facilitating the development and delivery of a re-invigorated local programme.*

Summary and further recommendations

This programme demonstrates the diversity of good scrutiny to tackle local health inequalities in the best way suited to localities. The reviews have gone some way to overcome some scepticism regarding the validity of the NHS Health Check programme. We believe that council scrutiny has been a valuable way to independently review the roll-out of the NHS Health Check programme – with findings that can be used locally and nationally to inform commissioning decisions.

Specific recommendations have been made throughout this publication. In addition to these, below are some wider final recommendations from our observations:

- Council scrutiny can be an effective public health tool and can help areas to fully understand the health of their population and how services can improve to meet this need.
- Council scrutiny can be the bridge in developing effective working relationships – combining the knowledge of the health community and councillors in developing solutions to improving community health and wellbeing.
- The NHS Health Check programme needs to be accepted as part of a whole system review of the abiding problems of health inequalities, self-responsibility and the prevention agenda. This would enable commissioners to co-operate and to develop improved services that encompass both health and social care and continue to integrate patient pathways at all stages of their interaction with the system.
- Areas need to develop clear lines of accountability to ensure effectiveness across councils' public health role, Clinical Commissioners and general practice.
- There needs to be a continued drive towards integrated working between public health, health and wellbeing boards, council scrutiny and local Healthwatch.

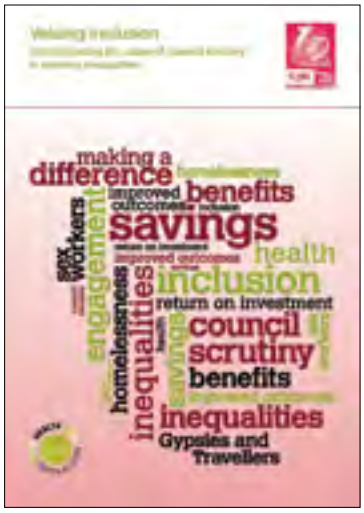
Information flow is critical across all sectors of the health economy (including people who use services), with public health retaining a vital source of data and information. Partners should aspire to transparent data that can be understood by professionals and people who use services.

Appendix one – Case studies

Tipping the Scales

http://cfps.org.uk/health-inequalities

Valuing Inclusion



http://cfps.org.uk/health-inequalities

CfPS' return on investment approach to scrutiny

In 2011 CfPS developed an approach to council scrutiny that captures the potential return on investment of a review and its recommendations. This approach has been published in our previous publications.

Each area that took part in the programme was supported to use the return on investment approach to ensure that their review was outcome focused and realised 'costed and consequential' benefits.

Over the following pages you will find out more about the scrutiny reviews that each of the areas undertook.

The case studies particularly focus on:

- Why the issue was important
- Successes and challenges
- Learning points
- Qualitative benefits
- Measuring return on investment

One of the main benefits of reviewing NHS Health Check using the return on investment approach was the opportunity to involve all stakeholders in designing the review and the key lines of enquiry. Whilst stakeholder engagement is not a new concept, in a return on investment approach it focuses the review on the policy objectives of the Institute of Health Equity's health inequalities review (Marmot) – evidence based objectives to reduce inequalities.

In assessing the potential return on investment, changes in ways of working and a focus on health inequalities will no doubt realise a financial saving both in terms of joined up delivery and less money spent within the health service, however this is difficult to quantify and assign credit to the review alone. Therefore in order to determine the potential return on investment that the review could realise, a number of assumptions need to be made.

CfPS' return on investment approach it is not an exact science. The five areas did not use health economists or finance professionals, but they did use information, data and costings that were either available nationally, provided locally or collected by themselves. The calculations (summarised in the case studies) represent the potential return on investment if the recommendations are accepted and implemented.

The case studies have been provided by the areas themselves.

Case Study: London Boroughs of Barnet and Harrow

The London Boroughs of Barnet and Harrow have had a joint public health service from April 2013 which is hosted by Harrow. The review provided an ideal opportunity to transfer knowledge from the two areas and ensure that the NHS Health Check programme develops appropriately.

Successes and qualitative benefits

- Testing public views of the NHS Health Check programme within specific community groups.
- The review identified differences in how the programme has been commissioned and delivered within the two Boroughs.
- The review helped to develop relationships between scrutiny and public health services, the two scrutiny committees and their communities.

Challenges

- The review highlighted some challenges for public health and the local authorities in dealing with issues relating to a transferred shared service.
- The complexity of the issue and its role within a wider pathway could have caused the review to be unwieldy.
- The financial modelling using the ROI model was difficult with the lack of availability of data.
- Engagement with GPs was difficult.

Learning points

- ROI is an excellent tool for demonstrating the economic benefits that scrutiny can deliver.
- The opportunity to look to other boroughs and alternative delivery models brought useful insight to local discussions.
- Public health faces a new challenge operating in a political environment.
- The scrutiny review highlighted that the public are not aware of NHS health checks.
- A balanced approach needs to be taken – people need to be encouraged to make lifestyle changes.

Key Recommendations

The review has made clear recommendations to influence the future commissioning of the NHS Health Check programme:

- Accessibility, promotion and take up.
- Aligning financial incentives.
- A whole system scrutiny of care pathways.

ROI question and calculation

What would be the return on investment if we improve take up of the Health Check amongst specific groups?

Invest : Cost of additional checks	Harrow – £93,225 Barnet - £81,575 Total - £174,800
To save : Potential savings	Harrow = £1,262,105 Barnet = £2,834,882 Total = £4,096,987
Potential return on investment	**£3,922,187**

Assumptions

Average cost of a NHS Health check = £25 (local data on spend for Barnet) – using this as the basis:

Harrow (12/13) 3729 checks cost £93,225 (Of those 65 cases of those at risk of a heart attack).

Barnet (12/13) 3263 checks cost £81,575 (Of those 146 cases of those at risk of a heart attack)

The British Heart Foundation report cost of treating heart attacks as £19,417 per case.

Calculation uses a doubling of costs and cases to illustrate ROI

For more information use this link to the review report:

http://committeepapers.barnet.gov.uk/documents/s12062/NHS%20Health%20Checks%20Scrutiny%20Review.pdf

Case Study: Devon County Council

The NHS Health Check programme in Devon was in its infancy, and the committee saw the opportunity to actively contribute to policy development using the ROI model. The committee pursued their instinctive observation that the NHS Health Check programme should be of most benefit to people in groups with the poorest health outcomes and framed their review around rural and urban socially isolated groups.

Successes and qualitative benefits

- Raised awareness of the role of scrutiny and the value it can bring.
- Strengthened relationships with public health colleagues, including monthly meetings with the Director of Public Health.
- Had a high response rate to a qualitative GP survey that was developed with assistance from the two Clinical Commissioning Groups in Devon.
- Gained insight in to the take up of NHS Health Checks in rural areas via the Farming Community Network Devon.
- Heard from a range of expert witnesses including local Veterans groups, the Probation Trust, drug and alcohol service providers and outreach health services for homeless people.
- Synthesised all the information in to a template to engage with hard to reach groups across Devon.
- Structured short 'deep dive' reviews can produce locally relevant policy insights.

Challenges

- The availability of comparable local quality data and discrete service costing's to use for measurement. They endeavoured to meet this challenge by balancing and using conflicting or small sample data to widen their understanding of the evidence.

Learning points

- NHS Health Check programme is a gateway to realising the potential of health improvement and ensuring that marginalised groups are included.
- Mental Health should be integral to the consideration of health and wellbeing and included in the Health Check programme.
- There needs to be a whole person approach in considering the health and wellbeing of everyone, particularly vulnerable or hard to reach groups.
- NHS Health Checks need to be accessible - timing, location, information and trust.
- The ROI model gave a framework and a rigour that could be shared with key stakeholders and used to include them and members together from the beginning.

Recommendations:

The task group put forward nine recommendations backed by their findings covering:

- The importance of whole system approaches from all agencies to commissioning strategies.
- Improvements to the understanding and systems approach to the NHS Health Check programme for vulnerable groups.
- The County Council visibly taking up the role of health promotion and Health Check take up.

ROI question and calculation

What would be the ROI of improving the access to NHS Health Checks for our less accessible and most isolated groups?

Invest : Cost of targeting NHS Health Checks (based on 1000 smokers)	£183,000
To save : Potential savings	£323,500
Potential return on investment	**£140,500**

Assumptions and caveats

Review costs calculated 165 hours x £9.81 (Devon median wage) ; In 2013, NHS expenditure on care on smokers will be £39.7 million (122,724 smokers with av. care cost of £323.50 per person per year). **http://www.ash.org.uk/localtoolkit** ; Each NHS Health Check costs £24 ; Smoking cessation costs are £159 **http://www.smokinginengland.info/stop-smoking-services**

Therefore cost of intervention per person is £183.

Calculation based on targeting 1000 smokers with a 100% success rate.

For more information use this link to the review report:

http://www.devon.gov.uk/loadtrimdocument?url=&filename=CS/13/35.CMR&rn=13/WD1206&dg=Public

Case Study: Lancashire County Council and South Ribble Borough Council

The Review sought to identify the value of greater targeting of the NHS Health Check programme on those whose health and wellbeing could benefit most, as opposed to randomly selecting 20%. As data was discussed with the DPH and GPs, it became apparent that increasing the take-up was a factor at least as important as targeting the invitation; and that middle aged men are generally the highest risk group, being the least likely to look after their health or attend a NHS Health Check.

Successes and qualitative benefits

- High involvement of councillors.
- Developed 2-tier collaboration of county and district councils working together on a health scrutiny review - demonstrates districts can influence health.
- Engaging public health created a practical example of the kind of data that health scrutiny wants to use – a model for further projects.
- Created a way to gain engagement of GPs and general practices.
- Developed an effective "drill-down" questionnaire to seek the views of GP's.
- Generated a new set of qualitative information on GPs' views of their experience with the NHS Health Check programme, and why many GP practices do not feel it worthwhile to engage with the programme.

Learning points

- Need to "front load" information more extensively - need to think more at the start about what information is needed and the context.
- Public health teams are used to working to longer timescales and want to provide accurate data.
- This approach to generating data illuminated understanding of the choices that GPs make, and why there are the tensions in aspirations between the GP practice as a small business model versus centrally-chosen NHS policies.
- GPs have interesting and helpful views on the best ways to increase take-up.

Key recommendations

- Undertake a deeper study to generate more robust data and ROI calculation, and a transferrable model.
- Commission the NHS Health Check programme focusing on widening the range of locations for delivery (e.g. football matches) and providers commissioned to deliver.
- NHS England be asked nationally to calculate whether it would be cost-effective to pay GPs more to carry out a NHS Health Check.
- NHS England calculate the benefits of extending the age range to say 35 (perhaps particularly for men) so as to maximize the benefits of early prevention.

ROI question and calculation

What is the ROI of targeting 50% middle aged men (40-55) instead of the 20% random targeting?

Invest : Cost of targeting NHS Health Check	£552,000
To save : Potential benefits est. by QALYs & ready reckoner	£575,000
Potential return on investment	**£23,000**

Notes caveats and assumptions

NHS Health Checks cost £21 whether delivered by GP or outreach: extra costs to reach an extra 26,297 more men is therefore £552k.

Assuming take up is increased this means 26,297 more men are checked; on average x 0.09 QALYs per person (this underestimates value for particular cohorts), this generates 2331 QALYs. Each QALY costs (is worth) £247, so the value of these QALYs is £575,668 (based on average populations). QALY = Quality adjusted life year.

For more information use this link to the review report:

www.southribble.gov.uk/scrutiny.

Case Study: London Borough of Newham

Newham has a high prevalence of preventable illness such as diabetes and had been heavily involved in early stages of the NHS Health Check programme. As a result of this involvement their programme had been front loaded (invested in early), so as the NHS Health Check programme implementation progressed nationally, statistics appeared to show that they were falling behind. Research from the pilot had also identified variations within the GP clusters.

Successes and qualitative benefits

- A strong collaborative approach between scrutiny and public health resulting in excellent support to this project.
- Local Healthwatch enthusiastically engaged with the review and ran own patient forum.
- Engagement with the Clinical Commissioning Group allowed for patient feedback, which correlated the views of the patient forum.
- A short, sharp questionnaire to those who administered the NHS Health Check programme allowed front-line feedback.
- The review has prompted a more detailed cost benefit analysis of health checks to inform future commissioning of the NHS Health Check programme.
- A good example of how scrutiny can add value to health and wellbeing boards and influence commissioning decisions.
- Strengthened partnership relationships.

Challenges

- Discrepancies in how data was collected and reported by the different agencies meant that it was difficult to correlate and gain meaningful conclusions.
- Obtaining clear financial information on the cost of providing health services was a considerable challenge.

Learning points

- Clinicians work with absolutes whereas scrutiny is more comfortable with possibilities and insight. Bridging that gap so that both are comfortable with the outcomes is essential.
- The "softer" qualitative ROIs are equally as important as quantitative ROIs.

Key recommendations

At the time of writing the final conclusions and recommendations had not been determined, but emerging issues include:

- The need to complete a review of options and funding for NHS Health Check as part of the wider preventative agenda.
- The need to reduce practice variation.
- That a collaborative partnership agreement is required.
- Statin prescribing increase in line with Clinical Effectiveness Group guidelines.

ROI question and calculation

What is the ROI of supporting the GP clusters in improving NHS Health Check take up and follow through?

The review also focused on the qualitative nature of ROI which is harder to quantify. This included the benefit of developing new relationships with the commissioners and providers to create a new vision for the future commissioning and delivery of NHS Health Checks locally.

The review did notionally model a potential financial return on investment with a focus on strokes.

Invest : Cost of targeting NHS Health Check		£35,000 (1000 additional checks)
To save:	£75,000	3 people identified at risk
Potential return on investment		**£40,000**

Assumptions and caveats

Cost of treatment for a stroke = £25K (British Heart Foundation average) ; Cost of undertaking a NHS Health Check £35 (excl. admin fees) ; Research shows for every 10,000 checked 30 are identified as having risk factors for stroke (verified by the Clinical Effectiveness Group at Queen Mary University of London). Based on a crude calculation and the cost of acute medical care and rehabilitation will vary depending on the patient and other variables – including other interventions.

For more information use this link to the review report:

https://mgov.newham.gov.uk/ieListMeetings.aspx?CommitteeId=1227

Case Study: Tameside Metropolitan Borough Council

Tameside MBC had already achieved above average take up of NHS Health Check programme across the Borough but wanted to develop its community model of delivery. The public health team were undertaking a series of reviews of their services and through working closely with the Health and Wellbeing Improvement Scrutiny Panel wanted to identify and consider how best to utilise a community or GP based approach for the delivery of NHS Health checks.

Successes and qualitative benefits

- Held a stakeholder event attracting over 40 delegates from 14 organisations connected to NHS Health Checks. The event enabled participants to discuss the benefits, opportunities and challenges in the delivery of integrated GP and community based models.
- The review helped to create new and improve existing partnerships between the Council, CCG and a range of other partners and stakeholders.
- In addition to supporting the review process the stakeholder event also benefitted public health directly in allowing them to make contact and connections with the lead officers from relevant organisations in relation to the delivery in Tameside.
- The review helped to raise the profile of the NHS Health Check programme and identify areas where take-up could be improved, e.g. through publicity and marketing.

Challenges

- A significant challenge identified during the course of the review was the need for further development around communication between partner organisations linked to NHS Health Checks.

Learning Points

- The event required financial and staff resources – but this investment led to a successful outcome.
- The need for data to accurately calculate the ROI.
- The review of NHS Health Checks was undertaken following a level of transition from the Clinical Commissioning Group to the Public Health Team at Tameside Council and this caused some concerns around the sharing of information.

Key recommendations

At the time of writing the final report had not been approved but review recommendations are likely to include:

- A marketing campaign to promote the availability and benefits of NHS Health Checks.
- Utilising community centres and engagement with leaders of hard to reach communities.
- The use of electronic invites and reminders.
- A primary and community based approach to the delivery of NHS Health Checks in the borough.
- Work with local pharmacies to improve the delivery of community based Health Checks in the borough.
- Further work with Tameside Sports Trust to explore further commissioning opportunities.

ROI question and calculation

Identifying and considering how best to utilise a community or GP based approach to the delivery of NHS Health Checks and appropriate targeting?

Invest : Cost of 10% increase in NHS Health Checks	£5,708
To save : Potential savings	£28,500
Potential return on investment	**£22,792**

Assumptions

Total cost of NHS Health check programme 12/13 £567,412 including delivery in community settings

In Q1/Q2 (6 mths) of 2012/13 there were 3,976 delivered assuming therefore 7,952 over 12 mths.

Cost of a NHS Health Check £71.35

Calculation based on 10% increase 80 patients (80 x £71.35 = £5,708). Of 8000, 11.4% identified as being at risk of stroke

Cost of treatment for a stroke = £25K (British Heart Foundation average)

1.14% out of 80 would give a £28,500 saving

Reports once approved will be available at:

http://www.tameside.gov.uk/scrutiny/reports#pers

Appendix two – 10 Questions for council scrutiny about NHS Health Check

Interested in carrying out your own review of NHS Health Check? Here are 10 questions to consider before you start. You will also find additional questions in the supplementary briefings sitting alongside this publication.

1. **How has the NHS Health Check programme been commissioned so far and who measures outputs and outcomes from it?**

2. **What do we understand about the NHS Health Check programme, how and where they happen, and the intended positive benefits for our population?**

3. **How is data about outputs and outcomes collected? Are there local systems for collecting as well as national? Can we learn anything from the experience of NHS Health Checks elsewhere?**

4. **Do we understand which sections of our local population have the poorest health outcomes and how the NHS Health Check programme will improve them? If not, who can tell us about this?**

5. **How is the commissioning of the NHS Health Check programme intended to contribute to improving the content of the Joint Strategic Needs Assessment and how does it contribute to joint health and wellbeing strategic outcomes? How is this aspect monitored and by whom?**

6. **Who has actually taken up the NHS Health Check so far and what impacts have been observed? Do we have evidence to hand about the effectiveness of the current or intended programme from existing providers and clinical commissioners?**

7. **Who provides the NHS Health Check and how does this currently relate to population coverage and the Public Health Outcomes Framework?**

8. **To what extent are clinicians and service users currently involved in commissioning the NHS Health Check programme locally? How is their contribution used?**

9. **Are there any national or local organisations and charities with specific focus on health conditions that the NHS Health Check programme seeks to prevent, that might provide an external critical friend or specialist knowledge that could be useful?**

10. **How does the baseline information we have in front of us compare to other local authorities; and what ideas do they have for taking this programme forward? Have we got comparable best practice examples to consider?**

Notes

Notes

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February 2014

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 24 74707

Report of Head of Scrutiny

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

Date: 7 September 2016

Subject: Scrutiny Inquiry Reports – Update

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

Summary of main issues

1. In 2015/16, alongside other specific scrutiny activity, including inquiries into Cancer Waiting Times and Bereavement, the Scrutiny Board undertook inquiry activity around (i) Third Sector Involvement in the delivery of Health and Social Care Services across Leeds, and (ii) Primary Care.

2. Work to present the outcome of this activity through Scrutiny Board inquiry reports / statements has continued. The purpose of this report is to update the Board on the progress of this work and, where possible, present any draft report/ recommendations for discussion and/or agreement.

3. In considering any draft reports and/or recommendations, it is important to consider Scrutiny Board Procedure Rule 13.2, which states:

   "Where a Scrutiny Board is considering making specific recommendations it shall invite advice from the appropriate Director(s) prior to finalising its recommendations. The Director shall consult with the appropriate Executive Member before providing any such advice. The detail of that advice shall be reported to the Scrutiny Board and considered before the report is finalised".

4. In line with Scrutiny Board Procedure Rule 13.2, advice has and will continue to be sought from the appropriate Directors when seeking to finalise any draft reports and/or recommendations for consideration from the Scrutiny Board.

Third Sector Involvement in the delivery of Health and Social Care Services across Leeds

5. Members of the Scrutiny Board have received and commented on various iterations of the draft report and recommendations. This work is nearing completion and a final draft was submitted to the Director of Adult Social Services, seeking advice for the Scrutiny Board (as set out in Scrutiny Board Procedure Rule 13.2).

6. Details of the advice received and a final draft report are appended to this report.

7. Subject to any amendments agreed by the Scrutiny Board, following the meeting a formal, final report will be produced and published; with an initial response sought from those bodies identified to take forward any specific actions and/or recommendations. The formal response will be presented to the Scrutiny Board in due course, and future progress monitoring will be incorporated into the Board's work schedule.

Primary Care

8. Work to present the draft Scrutiny Board inquiry report and recommendations continues. An update on progress will be provided at the meeting.

Recommendations

9. Members are asked to:

   a. Consider and agree its draft report into Third Sector Involvement in the delivery of Health and Social Care Services across Leeds, taking account of advice from the Director of Adult Social Services.
   b. Note the update provided in relation to the inquiry around Primary Care.

Background documents

10. None used[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.

Note of advice to the Scrutiny Board (Adult Social Services, Public Health, NHS)

Firstly thank you for the draft report; I think it captures the discussions and issues well.

I have made a few changes (tracked) – these generally relate to the names of various Boards/groups etc.

The only change I am suggesting is in regard to the timetable for the recommendations in regard to the Health and Well-Being Board.

This is included as a comment on the attached draft report, so the Board can decide whether or not to amend the recommendation.

Clearly, it is not possible for me to comment on behalf of the Health and Well-Being Board; however, from my knowledge of the current work programme I would suggest a longer timeframe: I believe this is still in the spirit of the originally drafted recommendations, and indeed as you will note, builds on these in regard to further work with the Third Sector

The second area Scrutiny may wish to consider is information on current spend on the sector by the Local Authority. I have not changed the table in the report, as that is the information you were working on at the time, but I have attached an updated table of spend that you may want to add as an appendix.

This would also help demonstrate the Council is joined up across its scrutiny approach, as this was the information used for the recent resources Scrutiny Inquiry into Commissioning.

The table gives further information on spend, including changes over the last few years; spend as a percentage of total commissioning spend; and covers more directorates.

The figures are also different due to the complexity of the Third Sector delivering a significant amount of Statutory Services, including individual support (such as through personal budgets/direct payments) but I believe gives a truer picture of spend in the sector.

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

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

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

DRAFT SCRUTINY INQUIRY REPORT

Introduction

1. In June 2015, we[1] identified the *Involvement of the Third Sector in the provision of Health and Social Care Services across Leeds* as a specific area for inquiry during 2015/16. Part of the basis for this decision was to consider the impact of national reductions to public sector budgets and the impact on grassroots, third sector organisations in Leeds.

2. However, this report is not solely focused on budgetary issues, but considers wider issues such as commissioning arrangements, partnership working and organisational relationships.

3. We considered a range of information and inputs from a variety of sources, including commissioners (across Adult Social Care and NHS commissioners) and Third Sector organisations. This report seeks to cover the breadth of our discussions; however we do not intend to repeat all the evidence and input considered, as it focuses on those areas where we feel further improvements can be made.

4. As ever, we are grateful to all those who have commented and contributed to our discussions: These have helped form our views and influenced this report and its recommendations, which we hope will help develop and maintain positive relationships between statutory bodies and the Third Sector in Leeds.

Background

5. The Leeds Third Sector Ambition Statement outlines that the success of Leeds and the wellbeing of all of its citizens is dependent on having thriving private, public and third sectors, each independently successful but working effectively in partnership. The City's ambition is 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 pound to invest in a local infrastructure that has a legacy beyond the life of any single funding programme.

6. Leeds' ~~Joint~~ Health and Wellbeing Strategy provides the key overarching strategy for the health, wellbeing and social care sector across the City. The development of Leeds' initial Joint Health and Wellbeing Strategy was led by the Health and Wellbeing Board and set out a vision for Leeds to be a healthy and caring city for all ages, with a key principle being: 'people, who are the poorest, will improve their health the fastest'.

[1] Leeds City Council's Scrutiny Board (Adult Social Services, Public Health, NHS)

7. The ~~Joint~~ Health and Wellbeing Strategy provides the over-arching commissioning framework for the health, wellbeing and social care sector in Leeds. This is supported by specific strategies that focus on particular areas of work, including the following:

    - Ageing Well Strategy
    - Best Start Strategy
    - Mental Health Framework
    - Dementia Strategy
    - Carers Strategy

8. We understand all these strategies[2] have had input from the Third Sector and the Third Sector is also well represented across various health and social care work streams through a range of joint bodies ~~such as the Health and Social Care Transformation Board~~ and the Third Sector Partnership.

9. During our inquiry, Leeds' ~~Joint~~ Health and Wellbeing Strategy[3] was reviewed, with the development of a refreshed vision to set the strategic direction for commissioning across the city up to 2021. As a Scrutiny Board, we made a specific contribution to this work, and our observations are attached at Appendix 1.

10. We understand the development of Leeds' Sustainability and Transformation Plan (STP) will be the delivery mechanism for parts of Leeds' ~~Joint~~ Health and Wellbeing Strategy (2016-2021). Within this, and also in those areas of the ~~Joint~~ Health and Wellbeing Strategy not part of the STP, we hope the Third Sector's role is clearly defined, articulated and understood. We also hope the Third Sector has been fully engaged and has had the opportunity to influence its role.

11. We recognise the importance of being aware of the range of legislation that both the Council and Clinical Commissioning Groups (CCGs) are subject to, which influences and provides the context for commissioning plans. For example, the recent introduction of the Care Act (2014) places a duty on the Council to take a lead on facilitating and shaping the care and support market, as well as emphasising the need for further integration across health and social care, and other related areas such as education and housing.

12. As outlined previously, at the beginning of the municipal year (2015/16) we identified third sector involvement in the provision of health and social care services across Leeds as an area for more detailed consideration. In order to gain an understanding and overview of third sector commissioning, we asked Adult Social Care, Public Health, Leeds' Clinical Commissioning Groups and NHS England to provide the following information:

    a) The current involvement of the third sector (in terms of services provided and value/ cost).
    b) The level/ ratio of savings third sector organisations have been required to make over recent years.

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[2] These strategies are also supported by more specific commission plans. For example, Adult Social Services Market Position Statement for 2015/18, which sets out commissioning intentions for care and support services, the direction of travel and policy intent, and a summary of demands and trends. Clinical Commissioning Groups also have five year plans that have been agreed by the Health and Wellbeing Board.

[3] Leeds' Joint Health and Wellbeing Strategy 2016-2021 was approved by the Health and Wellbeing Board at its meeting on 21 April 2016, and is available here.

c) Details of any quality measures/ outcomes in place with the third sector, and how these are set and managed.
d) An outline of any examples of joint working in commissioning the third sector.
e) Details of any future plans around third sector involvement in the provision of Health and Social Care Services across Leeds.

13. In addition, we also invited the main NHS provider Trusts across the City to provide any additional information that might help our consideration of the overall involvement of the Third Sector.

14. In December 2015, we received a joint report from the Director of Public Health, Director of Adult Social ~~Care~~ Services and the Accountable Officers of Leeds' three Clinical Commissioning Groups (CCGs), that summarised intentions of all partners to improve the integrated commissioning of the third sector in Leeds, both jointly and individually commissioned. The report focused on the services commissioned from the third sector by Health partners, Public Health and Adult Social Care – which ranged from small groups through to larger national organisations. At this meeting, we agreed we should seek further and direct input from other Third Sector organisations.

15. In February 2016 a number of organisations attended our meeting, including:

- Zest Health for Life
- Feel Good Factor
- Leeds Community Foundation
- Health for All (Leeds)
- Touchstone Leeds

16. Here, we considered a report co-ordinated by Touchstone Leeds, which highlighted a number of issues – predominantly around the relationships and working arrangements of commissioners. We subsequently sought comments from commissioners on the identified issues and have incorporated these into this report.

Main issues and comments from the Scrutiny Board

17. During the course of our inquiry, we have been particularly struck and impressed by the range and quality of services provided by the Third Sector in Leeds: the sector makes a very significant contribution to Leeds' health, wellbeing and social care economy. We believe this is well recognised by partners; therefore this report and its recommendations seek only to develop and build on the very firm foundations already in place across Leeds.

18. We heard from all those who contributed to our review that, as a City, Leeds has a mature and well established Third Sector that forms a vital part of Leeds' health, wellbeing and social care economy. We heard that commissioners continue to strive to work with the Third Sector in a number of ways, in order to work strategically and to develop innovative approaches and solutions to some of the challenges faced across the City.

19. We heard that the Third Sector is a member of a number of strategic boards and planning groups across the City – including at city wide level, through the Third Sector Partnership. At this forum, Third Sector representatives meet with the

Council (including Public Health and Adult Social Care) and the Clinical Commissioning Groups to discuss the shared commitment to maintaining and developing a thriving third sector.

20. We also heard there are a number of other boards that involve the Third Sector and focus on specific areas, including the following:

    - Mental Health Partnership Board;
    - Ageing Well Board;
    - Learning Disability Partnership Board;
    - Autism Partnership Board;
    - Leeds Integrated Dementia Board;
    - Children and Families Trust Board;
    - Best Start Strategy Group;
    - Self management steering group
    - Locality forums (e.g. Gipton and Harehills health partnership).

21. In addition, Adult Social Care and Leeds three Clinical Commissioning Groups fund four Third Sector health and social care forums which represent the sector working in the areas of:

    a) Mental health (Volition);
    b) Learning Disabilities (Tenfold);
    c) Physical and Sensory impairments (Physical and Sensory Impairment Network); and,
    d) Older people (Leeds Older People's Forum).

22. We understand the role of each network is to:

    - Support the development of a strong and vibrant Third Sector;
    - ~~Deliver support to people with care and support needs~~Encourage partnership working across the sector and partners; and,
    - Enable the sector to actively contribute to and influence strategies, policies, and plans that have an impact on the sector and the people that use their services.

23. While each forum has a key role in working with commissioners, we heard a new contract for the delivery of forum services was in the process of being commissioned for post March 2016 – with a single health and social care forum service for the city, which also retains a focus on each of the above areas[4].

24. We recognise that while working to retain and develop the strengths of a vibrant Third Sector across Leeds; and in order to meet the demands of a very challenging financial environment, it is important for commissioners, in partnership with the Third Sector, to identify and deliver efficiencies within the current systems and framework.

[4] We have subsequently been advised that organisations have come together and formed a coalition to deliver a joint contract across the Health and Well-Being Third Sector. This is referred to as 'Forum Central'.

Recommendation 1

To help assess the effectiveness of the new arrangements, by March 2017 the Scrutiny Board reviews the single health and social care forum service for the City, with the input of the Third Sector and commissioners, to ensure it continues to:

- Support the development of a strong and vibrant Third Sector;
- Deliver support to people with care and support needs; and,
- Enable the sector to actively contribute to and influence strategies, policies, and plans that have an impact on the sector and the people that use their services.

25. We heard that a number of commissioning activates planned to involve the Third Sector including:

    - PH to complete the review of Locality Community Development contracts to advise Executive Board in relation to re procurement.
    - CCGs to continue working with all partners to look at supporting the third sector to develop invest to save opportunities e.g. Social Prescribing, third sector grants
    - Community based mental health services will be re-commissioned in line with the Leeds Mental Health Framework.
    - Neighbourhood Networks - The current contracts are currently in the first year of three possible extensions, which would take them to 2018. Due to the importance and complexity of these services PH and ASC are planning to carry out a significant review working with the CCGs in 2016 to plan for the re-commissioning of the services after the extensions have taken place.
    - Sensory Impairment Services - ASC currently commissions ~~four~~ two community based support services for blind and partially sighted and deaf and hard of hearing people. The services are all delivered by third sector organisations and are in the process of being recommissioned.
    - The CCGs, PH and ASC will continue working together through the Better Care Fund and other joint arrangements to develop invest to save opportunities, when funding is available, such as the Hospital to Home Scheme that has been developed in the City with the Third Sector.
    - ASC will be looking at personalisation and increasing the number of people in receipt of a Direct Payment will be a priority in the coming years. This will also involve developing the market for services that people can buy with their Direct Payment which is a potential, though challenging, market opportunity for the Third Sector.

26. We believe this demonstrates a commitment from health and social care , and public health partners to continue to work with the Third Sector; something which we very much welcome. In addition, from what we have heard, it is also clear that many Third Sector organisations recognise this commitment of the Council

and its partners to support a thriving Third Sector in Leeds; while also recognising the extent to which robust commissioning and procurement processes have helped and continue to help sustain local and other organisations already established and operating across the City.

27. We also acknowledge evidence of collaborative working between statutory partners and the Third Sector – with co-production and joint working being key features when reviewing Third Sector services or contracts. This approach helps to ensure Third Sector organisations are jointly involved in identifying local priorities and solutions. We believe the Council's key and long-standing role in this type of approach is particularly well recognised, and we are heartened by the increased reference to the Third Sector in the strategic planning of other partners across Leeds health, wellbeing and social care economy.

Finance support

28. From a commissioning perspective, the level of Third Sector commissioned services is in excess of £83M across Leeds health, ~~wellbeing~~public health and social care sector: This is summarised in Table 1.

29. This overall level of resource from service commissioners, that helps support the Third Sector in Leeds, is not insignificant. We also recognise that health,public health and social care partners work with the Third Sector in a number of other ways, including engagement and consultation; building community capacity; helping to coordinate joint bids; and acting as referees on bid submissions. We believe this type of additional, non-financial, support is equally important in maintaining and continuing to develop a thriving Third Sector in Leeds and cannot be over-stated.

Table 1: Summary of Third Sector commissioned services in Leeds[5]

Commissioner / service area	Value (£)
Public Health	12,984,743
Adult Social Care (care & support)	26,641,093
Learning Disabilities (pooled budget)	26,641,093
Leeds West CCG	862,500
Leeds North CCG	817,005
Leeds South & East CCG	594,592
Better Care Fund	14,785,356
TOTAL	**£83,326,382**

30. However, statutory partners' support of the Third Sector should not be considered to be a 'one way street' – with the Third Sector responsible for

[5] Summary of the financial information presented to the Scrutiny Board on 22 December 2015. It should be noted that the Adult Social Care spend will increase significantly when the ASPIRE contract (circa £20M) is included and the new Homecare Contracts develop, as they include a significant Third Sector provider.

attracting and securing external funding into Leeds and across the Leeds City Region – as demonstrated in the following examples:

- **Time to Shine** – a Big Lottery funded project aimed at tackling social isolation across the City and attracting £6 million of additional funding, enabling additional local funding from the CCGs.
- **West Yorkshire Finding Independence (WY-FI) project** – a Big Lottery funded programme run by a consortium of the region's community organisations: Aiming to help people with multiple and complex needs to access services and support needed to overcome issues associated with mental ill health, re-offending behaviour, homelessness and problematic substance misuse.

31. As such, we believe the benefit derived from the financial and non-financial support for the Third Sector in Leeds is multi-faceted and worthy of recognition. Nonetheless, in the light of a reduced and diminishing financial envelop across partner organisations, we recognise that while working with and continuing to develop a vibrant Third Sector, the Leeds health, ~~wellbeing~~public health and social care economy faces significant challenges in maintaining financial balance. In December 2015, we heard that in addition to the savings and efficiencies already agreed across the Third Sector (particularly in areas associated with Adult Social Care and Public Health services), the need to make further savings and efficiencies would impact on specific contracts in the Third Sector – although partners aimed to work collaboratively to ensure that any impacts would be minimised.

Recommendation 2

That, by November 2016, service commissioners across Leeds' health, wellbeing and social economy provide a joint report that clearly sets out the, current and projected, financial challenges for services commissioned through the Third Sector and how, through collaborative working, impacts across the sector have and will continue to be minimised and/or mitigated.

32. Commissioners also stated their intentions to improve the integrated commissioning of the Third Sector, achieving best value for the 'Leeds pound' and supporting the Third Sector through more coordinated partnership working.

33. Notwithstanding the work of other Scrutiny Boards around commissioning, we believe integrated commissioning across Leeds' health and social care sector is worthy of further consideration and oversight – with a specific focus on the efficiencies and improved outcomes that result in working in a more integrated way.

Recommendation 3

By December 2016, commissioners produce a joint report in relation to joint commissioning across Leeds' health and social care sector that sets out, in detail, the progress made to date and any future proposed actions; with a particular emphasis on the efficiencies and improved outcomes achieved and targeted.

NHS Providers

34. By simply considering a joint report on the 'commissioning' of Third Sector organisations in Leeds, we were conscious we might only be considering a partial picture of the Third Sector's involvement in the provision of health and social care services in Leeds: Albeit perhaps a substantial part of the overall picture, a partial picture nonetheless.

35. As such, we also gave each of the main NHS provider Trusts in Leeds – namely Leeds Community Healthcare NHS Trust (LCH), Leeds and York Partnership NHS Foundation Trust (LYPFT) and Leeds Teaching Hospitals NHS Trust (LTHT) – the opportunity to provide details of their level of joint working and/or spending across the Third Sector. The details are summarised below.

Leeds Community Healthcare NHS Trust (LCH)

36. We were advised the Trust works with and subcontracts / contracts in partnership with the Third Sector in a number of ways and with a number of organisations, including:

    - Armley Helping Hands
    - Carers Leeds
    - St George`s Crypt
    - Community Links Ltd
    - Marie Curie Cancer Care
    - Partnerships For Wellbeing
    - Leeds Involving People
    - Yorkshire Mesmac Ltd
    - Touchstone
    - Leeds Counselling

37. In 2014/15 the Trust spent £1.3m with the voluntary and independent sectors and the budget for 2015/16 remained £1.3m. We were advised that partnerships with the Third Sector contributed to fulfilment of the Trust's corporate social responsibility and sustainability. The Third Sector supports the Trust to provide the best possible care within the resources available, develop services that meet people's needs and get as much impact for every health 'pound' spent.

38. We were advised that recent collaborations with Third Sector organisations for delivery of contracts included:

    - Improving Access to Psychological Therapies (IAPT)
    - Sexual Health
    - NHS Values Network (NHS England Inclusion Health)

39. We were further advised that the Trust plans are to continue to add value through existing partnerships and proactively seek out new opportunities for partnerships with the Third Sector.

Leeds Teaching Hospitals NHS Trust (LTHT)

40. We were advised the Trust has no unique way to identify services provided by Third Sector organisations as distinct from any other contracted organisation – therefore the Trust could not provide details of its Third Sector spending.

41. We were advised that as part of the System Resource Group, the Trust commissions Age UK and British Red Cross to provide supported discharge pathways from beds in Acute Medicine /Trauma and related services. We understand these services are paid for through Clinical Commissioning Groups (CCGs), therefore the financial details may be included in the funding information provided by CCGs.

42. The Trust commissions a similar service directly from the British Red Cross and has also commissioned Leeds Involving People to undertake some work with patients and families in the Children's Paediatric Cardiac service.

43. In addition, we were also advised of a number of services provided by Third Sector organisations *in partnership* with the Trust – which are neither commissioned nor funded by the Trust. For example, Macmillan provides a wide range of support services to cancer patients in the Robert Ogden Macmillan Centre but fund the work directly.

44. However, the Trust was unable to confirm whether or not this was the full extent of its work with the Third Sector. The Trust also confirmed that, in general, charities that support the work of the Trust fundraise to meet their own costs; nonetheless, it was suggested there may be small value contracts held by individual Clinical Service Units (CSUs) that the Trust was not aware of corporately.

Leeds and York Partnership NHS Foundation Trust (LYPFT)

45. We were advised the Trust sub-contracts some services from the Third Sector, as follows:
    - Rehabilitation and Recovery Service – Leeds Mind, Community Links and Touchstone (approx. £200k)
    - Memory Support Worker Service – Alzheimer's UK (approx. £350k (+ £10k set up)

46. We were further advised terms the funding for the Rehabilitation and Recovery Service was recurrent; whereas the Memory Support Worker Service was funded through the Better Care Funding and was assumed to continue for 2 years (from October 2015), with future funding being dependant on commissioners and therefore commissioning priorities.

47. The degree to which the main NHS providers in Leeds work with the Third Sector varies and is demonstrated by the financial agreements in place. The relationships and arrangements might also reflect the type of services provided, but equally they might reflect an organic rather than strategic development of relationships over time. We believe it would be helpful for the Trust Board of each of the three NHS providers in Leeds to consider its strategic relationship with the Third Sector and how Leeds' Third Sector might help in the delivery of Trust objectives. In this, we also believe there may be opportunities for the NHS Trusts to work collaboratively and learn from one another in the development of their relationship with the Third Sector.

Recommendation 4

By April 2017, Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust and Leeds and York Partnerships NHS Foundation Trust work collaboratively to set out the strategic relationship with the Third Sector and how that might contribute to the delivery of Trust objectives.

Relationships and partnerships

48. We heard that each of Leeds' Clinical Commissioning Groups (CCGs) 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 same can be said for Adult Social Care and Public Health; albeit that these plans are shared across organisations using existing partnership structures. We also heard that Leeds' CCGs, Adult Social Care and Public Health commissioning plans for the third sector are derived from Leeds' overarching ~~Joint~~ Health and Wellbeing Strategy (2016-2021), with plans also driven by national guidance and local population needs under this strategy.

49. We have previously set out our understanding that Leeds' Sustainability and Transformation Plan (STP) will be the delivery mechanism for parts of Leeds' ~~Joint~~ Health and Wellbeing Strategy (2016-2021). As part of the process for developing the STP, we have also set out ~~hopes~~ that the Third Sector has been fully engaged and has had the opportunity to influence its future role – which should be clearly defined, articulated and understood.

50. We have also set out our views about how NHS providers might work collaboratively to consider the strategic relationship with the Third Sector and how Leeds' Third Sector might help in the delivery of Trust objectives. Nonetheless, we recognise that considering the Third Sector's relationship with 'commissioners' and 'providers' separately, might be an artificial and unhelpful split.

51. Since we started our inquiry and following discussion with various partners, we have subsequently been reminded of the Compact for Leeds (2013) – a charter aimed at strengthening relationships between the public and the Third Sector in order to deliver the best possible outcomes for the people of Leeds.

52. The Compact for Leeds (2013) is not a set of rules – it is a way of working, based around the following principals:

- Working together;
- Involving communities;
- Sharing information;
- Allocating resources;
- Building communities and third sector capacity;
- Promoting volunteering; and,

- Promoting equality, fairness, good community relations and equality of outcomes for all.

53. The Compact for Leeds (2013) is intended to be far reaching, with overall responsibility resting with the Third Sector Partnership[6] and City partners invited to endorse the Charter and commit to work towards the principals and standards set out. We understand that statutory partners have been encouraged to identify a lead person to drive awareness and implementation of the Charter within their organisation. We have not been provided with details of the lead individuals as they relate to partners across Leeds' health, wellbeing and social care economy. It is also noteworthy that in progressing our inquiry, reference to lead individuals has been absent and reference to the Charter itself has been limited. Given the intentions underpinning the Compact for Leeds (2013) and its associated principals, we are concerned by the limited references made during our inquiry.

54. However, we understand a review of the Compact for Leeds is currently underway, led by the Third Sector Partnership, and we hope this report can help inform that review. We also hope the lead role and activity of lead individuals across partners will be strengthened; with greater awareness and widespread implementation of a revised Charter and Compact for Leeds.

Leeds Health and Wellbeing Board

55. At the time of development of the Compact for Leeds (2013)[7], Leeds Health and Wellbeing Board was in the early stages of its development and only 6-months into its existence, having been formally established in May 2013. As such, there would have been limited opportunity for Leeds Health and Wellbeing Board to establish its role in the development, awareness-raising and implementation of the Charter.

56. Nevertheless, we are now three years on and, given the system-wide leadership role of Leeds' Health and Wellbeing Board and its broad membership[8], we believe it would be appropriate for Leeds' Health and Wellbeing Board to consider and define its role in setting out the City's future vision for the role of the Third Sector in the provision of health and social care services across Leeds.

57. We believe it might also be useful to consider the relationship between Leeds' Health and Wellbeing Board and the Third Sector Partnership, particularly focusing on formalising those aspects of work that are likely to have an impact on the delivery of Leeds ~~Joint~~ Health and Wellbeing Strategy (2016-2021) – such as the revised Compact for Leeds.

[6] Leeds' Third Sector Partnership is part of the City's overall strategic leadership arrangements, which meets six times a year. At the time of writing this report, Leeds' Third Sector Partnership is chaired by Councillor Christine Macniven – designated as Leeds City Council's Third Sector Member Champion.

[7] November 2013.

[8] The membership of Leeds' Health and Wellbeing Board includes representation from Leeds Third Sector

Recommendation 5

That by March 2017, Leeds Health and Wellbeing Board:

(a) Sets out its role in setting out the City's future vision for the role of the Third Sector in the provision of health and social care services **and in reducing health inequalities and working with people** across Leeds; and,

(b) Agrees a clearly defined, articulated and understood vision for the Third Sector in the provision of health and social care services across commissioners and service providers in Leeds.

(c) Reviews and reports on its relationship with the Third Sector Partnership, particularly focusing on formalising those aspects of work that are likely to have an impact on the delivery of Leeds Joint Health and Wellbeing Strategy (2016-2021).

Comment [WM]: **the March 17 deadline is perhaps not the most appropriate. There is a formal Board meeting on workforce in April, which could be very relevant, particularly to (b). Recommend extending the deadline to the end of the municipal year (but may need some flexibility to account for any changes to the Board's work plan)** The HWB plans already to explore the role of the Third Sector in:

- A formal, public meeting of the Board in October 2016, asking what is the role of the Third and Community Sector in tackling health inequalities within the context of financial challenge?

A private workshop in November 2016, led by Healthwatch, the Third Sector rep and Cllrs, looking at changing the conversation to work with people in Leeds

Conclusion and other areas for improvement

58. During the course of our inquiry, we have been particularly struck and impressed by the range and quality of services provided by the Third Sector in Leeds: the sector makes a very significant contribution to Leeds' health, wellbeing and social care economy. We believe this is well recognised by partners; therefore this report and its recommendations seek only to develop and build on the very firm foundations already in place across Leeds.

59. We have already set out the overall consensus that Leeds has a mature and well established Third Sector that forms a vital part of Leeds' health, wellbeing and social care economy. We have also set out that commissioners continue to strive to work with the Third Sector in order to work strategically and to develop innovative approaches and solutions to some of the challenges faced across the City. Based on what we have heard we have set out some matters and recommendations that we feel will be key to the ongoing development of the Third Sector in Leeds.

60. That said, despite the clear strengths and strong relationships across Leeds statutory and Third Sector partners, we have also heard some other concerns and areas for improvement that are note reflected elsewhere in this report, but we feel are noteworthy. While some of these issues may be beyond the control of statutory partners in Leeds, some of the issues raised included:

- Staff retention;
- A continuing move to fewer larger contracts;
- Procurement timescales and tendering costs;
- Continuing pressure on financial resources;
- The vision and direction of travel in relation to the personalisation agenda;
- The planning and timings of consultations;
- Better use of resources;
- Proposals to improve commissioning of 'people's services';
- Consistency of approach;
- Decommissioning and managing reductions.

61. In some instances these matters represent differences of opinions between commissioners and parts of the Third Sector, or between different parts of the Third Sector itself. We accept this will sometimes be the case, as we are receiving different perspectives on the same issues. However, we are not seeking to pass judgement on who might be 'right' and who might be 'wrong'; rather we have sought to balance the different evidence received and considered.

62. In considering the evidence, it is clear to us that poor communication can often be the route cause for misunderstandings and/or failures; therefore it is incumbent on all statutory and Third Sector organisations across Leeds to maintain a dialogue on all aspects of their future relationship – including and in particular in those areas where there are differences of opinion. We believe it is this dialogue that has been and will continue to be one of the cornerstones that underpins the vibrant, mature and well established Third Sector across Leeds.

Recommendation 6

That all statutory and third sector organisations across Leeds health, wellbeing and social care economy continue to maintain a close dialogue in all aspects of their work to further strengthen the vibrant, mature and well established Third Sector that currently exists in Leeds.

Recommendation 7

In maintaining the dialogue with Third Sector partners, by March 2017 commissioners across Leeds health, wellbeing and social care economy specifically:

(a) Deliver a 'joint commissioning' workshop for third sector organisations to provide an update on work to establish joint commissioning arrangements and any associated governance framework(s).

(b) Consider how to better engage with the third sector across the personalisation agenda.

(c) Review options for the best and most effective use of the Supporting Links to Commissioning Manager resource.

63. We trust our conclusions and recommendations will be helpful and will assist all commissioners and Third Sector organisations across Leeds' health, wellbeing and social care economy. As ever, we are grateful to all those who have contributed to this inquiry and our deliberations and we look forward to the responses to this report and its recommendations in due course.

Cllr Peter Gruen, Chair

On behalf of the Scrutiny Board (Adult Social Care, Public Health, NHS)

May 2016

Appendix 1 – Scrutiny Board submission to the development of Leeds' Joint Health and Wellbeing Strategy (2016-21)

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