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Leeds CITY COUNCIL

SCRUTINY BOARD (ADULTS AND HEALTH)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 5th September, 2017 at 1.30 pm

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

MEMBERSHIP

Councillors

C Anderson	-	Adel and Wharfedale;
J Chapman	-	Weetwood;
B Flynn	-	Adel and Wharfedale;
H Hayden (Chair)	-	Temple Newsam;
A Hussain	-	Gipton and Harehills;
J Jarosz	-	Pudsey;
G Latty	-	Guiseley and Rawdon;
C Macniven	-	Roundhay;
J Pryor	-	Headingley;
D Ragan	-	Burmantofts and Richmond Hill;
P Truswell	-	Middleton Park;
S Varley	-	Morley South;

Co-opted Member (Non-voting)

Dr J Beal - Healthwatch Leeds

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

Principal Scrutiny Adviser:
Steven Courtney
Tel: (0113) 37 88666

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.**	

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 - 18 JULY 2017** To approve as a correct record the minutes of the meeting held on 18 July 2017.	1 - 8
7			**EXECUTIVE BOARD MINUTES - 17 JULY 2017** To consider, for information purposes, the draft minutes from the Executive Board meeting held on 17 July 2017, as they relate to the remit of the Scrutiny Board.	9 - 28
8			**CHAIR'S UPDATE** To receive an update from the Chair on scrutiny activity since the previous Board meeting, on matters not specifically included elsewhere on the agenda.	29 - 30

9			**BETTER LIVES STRATEGY REFRESH** To consider a report from the Director of Adults and Health setting out the refreshed Better Lives Strategy and seeking comments from the Scrutiny Board.	31 - 50
10			**CARE QUALITY COMMISSION (CQC) - ADULT SOCIAL CARE PROVIDERS INSPECTION OUTCOMES** To consider a report from the Director of Adults and Health presenting details of recently published Care Quality Commission (CQC) inspection reports relating to adult social care providers in Leeds.	51 - 60
11			**LEEDS HEALTH AND CARE PLAN** To consider a report from the Head of Governance and Scrutiny Support introducing details of the joint report from the Director of Public Health, the Director of Children and Families and the Director of Adults and Health, which presented the draft 'Leeds Health and Care Plan on a Page' and accompanying narrative to the Executive Board at its meeting on 17 July 2017; and subsequently approved as the basis for the planned engagement and consultation exercise with citizens regarding the future health and care in Leeds.	61 - 106
12			**NHS LEEDS CLINICAL COMMISSIONING GROUPS PARTNERSHIP - UPDATE** To consider a report from the Head of Governance and Scrutiny Support introducing an update on developments of NHS Leeds Clinical Commissioning Groups Partnership and proposals to move to a single NHS commissioning organisation in Leeds.	107 - 108

13			**HEALTH AND SOCIAL CARE NEEDS OF OFFENDERS** To consider a report from the Head of Governance and Scrutiny Support providing an update on the development of the Scrutiny Board's inquiry and introducing a range of information, including an outline of the Council's social care responsibilities for offenders.	109 - 218
14			**WORK SCHEDULE - SEPTEMBER 2017** To consider the Scrutiny Board's work schedule for the 2017/18 municipal year.	219 - 232
15			**DATE AND TIME OF NEXT MEETING** Tuesday, 10 October 2017 at 1.30pm (pre-meeting for all Board Members at 1.00pm)	
			THIRD PARTY RECORDING Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda. Use of Recordings by Third Parties – code of practice a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.	

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SCRUTINY BOARD (ADULTS AND HEALTH)

TUESDAY, 18TH JULY, 2017

PRESENT: Councillor H Hayden in the Chair

Councillors C Anderson, B Flynn, A Hussain, J Jarosz, C Macniven, J Pryor, D Ragan, P Truswell and S Varley

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

12 Late Items

The following late information was submitted to the Board:

- Agenda item 9 – Chairs Update: Consultation response arising from the Joint Health Overview and Scrutiny Committee (JHOSC) meeting on 5 July 2017.

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

13 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:

- Dr J Beal advised that he was a former manager of a Community Dental Service. In addition, he advised that a family member was employed by Child Adolescent Mental Health Services (CAMHS).

Dr J Beal remained present for the duration of the meeting.

14 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted by Councillors J Chapman and G Latty.

15 Minutes - 27 June 2017

The draft minutes of the meeting held on 27 June 2017 were agreed as an accurate record. There were no matters arising from the minutes identified at the meeting.

RESOLVED – That the minutes of the meeting held on 27 June 2017 be approved as a correct record.

16 Health and Wellbeing Board - draft minutes from 20 June 2017

The Scrutiny Board considered the draft minutes of the Health and Wellbeing Board meeting held on 20 June 2017.

In relation to the Leeds Health and Care Plan (minute 9 refers), members sought clarification in relation to the communications plan. Similar clarification was also sought in relation to the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP).

RESOLVED –

(a) That the minutes of the Health and Wellbeing Board meeting held on 20 June 2017, be noted.
(b) That clarification be provided in relation to the communications plan for the Leeds Health and Care Plan and the West Yorkshire and Harrogate Sustainability and Transformation Plan.

17 Executive Board - draft minutes from 21 June 2017

RESOLVED – That the minutes of the Executive Board meeting held on 21 June 2017, be noted.

18 Chair's Update

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

The key updates included:

- The recent meeting of the Joint Health Overview and Scrutiny Committee (JHOSC), held on 5 July 2017, which focused on NHS England's proposals to implement standards in relation to congenital heart disease services across England. A copy of the response to the consultation had been shared with Scrutiny Board members.
- Meeting Professor Sean Duffy – Lead for Cancer Services / Strategy in Leeds and across West Yorkshire – and attendance at the Cancer Strategy Launch on 13 July 2017.
- Monthly meetings with Director of Public Health and Director of Adults and Health.
- An outline of some proposed changes to Community Dental Services provided by Leeds Community Healthcare NHS Trust, including proposals in relation to initial assessment and future access to services.

RESOLVED –

(a) That the Chair's update be noted.
(b) That details of the proposed changes to Community Dental Services be circulated to members of the Scrutiny Board for information.

19 Update on Early Interventions and Reducing Health Inequalities Breakthrough Project

The Director of Public Health submitted a report which provided an update on progress of the Early Interventions and Reducing Health Inequalities Breakthrough Project against the following identified priorities, with a particular focus on inequalities:

- To commission an Integrated Healthy Living Service (IHLS) and Locality Community Health Development and Improvement Service (CHID).
- To ensure strategic alignment with healthy living services commissioned by partners
- To inspire communities and partners to work differently to reduce health inequalities – physical activity selected as the focus.

The following information was appended to the report:

- Maps showing inequalities between deprived and non-deprived Leeds
- Leeds Integrated Healthy Living System.

The following were in attendance:

- Dr Ian Cameron, Director of Public Health
- Mark Allman, Head of Service for Sport
- Heather Thomson, Head of Public Health
- Tim Taylor, Head of Public Health (Localities & Primary Care)
- Joe Kent, Barca.

The key areas of discussion included:

- Confirmation regarding an error contained in paragraph 2.4 to the report – amendment to read 2004 not 2014.
- There were approximately 59,000 smokers in Leeds – spending a total of approximately £170M per year (based on an average cost of £8 per pack of 20 cigarettes).
- An update on the Better Together contract, outreach work and other planned activity.
- The importance of targeting work aimed at more deprived communities. The Board was advised about the positive development of building community groups and the role of volunteers.
- A request that the Board be provided with a breakdown of local data.
- An update on narrowing the gap (i.e. improving the health outcomes of the poorest, the fastest) – some areas of improvement, i.e. infant mortality and cardiovascular disease, however there had been no improvement in relation to cancer and respiratory disease. In addition, the Board was advised that there was evidence that the wider determinants of health inequalities had worsened, for example levels of deprivation.

- The recent 'Inclusive Growth Strategy' launched for consultation and the opportunities for including a focus on improving health and wellbeing.
- The availability of comparative information – particularly in relation to other Core Cities.

RESOLVED –

(a) That the Board notes the overall progress against the three priorities of the Early Interventions and Reducing Health Inequalities Breakthrough Project.
(b) That the Board notes the early positive indications of the impact of effective outreach and engagement with hard to reach groups by the CHID – Better Together Service providers.
(c) That further consideration be given to working jointly with the Scrutiny Board (Inclusive Investment, Culture and Sport) in order to ensure there is sufficient focus on improving health and wellbeing across the City, within the Inclusive Growth Strategy.

20 Quality of Care Services in Leeds

The Head of Governance and Scrutiny Support submitted a report which introduced a range of information relevant to the Board's continued focus on the quality of care services in Leeds.

The following information was appended to the report:

- Briefing note to Scrutiny Board – One City Care Home Quality and Sustainability Project Update
- Care Quality Commission – The State of Adult Social Care Services 2014 to 2017 – Findings from CQC's initial programme of comprehensive inspections in adult social care.

The following were in attendance:

- Mick Ward, Interim Deputy Director (Integrated Commissioning), Adults and Health.

The Interim Deputy Director gave a briefing introduction, which focused on the following three work streams, identified as part of the One City Care Home Quality and Sustainability Project:

- Strand 1: One city approach to quality;
- Strand 2: One city approach to market development; and
- Strand 3: Re-Commissioning of the ASC Residential and Nursing Care Services (Framework Arrangement) Contract.

The key areas of discussion included:

- Confirmation that the quality of care services in Leeds was similar to other core cities. The Board was advised that the key factors were

often associated with the quality of leadership and that generally smaller care homes performed better in terms of quality.
- An update that an improvement to the governance arrangements of some providers was required.
- The challenges associated with the recruitment and retention of nurses and care workers.
- The challenges in providing a variety of care homes to meet the needs of the City
- The positive work undertaken in communities, which reduced demand on care homes.
- The working arrangements with the Care Quality Commission.
- A request that the Board be provided with an update on the Shared Lives services, including details of current schemes, performance, outcomes, service user feedback and future plans for the services offered.

RESOLVED –

(a) That the reports and appendices be noted.
(b) That a report on 'Shared Lives' services be included as part of the Scrutiny Board's continued focus on the 'Quality of Health and social Care in Leeds' and presented to a future meeting of the Board.

(Councillor S Varley left the meeting at 3.00pm during the consideration of this item.)

21 HealthWatch Leeds Annual Report (2016/17) and Future Work Programme

The Head of Governance and Scrutiny Support submitted a report which presented Healthwatch Leeds Annual Work Report (2016/17) and its future work programme.

The following were in attendance:

- Dr John Beal, Chair of Healthwatch Leeds.

The Chair of HealthWatch Leeds gave a short introduction to the report and highlighted the collaborative work undertaken – particularly with other Healthwatch areas (specifically West Yorkshire).

The key areas of discussion included:

- Recognition of an accessible annual report.
- The similar, yet distinctly different roles of HealthWatch Leeds and the Scrutiny Board.
- Recognition of the positive work undertaken by Youthwatch Leeds – recognised at a recent National HealthWatch event. It was suggested that Youthwatch be invited to provide the Board with an overview of its work at a future meeting.

- A suggestion that a joint meeting be arranged with Healthwatch Leeds to discuss in greater detail some of the issues identified in the Annual Report and future work programme.

RESOLVED –

(a) That the Board notes the Healthwatch Leeds Annual Report (2016/17) and Future Work Programme.
(b) That Youthwatch be invited to provide an overview of its work at a future meeting of the Board.
(c) That a meeting be arranged with Healthwatch Leeds to discuss in greater detail some of the issues identified in the Annual Report and future work programme.

22 Closure of the Blood Donor Centre in Seacroft - responses to Scrutiny Board statement

The Head of Governance and Scrutiny Support submitted a report which introduced responses to the Board's statement following NHS Blood and Transplant's decision to close the blood donor centre in Seacroft, Leeds.

The following information was appended to the report:

- Scrutiny Board (Adult Social Services, Public Health, NHS) Statement – Closure of Blood Donor Centre in Seacroft, Leeds (May 2017)
- NHS Blood and Transplant response (dated 6 June 2017)
- The Independent Reconfiguration Panel (IRP) response (dated 21 June 2017)

The Principal Scrutiny Adviser introduced the item and outlined the background to the statement produced by the former Scrutiny Board in May 2017. As part of the introduction, the Principal Scrutiny Adviser confirmed no response from the Department of Health had been received.

In discussing the item and the information presented, the Board made a number of comments and observations, including:

- Disappointment that the Department of Health had not provided a response.
- Acknowledgement that 'Special Health Authorities' were exempt from the requirements of health scrutiny by local authorities that apply to other NHS bodies.
- Recognition that the 'four tests' – announced by the Secretary of State for Health in May 2010 – were designed to build confidence within the service, with patients and communities.
- Disappointment that the response from NHS Blood and Transplant failed to address or acknowledge the issues highlighted in the Scrutiny Board statement as being relevant to the 'four tests'.
- Acknowledgment that there was a lack of clarity in relation to the applicability of the 'four tests'.

- Disappointment that the general response from NHS Blood and Transplant (a publically funded body) was not in the spirit of an open, transparent and learning organisation.

RESOLVED –

(a) That the responses to the Board's statement following NHS Blood and Transplant's decision to close the blood donor centre in Seacroft, Leeds, be noted.
(b) That the Board writes a letter to the Secretary of State for Health to:
    a. Express disappointment at the lack of response from the Department of Health.
    b. Express disappointment that the general response from NHS Blood and Transplant (a publically funded body) was not in the spirit of an open, transparent and learning organisation
    c. Seek clarification about the responsibilities of Special Health Authorities around proposed service changes and/or developments and specifically the applicability of the 'four tests' announced in May 2010.

23 Work Schedule

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

The following key areas identified included:

- The health and care needs of offenders with a particular emphasis on mental health.
- Hospital discharge linked to the quality of health and social care services agenda.
- Leeds Health and Care Plan – it was reaffirmed that the Board be provided with details of the consultation timescales.
- The re-establishment of the Health Service Developments Working Group with an expanded remit to include performance and provider updates.

RESOLVED –

(a) That, subject to comments raised at the meeting and any on-going discussions and scheduling decisions, the Board's outline work schedule be approved.
(b) That the Health Service Developments Working Group be re-established with an expanded remit, as set out in the report.

24 Date and Time of Next Meeting

Tuesday, 5 September 2017 at 1.30pm (pre-meeting for all Board Members at 1.00pm)

(The meeting concluded at 3.45pm)

EXECUTIVE BOARD

MONDAY, 17TH JULY, 2017

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

25 Exempt Information - Possible Exclusion of the Press and Public

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

(a) Appendices 1 and 4 to the report entitled, 'Development of a District Heating Network', referred to in Minute No. 32 are designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that:

(i) Appendix 1 contains information relating to the financial or business affairs of any particular person (including the authority holding that information). Appendix 1 contains detailed pricing information underpinning the Council's heat sales business case, which if disclosed could damage the commercial interests of the Council. Disclosure of this information would seriously harm the Council's negotiating position when discussing heat sales with potential customers. Therefore it is considered that the public interest in maintaining the content of Appendix 1 as exempt from publication outweighs the public interest in disclosure of the information.

(ii) Appendix 4 contains information which is commercially sensitive and which details the value of Council owned property. Disclosure of which may prejudice future property development and disposals. As such, it is considered that the public interest in maintaining the content of Appendix 4 as exempt from publication outweighs the public interest in disclosure of the information.

(b) Appendix 1 to the report entitled, 'Leeds 2023 European Capital of Culture Bid: Interim Report', referred to in Minute No. 35 is designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that the information contained in Appendix 1 relates to the financial or

business affairs of any particular person (including the authority holding that information). It is considered that the public interest in maintaining the content of Appendix 1 as exempt from publication outweighs the public interest in disclosing the information, as it provides details of the proposed budget to be included in the Council's application to a competitive bidding process, and as such the release of such information at this time would prejudice the Council's position.

26 Late Items

With the agreement of the Chair, a late item of business was admitted to the agenda entitled, 'Grenfell Tower Update'. This was to provide the Board with the latest position regarding the implications arising and actions being taken by the Council, as a result of the recent Grenfell Tower fire. The report advised that given the fast changing nature of the issues involved, in order to provide Board Members with the most up to date information possible, the report was not included within the agenda papers as published on 7th July 2017. However, it was deemed appropriate that the Board was provided with a formal report regarding such matters at the earliest opportunity. (Minute No. 44 refers).

27 Declaration of Disclosable Pecuniary Interests

There were no Disclosable Pecuniary Interests declared at the meeting.

28 Minutes

RESOLVED – That the minutes of the previous meeting held on 21st June 2017 be approved as a correct record.

CHILDREN AND FAMILIES

29 Annual Reports of the Fostering and Adoption Services and Annual Updates of the Respective Statements of Purpose.

Further to Minute No. 8, 22nd June 2016, the Director of Children and Families submitted a report which presented the respective Annual Reports of the Fostering and Adoption services. In addition, the report also sought approval of the revised Statements of Purpose for those services.

In considering the establishment of the regional adoption service, it was undertaken that annual reports would be submitted to the Board, in order to make the Executive aware of the progress being made by the agency.

Members discussed the resource implications arising from the provision of demand-led services, such as those needed to care for looked after children. In addition, the Board considered the actions being taken to look to address any related resource pressures, such as via the recruitment of foster carers, and in response to an enquiry, received further information and context on the proportion of placements that were 'in house' foster carer placements, as opposed to independent foster agency placements.

In conclusion, the Chair thanked all of those people across the city who undertook foster carer duties, and to those who also played a crucial role as fostering ambassadors.

RESOLVED –

(a) That the respective Statements of Purpose for both the Fostering and Adoption Services for Leeds City Council, be approved;

(b) That in noting and reviewing the annual fostering and adoption report, the Board continues to support the work of the adoption and fostering service in order to ensure that children receive the best possible support.

30 Transport Assistance for Post-16 Students with SEND

Further to Minute No. 114, 16th December 2015, the Director of Children and Families submitted a report advising of the outcome of the associated consultation process, and which sought approval to implement a new transport offer for young people with SEND (Special Educational Needs or Disabilities) in post-16 education.

In presenting the report, the Executive Member for Children and Families highlighted how the submitted proposals differed from those that had been originally set out, as a result of the feedback received from the associated consultation exercise.

Responding to a Member's enquiry, the Board received assurances regarding the communication which had taken place with affected individuals and families to date, together with the individual assessment for each young person that was intended to be undertaken, should the submitted policy be approved.

Members thanked the Scrutiny Board (Children and Families) for the valuable work which had been undertaken by Board in this area, which included the Scrutiny Board statement, as appended to the submitted report. The Chair of the Scrutiny Board provided a brief summary of the statement, together with the accompanying recommendations, which the Executive Board was supportive of.

RESOLVED –

(a) That the proposed Children's Transport policy, 17th July 2017, as detailed at Appendix 1 to the submitted report, be approved. With it being noted that: Personal Travel Allowances will be offered to eligible young people with SEND in post-16 education as an alternative to providing transport. Young people with the very highest level of need, however, will continue to receive bespoke transport. Transport assistance would in future be made available on the following basis, depending on the level of transport need, as detailed in the policy and assessed by Children's Transport:
A: Independent Travel Training and a free bus pass (or equivalent cost) for a young person who is able to travel independently or could

make the journey to their learning setting on public transport accompanied by an adult as necessary.
B: A Lower Personal Travel Allowance (PTA) equivalent to £1 per mile for 2 single journeys per day.
C: An upper PTA equivalent to £1.50 per mile for 2 single journeys per day.
D: Provision of Bespoke Transport.

(b) That the new arrangements be introduced from September 2017, with it being noted that phasing arrangements, as detailed at paragraphs 3.42 – 3.45 of the submitted report, will mean that young people with SEND entering post-16 education for the first time from September 2018 onwards will be the first to receive transport assistance under the new policy.

(c) That it be noted that the officer responsible for the implementation of such matters is the Head of Commissioning and Contracting.

(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)

31 Celebrating 5 Years of Child Friendly Leeds

The Director of Children and Families submitted a report which provided details regarding the development and key achievements of the Child Friendly Leeds initiative, in order to mark the 5th anniversary since Leeds established itself as a child friendly city on 19th July 2012.

Board Members had been in receipt of further information, in the form of a booklet entitled, 'Making Leeds a Child Friendly City', which had been circulated prior to the meeting.

Members discussed the achievements which had been made since the establishment of the initiative, and discussed the challenges in this area that the Council still faced and the ongoing work which continued in order to address such challenges.

RESOLVED –

(a) That the following be endorsed:

- The contribution that Child Friendly Leeds makes to improving outcomes for children and young people, particularly the most vulnerable in our city;
- The variety and breadth of activities which now comprise the Council's Child Friendly Leeds offer (as detailed at appendix 2 to the submitted report);
- The feedback the Council is receiving on this in terms of the value it represents for those involved (as detailed at appendix 3 to the submitted report);

- The contribution Child Friendly Leeds has made to improving outcomes for children and young people in the city (as detailed at appendix 4 to the submitted report);
- The impact, as further demonstrated by the January – March 2017 Child Friendly Leeds report card (as detailed at appendix 5 to the submitted report);
- The key information which demonstrates that the ambition is enabling the Council to make a difference to the lives of children, young people and families in the city, including partner offers and enrichment projects (as respectively detailed at appendix 6 and appendix 7 to the submitted report).

(b) That the following be supported:

- The various activities planned to celebrate the 5th birthday;
- The Council's plans to further embed the ambitions for Leeds to be a child friendly city under the banner of 'Child Friendly Leeds II';
- The social media campaign on Facebook and Twitter: by Executive Members posting and tweeting themselves, and also by liking and reposting posts and tweets made by other organisations and individuals.

ENVIRONMENT AND SUSTAINABILITY

32 Development of a District Heating Network

Further to Minute No. 141, 10th February 2016, the Director of Resources and Housing submitted a report detailing the progress which had been made in respect of developing a district heating network. In addition, the report detailed the outcome of the evaluation process undertaken in respect of the tenders received for the two procurements that would deliver the District Heating Network; outlined the funding arrangements and the business case that supported the project, and which sought approval to proceed with the project, subject to certain conditions being met.

Members acknowledged the ambitious nature of the scheme, and responding to a Member's enquiry, further information and assurance was provided in respect of the scheme's business plan and the actions which would be taken in order to mitigate any associated risk.

As part of the reassurance provided on such matters, although the recommendations within the submitted report were to delegate necessary authority to the Director of Resources and Housing to deliver the project, it was undertaken that prior to doing so under such delegated authority, consultation would be undertaken with the Leader of Council, the Executive Member for Environment and Sustainability and those Opposition Group Leaders on Executive Board.

Following consideration of Appendices 1 and 4 to the submitted report designated as exempt from publication under the provisions of Access to information Procedure Rule 10.4(3), which were considered in private at the conclusion of the meeting, it was

RESOLVED –

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

(b) That the injection of £0.276m into the Capital programme in order to provide the balance of funding to deliver the district heating network programme, be approved;

(c) That authority to spend for the following be approved:
(i) The construction of the Spine District Heating Network of £21.276m funded through £17.276m supported prudential borrowing and £4m of grant from the West Yorkshire Combined Authority (WYCA);
(ii) The connection of the council housing District Heating Network of £17.42m funded through £11.3m of HRA capital and £5.774m of European Regional Development Fund (ERDF);

- With the above being subject to:-
- the Director of Resources and Housing being satisfied with the outcome of the external due diligence on the business case and securing the required heat loads; and
- the approval of the grant from the WYCA.

(d) That the necessary authority be delegated to the Director of Resources and Housing to enter into a contract with Vital Energi Utilities Ltd. for a maximum sum of £2m for a limited scope of works and services for the housing District Heating Network, as described at paragraph 3.8 of the submitted report;

(e) That the necessary authority be provided in order to enter into the leases of the Sites for the energy centres based next to the Recycling and Energy Recovery Facility (referenced as site A within the submitted report) and at Saxton Gardens, and including the disposal of Site A at an undervalue;

(f) That the necessary authority be provided in order to set up an energy trading company on the terms that are agreed by the Director of Resources and Housing and in consultation with the Leader, the Executive Member for 'Environment and Sustainability' and the Section 151 Officer;

(g) That the necessary authority be delegated to the Director of Resources and Housing in order to enter into all other documentation and take all other decisions required for the delivery of the project, and also to approve operational decisions relating to the district heating scheme;

(h) That further to the above resolutions, prior to the Director of Resources and Housing confirming the delivery of the project in line with the agreed delegated authority, the Director will first consult with the Leader of Council, the Executive Member for Environment and

Sustainability and those Opposition Group Leaders on Executive Board.

(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)

ECONOMY AND CULTURE

33 West Yorkshire Joint Services Trading Company

The Director of Resources and Housing submitted a report setting out the background to the proposed establishment of a West Yorkshire Joint Services trading company. Appended to the submitted report was a business case to support the proposal which had been approved in principle by the West Yorkshire Joint Services Committee.

Responding to a Member's enquiry, the Board was provided with further information and assurance regarding the level of political oversight that Members would have on the operation of the trading company, in addition to any associated tax liabilities.

As part of such assurances, should the trading company be established, it was proposed that an annual update report on the performance of that company be submitted to Executive Board in order keep the Board informed on such matters.

RESOLVED –

(a) That the legal position, as set out in Appendix 1 to the submitted report, be noted, in particular that the company will be a controlled company for the purposes of the Local Government and Housing Act 1989;

(b) That it be noted that the Council will provide an indemnity to its appointed representative, under the terms of The Local Authorities (Indemnities for Members and Officers) Order 2004;

(c) That the Business Case, as detailed at Appendix 2 to the submitted report, which is in support of the proposal to trade through the establishment of a trading company, be approved;

(d) That approval be given to the formation of a Holding Company, to be limited by shares wholly owned by the founding members of the West Yorkshire Joint Services Committee, (i.e. Bradford, Calderdale, Kirklees, Leeds and Wakefield) which will protect the business of the West Yorkshire Joint Services Committee; and to 4 subsidiary companies for Materials Testing, Calibration Services, Archaeological Services and Business Hive, to be owned by the Holding Company;

(e) That approval be given to the Council being involved as a shareholder in the West Yorkshire Joint Services Trading Company and its' subsidiaries, on the basis as set out within the submitted report;

(f) That approval be given for the Council to participate as Directors of the Company on the basis, as set out within the submitted report;

(g) That the proposed governance and funding arrangements for the company, as set out within the submitted report be noted and agreed;

(h) That approval be given to participate through a shareholders agreement, on the terms as set out in draft in the submitted report, and that the City Solicitor be authorised to agree final terms and execute the agreement on behalf of the Council which should be on the same basis as the contribution rates payable to West Yorkshire Joint Services;

(i) That the necessary authority be delegated to the City Solicitor in order to agree terms and enter into an agreement with the other 4 constituent authorities to indemnify Wakefield Council against any loss incurred as a result of making a working capital and investment loan to West Yorkshire Joint Services HoldCo up to a value of £1m, with the terms of such indemnity to be on the basis of each Council's contribution rate to West Yorkshire Joint Services;

(j) That an annual update report on the performance of the trading company be submitted to Executive Board, in order keep the Board informed on such matters.

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

34 Leeds Culture Strategy 2017-2030

Further to Minute No. 137, 8th February 2017, the Director of City Development submitted a report providing an update on the development of a new Culture Strategy for Leeds 2017-2030. The report recommended the adoption of the strategy, and sought a commitment to a culture-led narrative and focus for the city.

Members highlighted the importance of the cultural strategy for Leeds and the need to ensure that it was intrinsically linked to city's economic strategy. In welcoming the proposals, Members highlighted the need to progress the strategy, and noted that the next steps would be the development of a Delivery Plan.

RESOLVED –

(a) That the new definition, values, aims, objectives and five areas of focus for the Leeds Culture Strategy 2017-2030, be adopted;

(b) That a new narrative for the city, placing culture at the heart of all future major policy decisions, be adopted;

(c) That officers be requested to continue the work with stakeholders in order to develop a delivery plan to implement the strategy;

(d) That directorates be requested to consider how their challenges and opportunities could be reframed in light of the new Culture Strategy for Leeds 2017-2030 and how their service areas could contribute towards the Delivery Plan;

(e) That the Director of City Development be requested to return to Executive Board with an update on the Delivery Plan later in the year;

(f) That it be noted that the Chief Officer Culture and Sport will be responsible for the implementation of such matters.

35 Leeds 2023 European Capital of Culture Bid Interim Report

Further to Minute No. 137, 8th February 2017, the Director of City Development submitted a report providing an update on the work being undertaken towards the preparation of a Leeds bid for European Capital of Culture 2023 and which sought approval for the associated recommendations, as detailed.

Members welcomed the proposals detailed within the submitted report and noted that the deadline for initial bid submissions was 27th October 2017.

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

RESOLVED –

(a) That the overall progress made over the past twelve months, be noted;

(b) That the incorporation of Leeds Culture Trust be noted, and that the process going forward of developing appropriate governance structures, be approved;

(c) That the budget proposals, as detailed within exempt appendix 1 to the submitted report, for the delivery of European Capital of Culture in 2023, be approved;

(d) That officers be requested to return to Executive Board in October 2017 with the full and final detailed bid in advance of the deadline for the first stage submission of 27th October 2017;

(e) That it be noted that should Leeds be shortlisted, then a second and final application will need to be submitted by mid-2018.

36 Grants to Arts and Cultural Organisations

The Director of City Development submitted a report which presented background information on the current arts funding delivered by Leeds City

Council, with a proposal to update and revise the arts@leeds scheme moving forward.

In presenting the report, it was brought to the Board's attention that at section 2.9.6 of the submitted report, the financial investment bracket for tier 2 of the programme should read: '£4,000 - £50,000', and not '£4,000 - £30,000', as detailed.

RESOLVED –

(a) That the establishment of a revised 4-year arts@leeds programme, as described in the submitted report, be approved, subject to the inclusion of the correction referenced during the meeting (section 2.9.6 of the submitted report refers), to reflect that the financial investment bracket for tier 2 of the programme should read: '£4,000 - £50,000', and not '£4,000 - £30,000', as detailed;

(b) That subject to the Council's annual budget setting process, approval be given to maintain the current total level of investment in the arts@leeds and 'Leeds Inspired' schemes for the period 2018/19 to 2021/22, in support of the City Council's medium term financial plan;

(c) That a further report be submitted later this financial year in order to propose the investment levels for individual arts organisations through the arts@leeds scheme;

(d) That funding for the Leeds West Indian Carnival and the Black Music festival be transferred to the city's annual events programme, rather than being considered through the arts@leeds grant funding scheme;

(e) That it be noted that the Chief Officer, Culture and Sport is responsible for the implementation of such matters.

37 Leeds Inclusive Growth Strategy - Consultation Draft

Further to Minute No. 102, 16th November 2016, the Director of City Development submitted a report presenting the recent work undertaken in order to review and replace the Leeds Inclusive Growth Strategy for 2017 – 2023, specifically outlining the work undertaken to date in preparation of the draft, the proposed summer consultation process and the approach towards proposed publication in the autumn.

In referencing the 'Inclusive Growth' section of the consultation draft of the strategy, a Member highlighted: the need to ensure that all parts of the city benefited from the initiative; the value of community assets in helping to promote growth in a locality; and the importance of town and district centres.

Members also emphasised the need to ensure that this strategy was developed in partnership with the Council's other key strategies and plans, and was linked to relevant national initiatives.

RESOLVED –

(a) That the publication of the draft Leeds Inclusive Growth Strategy be approved for the purposes of consultation;

(b) That the approach proposed by officers to engage with business and stakeholders, seeking specific commitments for the strategy, be supported;

(c) That agreement be given for a final draft of the strategy to be published in the autumn of 2017;

(d) That agreement be given for the Chief Officer Economy and Regeneration to continue to lead on the Leeds Inclusive Growth Strategy throughout the remaining consultation period and publication.

EMPLOYMENT, SKILLS AND OPPORTUNITY

38 Equality Improvement Priorities Progress Report 2016 - 2017

The Director of Communities and Environment submitted a report setting out the annual progress which had been made against the Council's Equality Improvement Priorities for the period 2016 – 2017.

Members welcomed the submitted annual report.

RESOLVED –

(a) That the Equality Improvement priorities Annual Report 2016 – 2017, be approved;

(b) That the new Equality Improvement Priorities for the City Development directorate and the Resources and Housing directorate, be approved;

(c) That the refreshed Equality Improvement Priorities for the City Development directorate and the Public Health directorate, be approved;

(d) That approval be given to sign off the completed City Development directorate Equality Improvement Priority.

RESOURCES AND STRATEGY

39 Medium Term Financial Strategy 2018/19 to 2020/21

The Chief Officer (Financial Services) submitted a report presenting details of the Council's proposed medium term financial strategy for the period 2018/19 – 2020/21.

RESOLVED –

(a) That the 2018/19 – 2020/2021 Medium-Term Financial Strategy be approved;

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

(c) That it be noted that the Chief Officer Financial Services will be responsible for the implementation of such matters.

40 Financial Health Monitoring 2017/2018 - Quarter 1

The Chief Officer (Financial Services) submitted a report which presented the financial health position of the Council as at the end of the first quarter of the 2017/18 financial year. In addition, the report also reviewed the position of the budget and highlighted any potential key risks and variations.

Responding to concerns raised regarding the projected Children and Families directorate overspend and how such matters could be discussed and addressed moving forward, those concerns were acknowledged, and it was undertaken that further information and proposals, which would look to address such budgetary pressures would be submitted to the Board as part of the 2018/19 budget setting process.

RESOLVED – That the projected financial position of the Authority as at quarter 1, be noted.

41 The Leeds Community Infrastructure Levy - Investment of the Strategic Fund

Further to Minute No. 156, 11th February 2015, the Director of Resources and Housing submitted a report which sought approval for the investment of the Community Infrastructure Levy (CIL) Strategic Fund monies which had been accumulated for the period up to November 2016.

In considering the submitted report, a Member highlighted the importance of ensuring that the process for determining which sites would benefit from CIL Strategic Fund investment was simple and transparent.

RESOLVED –

(a) That approval be given for the investment of the CIL Strategic Fund, as set out in Table 1 of the submitted report (up to November 2016), to be used to contribute towards the learning places deficit for schools;

(b) That it be noted that the Chief Officer (Financial Services) is responsible for the implementation of such matters.

42 Annual Corporate Risk Management Report

The Director of Resources and Housing submitted a report which provided an update on the Council's most significant corporate risks and which detailed the arrangements currently in place, together with the further activity planned during 2017/18 to manage such risks.

Responding to an enquiry, assurance was provided that current arrangements would continue for the briefing of Group Leaders in respect of risk management issues.

RESOLVED – That the annual risk management report be noted, together with the assurances provided on the Council's most significant corporate risks, in line with the authority's Risk Management Policy and the Executive Board's overarching responsibility for their management.

43 Best Council Plan Annual Performance Report 2016/17

Further to Minute No. 139, 8th February 2017, the Director of Resources and Housing submitted a report inviting the Board to receive the draft Best Council Plan annual performance report and to note the progress made against the 2016/17 Best Council Plan.

In considering the submitted report, it was suggested that the Best Council Plan could look to provide further detail on those areas where challenges continued to exist, in order to enable further monitoring of performance management in those areas.

RESOLVED – That the draft Best Council Plan annual performance report be received, and that the progress made against the 2016/17 Best Council Plan be noted. In addition, it also be noted that further design work will take place and that some of the information included may change between this draft and the final design version being published as full-year results are finalised.

COMMUNITIES

44 Grenfell Tower Update

The Director of Resource and Housing submitted a report which provided the Board with details of the activity being undertaken and the current position in Leeds regarding the response to the events of the Grenfell Tower fire. Whilst the report acknowledged that such matters were still fast moving at this stage, it provided an outline of some key issues for consideration, both in the immediate term and over the coming months.

For those reasons set out within the submitted report, and as detailed at Minute No. 26, the Chair agreed for this report to be considered as a late item of business at the meeting. Copies of the submitted report and appendix had been provided to Board Members prior to the meeting.

By way of introduction to the submitted report, the Executive Member for Communities provided the Board with a detailed update which included: the partnership approach being undertaken with West Yorkshire Fire and Rescue Service; the current position regarding associated safety checks and inspections; together with details of the ongoing engagement programme with tenants, private landlords, schools, hospitals and universities. The Board also received further information regarding the ongoing investment into fire safety measures, and responding to an enquiry, the Board also received further detail regarding the provision of sprinkler systems in high rise blocks, with clarification being provided around prioritisation of such provision.

It was also emphasised that further updates would be provided to the Board in due course, whilst Members also noted that a related cross-party piece of work was currently being undertaken by the Local Government Association.

In conclusion, on behalf of the Board, Members thanked all officers involved for their considerable efforts in the associated communication and engagement strategy, which was ongoing.

RESOLVED –

(a) That the progress made on delivering the action plan (annex 1 to the submitted report) be noted, and that support be given to the ongoing prioritisation of the post-Grenfell work, noting the early implications and issues for consideration, as detailed within the submitted report;

(b) That in relation to the role of Scrutiny Boards, the following Scrutiny Boards be requested to pick up scrutiny of the relevant actions / emerging issues:-
  (i) Scrutiny Board (Strategy and Resources) – emergency planning;
  (ii) Scrutiny Board (Infrastructure and investment) – private sector properties and building control;
  (iii) Scrutiny Board (Environment, Housing and Communities) – Council housing stock safety, resident engagement and investment decisions;

(c) That further updates and reports on issues with implications for the city be submitted to Executive Board, as and when required.

45 A Strategic, Co-ordinated and Inclusive Approach to Migration in Leeds

Further to Minute No. 63, 21st September 2016, the Director of Communities and Environment submitted a report which provided an overview of the arrangements in place with respect to migration activity across the city, and which sought approval of a further strengthened approach towards such arrangements.

The Executive Member for Communities extended her thanks to the Scrutiny Board (Citizens and Communities) for the work that the Board had undertaken in this area, and the significant contribution that the Scrutiny Board had made to the submitted proposals.

RESOLVED –

(a) That the strengthened arrangements developed following the Citizen's and Communities Scrutiny Board inquiry into migration be approved, with the aim of ensuring a more strategic, co-ordinated and inclusive approach to migration, with the current and future work that is planned on such matters being endorsed;

(b) That it be noted that the Director of Communities and Environment and the Executive Member for Communities are responsible for leading this work through the Council's 'Stronger Communities' Breakthrough Programme;

(c) That an update report on the progress being made in this area, be submitted to the Executive Board in July 2018.

46 Council House Growth Programme - Delivery of Extra Care Housing

The Director of Resources and Housing, the Director of City Development and the Director of Adults and Health submitted a joint report which set out proposals for the delivery of extra care housing for older people across the city as part of the Council House Growth Programme and in support of the Better Lives Programme. In addition, the report also set out recommendations in order to enable the project to progress, including the use of Council owned sites which had been identified as suitable for delivery of extra care, the commitment of funding for the project from the Council House Growth Programme and the intended delivery strategy.

Members discussed the pace at which the programme was progressing, and highlighted the importance of using the initiative to encourage developers to bring their own land and schemes forward for the purposes of extra care provision. The Board also noted the cross-directorate working which continued in this area to progress the initiative.

In considering the sites detailed within the submitted report and the geographical spread of them, it was noted that the sites referenced were simply a shortlist which had been drawn up for extra care provision.

In conclusion, it was suggested that a cross-party working group could be established in order to assist with the progression of this scheme.

RESOLVED –

(a) That the investment being made in the delivery of extra care housing as part of the Council House Growth Programme be noted;

(b) That agreement be given that the sites included in section 3.13 of the submitted report should be dedicated to the delivery of the extra care housing programme, and that it be noted that any decisions on the disposal of Council land to enable this will be taken by the Director of City Development;

(c) That the intended procurement strategy for the delivery of extra care housing, as set out at paragraphs 3.15-3.20 of the submitted report, be agreed;

(d) That the needs assessment already undertaken to provide the evidence base for extra care delivery be noted;

(e) That the potential revenue savings to the Council, which will result from the provision of additional extra care housing places across the city be noted, and that it also be noted that these will be accrued through the use of sites that would otherwise be disposed of to generate a capital receipt;

(f) That the potential reduction in forecast capital receipts arising from the inclusion of the identified sites in the extra care programme be noted, together with the fact that this will be kept under review, but will be offset by future annual revenue savings and any additional land receipts arising from the delivery approach;

(g) That a further report on progress regarding the delivery of the programme be submitted to the Executive Board in June 2018;

(h) That it be noted that the responsible officer for the implementation of such matters is the Director of Resources and Housing.

47 Community Led Local Development

The Director of Communities and Environment submitted a report regarding the work which had been undertaken to secure Community Led Local Development (CLLD) funding for Leeds. The report also sought approval to enter into contracts with the Department for Communities and Local Government (DCLG) and the Department for Work and Pensions (DWP) in order to deliver the CLLD programme.

Members welcomed the content of the submitted report, highlighted the need to ensure that the Leeds City Region continued to benefit from the receipt of similar funding following Brexit, and noted the clear funding criteria and framework which had been used in this process.

RESOLVED –

(a) That Council expenditure for the three CLLD Programmes of £1,093k, be authorised;

(b) That the necessary authority be delegated to the Director of Communities and Environment in order to enter into contracts with DCLG and DWP for the CLLD Programmes in the Inner East, Inner South and Inner West areas.

REGENERATION, TRANSPORT AND PLANNING

48 Design and Cost Report, Proposed Refurbishment, West Yorkshire Playhouse

Further to Minute No. 28, 15th July 2015, the Director of City Development submitted a report which sought approval to submit a Stage 2 application to Arts Council England for the purposes of grant support towards the cost of the proposed West Yorkshire Playhouse refurbishment works, whilst also seeking the relevant authority for an injection into the Capital Programme and associated authority to spend. In addition, the report also outlined proposals for the Council, supported by stakeholders, to progress associated public realm improvements.

Members noted the wider public realm works which were proposed to accompany the Playhouse refurbishment scheme, highlighted the importance

for the Playhouse building to have good quality architectural design, whilst also considered the financial aspects of the proposals.

RESOLVED –

(a) That the submission of a Stage 2 application to Arts Council England for a grant of £6.330m towards the cost of refurbishing and reconfiguring the West Yorkshire Playhouse, be authorised;

(b) That an injection of £13.040m into the Capital Programme (Capital Scheme No. 32019) be authorised, subject to the City Council's Stage 2 grant application to Arts Council England for £6.3m being successful;

(c) That 'Authority to Spend' of £13.040m from Capital Scheme No. 32019 for the proposed refurbishment and reconfiguration works to the West Yorkshire Playhouse be approved, subject to the City Council's Stage 2 grant application to Arts Council England and the tender for the proposed works being within the project's cost plan allowance;

(d) That the award of the contract for the proposed refurbishment and reconfiguration works at the West Yorkshire Playhouse be authorised, subject to the tender for the proposed works being within the project's cost plan allowance;

(e) That the inclusion of the proposed public realm improvement works to Gateway Court in the contract for the proposed works to the West Yorkshire Playhouse be approved in principle, and that it be noted that a further report detailing the proposed public realm improvement works will be presented to Executive Board for approval in due course;

(f) That approval be given to bringing forward for disposal for residential use the site on Quarry Hill previously held for use as a coach layover facility, and approval also be given to use the subsequent capital receipt in order to contribute towards the cost of the proposed public realm improvement works at Gateway Court;

(g) That subject to consultation with the Executive Member for Regeneration, Transport and Planning, the Director of City Development be authorised to negotiate and approve the final terms of all legal agreements associated with the delivery of the project, in accordance with the Council's officer delegation scheme;

(h) That the actions required to implement the above resolutions, together with the proposed timescales to progress the project (as detailed in paragraph 3.6 of the submitted report) be noted, and that it also be noted that the Chief Officer Culture and Sport will be responsible for the implementation of such matters.

49 Ground lease of land at Beeston Village Community Centre to Health for All (Leeds) Ltd

The Director of City Development submitted a report which sought approval to grant a 50 year lease at peppercorn consideration to Health for All (Leeds) Ltd. for land at Beeston Village Community Centre, St Anthony's Drive, Beeston, Leeds, LS11 8AB. In addition, the report also sought approval to grant permission for Health for All (Leeds) Ltd. to demolish the existing Beeston Village Community Centre building.

RESOLVED –

(a) That approval be given to grant a 50 year ground lease to Health for All (Leeds) Ltd. for a peppercorn consideration for land at Beeston Village Community Centre, St Anthony's Drive, Beeston, Leeds, LS11 8AB, in order to enable a new community centre to be built using external funding;

(b) That approval be given for Health for All (Leeds) Ltd. to demolish the existing Beeston Village Community Centre building;

(c) That it be noted that the Head of Asset Management will be responsible for the implementation of such matters.

HEALTH, WELLBEING AND ADULTS

50 Leeds Health and Care Plan: A Conversation with Citizens

The Director of Public Health, the Director of Children and Families and the Director of Adults and Health submitted a joint report presenting the draft 'Leeds Health and Care Plan on a Page' together with the accompanying narrative, and which sought approval for the use of those documents as a basis for a proposed engagement and consultation exercise with citizens regarding the future health and care in Leeds.

Responding to a Member's enquiry, the Board received further information on the ways in which the success of associated outcomes would be measured, and how the plan would help enable the development of more efficient ways of working and the prioritisation of service provision.

RESOLVED –

(a) That in considering the draft narrative for the Leeds Health and Care Plan (as appended to the submitted report), the contents be noted, together with the comments made by the Board during the meeting, which can be incorporated into future iterations and which can be used in the Council's conversation with citizens about the future of health and care in Leeds;

(b) That the plans to progress a conversation with the public, based around the content of the submitted summary report, and delivered in conjunction with the 'Changing Leeds' discussion, be supported;

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

(d) That the continued availability of staff and resources from Leeds City Council to support and inform the development and implementation of the Leeds Health and Care Plan, be noted.

51 Leeds Academic Health Partnership

Further to Minute No. 166, 20th April 2016, the Director of Adults and Health and the Director of City Development submitted a joint report presenting the progress made by the Leeds Academic Health Partnership (LAHP) to establish a programme of active projects to deliver the Partnership's priorities. In addition, the report also described the support required in order to ensure that LAHP's performance is sustained in the long term.

A Member highlighted the value of the 'One Leeds Workforce' initiative which was outlined within the report, emphasising how it linked well to the Council's 'inclusive growth' ambitions.

RESOLVED –

(a) That the progress made by the Leeds Academic Health Partnership and its programme be noted, which looks to deliver better health outcomes, reduced health inequality and more jobs, whilst also stimulating investment in health and social care within the city's Health and Wellbeing Strategy;

(b) That the extension of the period covered by the City Council's contribution towards the running costs of the LAHP and delivery of the LAHP's programme of work from one year to three years in order to give certainty and reflect the long term impact of its priority project, be supported;

(c) That support be given to the principle of the Academy, which is a tool for better managing workforce challenges, and that officers be delegated, in consultation with the lead Member, the task of taking forward the Council's involvement whilst also keeping the Executive Board involved;

(d) That it be noted that the Chief Officer, Health Partnerships Team will be responsible for overseeing the implementation of the programme by the LAHP.

DATE OF PUBLICATION: WEDNESDAY, 19TH JULY 2017

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5.00P.M., WEDNESDAY, 26TH JULY 2017

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Report author: Steven Courtney
Tel: (0113) 37 88666

Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult and Health)

Date: 5 September 2017

Subject: Chairs Update – September 2017

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

1 Purpose of this report

1.1 The purpose of this report is to provide an opportunity to formally outline some of the areas of work and activity of the Chair of the Scrutiny Board since the previous Scrutiny Board meeting in July 2017.

2 Main issues

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

2.2 The purpose of this report is, therefore, to provide an opportunity to formally update the Scrutiny Board on the Chair's activity and actions, including any specific outcomes, since the previous Scrutiny Board meeting held in July 2017. It also provides an opportunity for members of the Scrutiny Board to identify and agree any further scrutiny activity that may be necessary.

2.3 The Chair and Principal Scrutiny Adviser will provide a verbal update on other activity at the meeting, as required.

3. Recommendations

3.1 Members are asked to:

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

4. Background papers[1]

4.1 None used

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

Report author: Cath Roff
Tel: 0113 378 8375

Report of: Cath Roff, Director of Adults and Health

Report to: Adults and Health Scrutiny Board

Date: 5 September 2017

Subject: *Better Lives* strategy refresh

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

Summary of main issues

1. The Council's strategy for people with care and support needs is called the *Better Lives* strategy. It includes actions undertaken by the Adult Social Care function but it also includes the wider contribution other council services make to improve the lives of people with care and support needs.

2. The strategy has been in place since 2011 so is due to be reviewed and refreshed. It does not cover all of the functions undertaken by Adult Social Care but acts as more of a business plan that focuses on the key priorities for change.

3. This report includes a brochure at Appendix One that sets out the proposed content of a refreshed *Better Lives* strategy including a "Plan on a Page".

Recommendations

1. Scrutiny Board members are asked to consider the draft strategy and comment on the proposals.

1. Purpose of this report

1.1 The purpose of this report is to share with Scrutiny Board members the draft refreshed *Better Lives* strategy provided at Appendix One and invite their comments.

2 Background information

2.1 The *Better Lives* strategy was written in 2011 as part of Leeds City Council's ambition that healthy living, social care and age-related care services work well together to make Leeds the best city for health and well-being. It is not the adult social care strategy but rather a whole Council strategy for people who have care and support needs. Its strategic priorities were set out in the Local Account for that year. The Local Account is the name given to Adult Social Care's public annual report.

2.2 There has been considerable change over that time which has heralded a period of unprecedented austerity, both for local government and the wider population, seen the introduction of the Care Act 2014, the creation of Health and Well-being Boards, a reconfiguration of much of the council's direct care services and a re-organisation of NHS services to put a greater emphasis on clinical leadership, commissioning for outcomes, reducing health inequalities and population health management in the commissioning of health services.

2.2 The strategy had three key themes: *Better Lives* through –

- Housing, care and support
- Innovation
- Enterprise

3 Main issues

3.1 Leeds City Council has firmly declared its intention to be a compassionate city with a strong economy. People's expectations and aspiration for their lives are changing and this affects how we meet people's care and support needs. It is increasingly clear that our future is intertwined with other strategic partners as we seek to promote people's independence and safeguard people in Leeds.

3.2 Reducing funding, demographic pressures and a likely increase in demand for social care as a result of the Care Act are just some of the factors that have shaped this strategy and the framing of a new adult social care offer. This offer proactively targets people who may be at risk of requiring social care services in order to inform them about ways in which they can make themselves more resilient to any risk to their independence and improve their overall well-being.

3.3 The new social care offer set out in this strategy seeks to ensure sustainable, fair and equitable service provision for local people which provides a better quality of life and is affordable now and in the longer term.

3.4 The proposed strategy seeks to focus our energy on what matters to people and acting swiftly to achieve it. We seek to build and harness the systems, relationships

and resources to support people to live lives that are meaningful, fulfilling and uphold their dignity. We want to ensure that support is provided as close to home and family as possible.

3.5 Local Government has a place-shaping role and we must use this mandate to have new and different conversations with our citizens, our communities and our partners to ensure that Leeds can continue to survive and thrive in these unprecedented times. Collaborative leadership will be key in achieving our shared vision for our city.

3.6 Executive Board approved the draft refresh to go out for consultation 8 February 2017. Leeds Involving People held a workshop to feed into the objectives of the draft. It has been presented to the Adult Social Care Community Champions and is working its way round our various partnership boards: mental health, learning disability, carers, autism etc. Presentations on the draft strategy has been given at staff meetings and Leeds Older People's Forum for example. It has also been presented at the Provider Network which includes our major NHS providers, the GP federations and Third sector representatives. The "Better Conversations" theme has particularly in-depth promotion and consultation for example with Community Links, Leeds Social Prescribing Group, the primary care development groups for each CCG, Health coaching workshops and Chapeltown Mental Health Wrap Around group to name but a few.

3.7 Oversight of the strategy's implementation has been the core business of the Better Lives Board which is chaired by a lead member and includes cross party membership as well as representation from our partner organisations and people with direct experience of care and support services. The Board has recently reviewed its terms of reference and has moved from being a delivery board to an assurance board. Board members particularly like the action plan around the three themes and each Better Lives Board meeting receives a written update on one of the three key themes. There is a rolling programme to report across the year on all three themes. The action plan stays as a live document and it is intended that new actions are added and completed actions taken off as the work progresses.

3.8 An important part of the strategy is actually measuring the impact of the strategy and it is suggested this is done through five "I statements". We have used this approach across a number of strategies co-designed with Leeds citizens such as the Age Friendly strategy and the Mental Health strategy. The suggested "I statements" in the strategy are drawn from this previous work.

4 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 The refreshed *Better Lives* strategy builds on on-going conversations we have with our partners and citizens through the wide range of partnership boards and joint fora we have. A specific piece of work was led by Leeds Involving People with people with care and support needs which informed the section of the strategy on what a better life looks like.

4.1.2 In developing and engaging support for this strategy within the Council a series of engagement events have been held with Best Council Leadership Team (the Chief

Officer Group). This is being followed up by further engaging with Directorate Leadership Teams to identify areas where joint approaches can be developed to meet the aims of the strategy. This report identifies a number of existing areas of joint working, together with further initiatives to explore going forward.

4.1.3 The report is being presented to Adults and Health Scrutiny Board as part of the consultation process and members' feedback will form part of the process of finalising the strategy.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 An equality impact screening has been undertaken and it has concluded that the strategy does not require a full impact assessment.

4.2.2 Where there are specific actions that are likely to have an impact, there will be specific Equality screenings and possibly full Impact Assessments.

4.3 Council policies and the Best Council Plan

4.3.1 The draft refreshed *Better Lives* strategy supports the Council's strategic objective to be a compassionate city with a strong economy by setting out how the council's strategic priorities for people with care and support needs. It also is a key part of the delivering the vision of the Health and Well-being Strategy including such key elements as:

- An age friendly city where people age well
- Strong, engaged and well connected communities
- Housing and the environment enable all people to be healthy
- Maximise the benefits from information and technology
- Promote mental and physical equality
- A valued, well trained and supported workforce
- The best care, in the right place and the right time

4.3.2 The strategy also supports the Council's Breakthrough projects, notably Making Leeds the Best City to Grow Old In and Reducing Health Inequalities but the approach and the strategies ambitions can have a positive impact across all the projects.

4.4 Resources and value for money

4.4.2 The Adult Social Care Directorate has a net budget of £204m in 2017/18 and has achieved a balanced budget for the past two years however this has not been achieved without a programme of continuous transformation and reconfiguration of services. The proposals contained within this report aim not only to achieve increased customer satisfaction but to make best use of community assets thereby making care budgets for those with eligible social needs go further. Leeds has maintained its investment in preventative services, mostly delivered by the Third Sector, and careful monitoring of the impact of the strengths-based approach to social care on Third Sector services will be in place to ensure local services are not over-stretched.

4.4.3 The Quality in Care team will be funded out of the additional 1 % precept that councils have been given permission to levy.

4.5 Legal Implications, Access to Information and Call In

4.5.1 The draft refresh of the *Better Lives* strategy helps deliver the new statutory principle of individual well-being that underpins the Care Act 2014. Local authorities (and their partners in health, housing, welfare and employment services) must take positive steps to prevent, reduce of delay the need for care and support for all local people.

4.6 Risk Management

4.6.1 There are no specific significant risks contained within the report. Adult Social care core business is the identification and management of risk – whether it is someone's safety through safeguarding or risks to independence through the provision of appropriate advice, information, care and support. Legal advice has been sought in all changes to social work documentation and recording practice to ensure the Council remains Care Act complaint.

4.6.2 All the directorates' major transformation programmes follow project management methodology and have risk registers that are regularly reviewed and updated.

5 Conclusions

5.1 Leeds has clearly set out its ambition to be a compassionate city with a strong economy. In light of this, the end of major service reviews and the introduction of the Care Act it is appropriate to refresh the *Better Lives* strategy which sets out the council's priorities for people with care and support needs. The strategy has taken a strong steer from the Health and Well-being Strategy and the Best Council Plan and is congruent with the changes made in Children's Services.

6 Recommendations

6.1 Scrutiny Board members are invited to comment on the draft refresh of the Better Lives strategy.

7 Background documents[1]

7.1 None

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

Better Lives strategy refresh 2017 – 2020

What is the *Better Lives* strategy?

The *Better Lives* strategy is Leeds City Council's strategy for people with care and support needs. We first produced a strategy in 2011 and it set out three priorities that we said we wanted to work on:

- Better Lives through enterprise
- Better Lives through housing, care and support
- Better lives through integration

Our strategy doesn't talk about everything we do. It focuses on what we think are the most important things we need to improve on.

It helps us deliver the Council's overarching Health and Well-being strategy which aims for Leeds to be:

"A healthy and caring city for all ages, where people who are the poorest improve their health the fastest"

Here are some of the things we have achieved under each priority:

Enterprise:

- Volunteering – investing £2.4 our 37 Neighbourhood Networks with 1910 volunteers
- Levering resources – partnership with Leeds Older People's Forum brought in £6m to tackle isolation and loneliness through the Time to Shine project
- Exploiting technology – designing solutions with people to make life easier

Housing, care and support:

- Changes models of care to services like Aspire, our social enterprise for learning disability services. Closing some day centres to create Holt Park Active – with a modern, integrated service of day opportunities
- Establishing a recovery model of care in our mental health services in partnership with the NHS and Third Sector

Integration:

- Setting up 13 Integrated Neighbourhood Teams with community health partners
- Having shared posts with the NHS for mental health, learning disabilities, dementia and carers services
- Assisted Living Leeds – offering an integrated service for people with disabilities

Why are we refreshing the strategy?

It is six years since it was first written and lots of things have changed. It is important that our strategy focuses on the things that people with care and support needs say are important to them.

We have been talking to people to better understand what their experience of care services is like and whether we are focusing on the right things.

People told us that:

- It is sometimes difficult to get good advice and information in order to make informed decisions
- When we make changes we do not always explain it very clearly
- People can find it difficult to speak promptly to the person who can help them with their issue and some waiting times at the "front door" were too long
- They can sometimes feel passed around and have to tell their story again
- The assessment process tends to focus on the things people can't do and misses out the things that people can do for themselves or they can do with help from family or friends
- Our processes are over-bureaucratic and fetter the time staff can spend focusing on solutions
- We are sometimes too quick to offer the usual menu of services rather than think through more creative but simpler solutions
- We often get involved too late in a situation which makes it so much harder to find a good solution
- People are concerned about the quality of care

What do we need to do to make this better?

We have listened to this feedback and identified what we need to do to make this better. This can be summarised as:

- Our starting point is a firm belief that everyone has strengths, no matter what their current challenges are, and that by focusing on people's strengths as individuals, within their families and as part of their community we can work together to build a better life
- Having different conversations with individuals around "what matters to you rather than "What's the matter with you"" and "how can we work together to find solutions"?
- Redesigning our "front door" so people can speak to someone who can assist them straightaway irrespective of whether or not they meet formal eligibility criteria
- Positioning our "front door" in lots of different places including community centres, libraries, GP surgeries and community hubs
- Ringing people back to check how our suggestions have worked for them and if they haven't then to plan with them again

- Thinking about how we can intervene earlier on and who is the best person or partner to do this
- Responding quickly in a crisis and sticking closely to people to see them through a difficult time
- Making the focus of social work assessment and review
- Building much stronger partnerships with primary and community health services and wider council services
- Maximising people's independence, recovery and rehabilitation
- Working closely with partners to ensure no-one goes unnecessarily to hospital or into long term care, especially from an acute hospital bed
- Working with communities and neighbourhoods to harness the assets within those communities to support the people living there
- Having a big focus on improving the quality of all care services so people have confidence in them

Our purpose:

The ambition of the *Better Lives* strategy is:

> *"To ensure that people with care and support needs are able to have a fulfilling life"*

Our five key aims:

- To promote well-being and increase personal and community resilience
- To maximise recovery and promote independence so people can live independently in their own communities for as long as possible
- To improve the quality of life for people with care and support needs
- To provide choice and control for people who have care and support needs
- To ensure value for money and the best use of the Leeds pound

Our guiding principles:

The Better Lives strategy is under-pinned by the following ten **principles:**

1. ***Self-determination*:** each person should be in control of their own life and, if they need help with decisions, those decisions are kept as close as possible to them.
2. ***Direction***: each person should have their own path and sense of purpose to help give their life meaning and significance.
3. ***Money***: each person should have enough money to live an independent life and are not unduly dependent upon others.
4. ***Home***: each person should have a home that is their own, living with people that they really want to live with.

5. ***Support***: each person should get support that helps them to live their own life and which is under their control.
5. ***Independence***: People should have the opportunity to learn or re-gain the skills to be as independent as possible
6. ***Community Life***: each person should be able to fully participate in and contribute to their community.
7. ***Rights***: each person should have their legal and civil rights respected and be able to take action if they are not.
9. ***Responsibilities****:* each person should exercise responsibility in their own lives and be able to make a contribution to their community.
10. ***Assurance***: people should have confidence in the quality of the services the Council commissions or provides directly itself.

Our key commitments to you

We need to build on the approach we embarked on in 2011. Set out below are what we believe should be our **key commitments** to citizens for a reformed care and support system:

- We will listen carefully to understand what makes a good life for you
- We will communicate clearly and in a way that works best for you
- We will listen to, and value, what you, your family, your friends and your community say
- The focus of our intervention will be to facilitate solutions
- We will work with you at a pace that is right for you
- We will actively engage with our local communities, support networks and partners to develop alternative solutions for people
- You will only have to tell your story once and we will make sure our systems and procedures support that
- We will ask your permission upfront to share information to help keep you safe and well
- We will empower our front-line staff to design different solutions with you
- You will not unnecessarily go into long term care and will have time to make informed decisions about your care and support options
- Keeping you safe is paramount: and we will work collaboratively with you and other agencies to manage risk appropriately
- We will work equitably within our resources
- We will actively work with our partners to remove barriers to delivering our services

Our approach needs to operate at four levels:

At individual practice level: working in a different way to help individuals and their families find solutions that build on their strengths and assets

At the service level: building flexible, empowering and responsive services that are delivered in new and innovative ways

At the community level: building and harnessing the strength of resilient individuals, families and communities

At whole systems level: recognising that part of the solution to our challenge rests in collaborative working with our colleagues in the wider public, Third and private sectors. We need to engineer a win-win solution across health and social care to manage demand pressures and to keep people safe and well.

What does success look like: what is a good life?

We have worked with people with care and support needs, carers, partners and staff to build a picture of what the constituent parts of a good life are and this is what people have said:

- Having somewhere decent to live
- Having friends and people who love you in your life
- Having enough money to make choices
- Exercising control over your life
- Living as independently as possible
- Feeling safe
- Participating in society as a contributing citizen
- Enjoying the best quality of life irrespective of frailty and/ or disability
- Having aspirations and hope
- Having fun!

We will judge our success on the following "I" outcome statements which is what we hope people with care and support needs could say about their lives:

Outcome One: *I have access to information and support to live the life I choose for myself*

Outcome Two: *I am able to build on my personal strengths and realise the opportunities that exist within my community to lead a fulfilling, health and active life.*

Outcome Three: *I feel in control of my life and feel safe and as well as possible*

Outcome Four: *I have choice about where I live and who I live with*

Outcome Five: *I have confidence in the people and organisations that provide me with support*

So what are our new priorities?

It is proposed that the refreshed *Better Lives* strategy reframes its purpose around three key themes:

- *Better Lives* through better conversations
- *Better Lives* through better living
- *Better Lives* better connections

Set out below is our action plan for each of the key themes.

Better Lives Action Plan

Better Conversations	
Priority	**Task**
1. Adopt a strengths-based approach to social work	Changing our conversations with customers to be about "What matters to them" rather than "what's the matter with them"
	Train all staff, including customer services operators, in the approach
	Set up "Talking Points" – pop-up sessions with social workers in community settings across the city
	Build up community knowledge and make greater use of the Leeds Directory in social work practice
2. Reduce bureaucracy for social workers	Review all documentation and processes to free up time for more face to face work with customers
3. Improve our response when some is in urgent need	Roll out the Rapid Response Team approach which "holds" people for 72 hours, has reduced backlogs and provides more professional support at initial contact point I the customer journey
4. Evaluate the impact of this approach	Work with the Behavioural Insight Team to evaluate the impact of the strengths-based approach at initial contact
	Participate in the National Development Team for Inclusion evaluation as one of 10 local authorities adopting this approach
	Work with people with care and support needs and carers to evaluate the impact of this approach

Better Living	
Priority	**Task**
1. Extend the housing offer for older people	Develop more extra care schemes using a mixture of council resources and council influence in the market
	Extend the Homeshare service
2. Improve access to appropriate housing for working age adults with care and support needs	Working with the Housing department and Registered Social Landlords to improve access to housing including influencing new developments and bespoke schemes based on the principle of "ordinary lives"
	Work with technology companies to include the next generation of assistive technology into housing
3. Maximise the role of prevention	Continue to invest in a range of Third Sector services in both preventative and direct care
	Recommission the Neighbourhood Networks
3.Maximise the use of technology to improve people's lives	Continue to develop applications and "The Internet of Things" to improve people's safe, well-being and connectedness
	Complete Phase 2 of Assisted Living Leeds development
4. Support carers	Continue to support Carers Leeds
	Undertake a strategic review of short break services
5. Improve take up of Direct Payments and Individual Services	Review and improve the current paperwork and process for DPs and IFSs with an expert-by-experience group

	Develop the Personal Assistant workforce
6. Promote the financial inclusion of people with care and support needs	Continue to work with Leeds Benefit Service to offer a full benefits check
	Promote the Leeds Money Information Service to people with care and support needs
	Continue investment in employment support
	Continue to offer work tasters in Adult Social Care services
7. Develop in-house services	Develop Leeds Recovery Service as an integrated service offering assistive technology, short-term support in the home and recovery beds
	Expand the in-house *Shared Lives* services to increase the number of carers and therefore services
8. Improve the quality of externally commissioned services	Develop a "One City" approach to quality with the NHS
	Set up the Quality in Care team which will work with the care home sector in the first instance to improve and sustain the quality of care

Better Connections	
Priority	**Task**
1. Collaborate where working together will improve services	Continue to develop our 13 Integrated Neighbourhood Teams, particularly engaging with primary care services as the NHS develops an accountable care system in Leeds
	Work closely with the Communities and Environment Directorate in the roll out of a strength-based approach to social care including asset mapping and asset-based community development
2. Continue to work with other council directorates and partners to improve the lives of people with care and support needs	Working with colleagues in the Housing department, a range of initiatives are being developed including the promotion of links to Tennant forums, Housing Advisory Panels and the significant community assets already developed by these groups.
	Work with the Parks and Countryside Service to develop design principles for Parks to ensure accessibility for older people.
	Building upon the strong working relationships that the Council has developed with the Police Service to support Safeguarding, Domestic Violence and Community Safety, we aim to work more closely with them to reduce incidence, impact and fear of crime experienced by vulnerable people, particularly by older people. We also aim to work with the Police Service to more effectively support people with dementia to be returned home safely should the need arise.
	Make the most of Leeds Academic Health Partnership, make sure that innovation and learning are closely linked so we build on an evidence base of works well and makes a positive impact on people's lives.

	Leeds City Council has endeavoured to be more enterprising and has encouraged enterprise to be more civic with businesses, both large and small, making a significant contribution to improving the lives of local people through generous corporate social responsibility. We want to build on this, particularly by strengthening links with businesses at a locality level.

What we want to achieve

5 PASSIONS

1. Promote well-being and personal and community resilience
2. Maximise recovery and promote independence so peoples can live independently in their own communities for as long as possible
3. Improve the quality of life for people with care and support needs
4. Provide choice and control for people who have care and support needs
5. Ensure value for money and the best use of the Leeds £

5 OUTCOMES

→ "I have access to information and support to live the life I choose for myself"
→ "I am able to build on my personal strengths and realise the opportunities that exist within my community to lead a fulfilling, healthy and active life"
→ "I am in control of my life and feel safe and as well as possible"
→ "I can choose where I live and who I live with"
→ "I have confidence in the people and organisations who provide me with support"

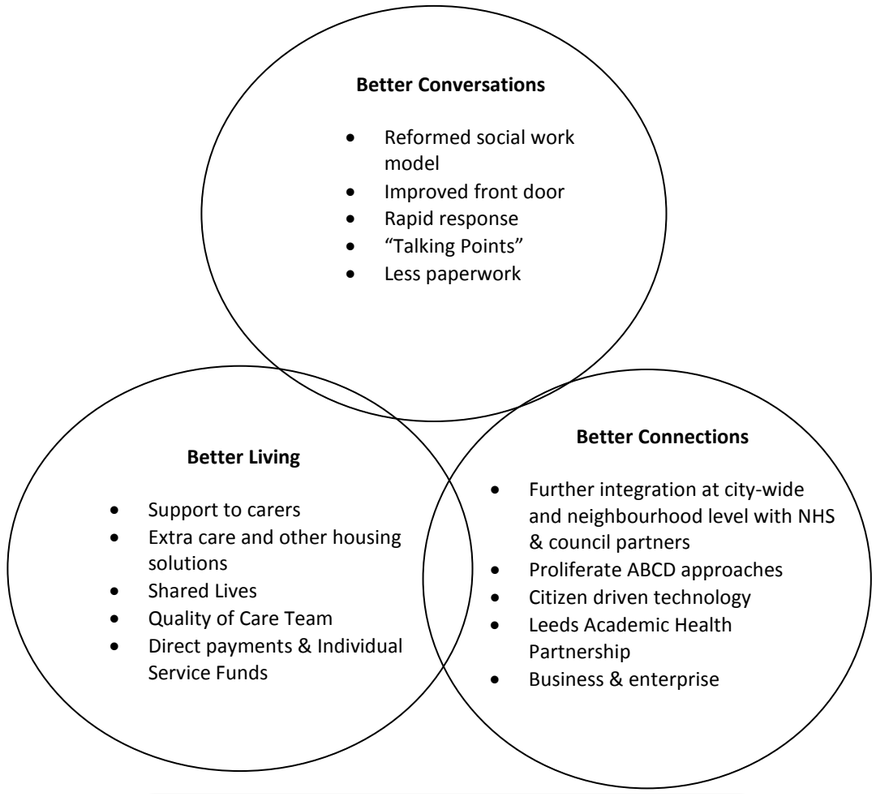
9 PRIORITIES

1. To work with people with care and support needs in a way that builds on their strengths and those of their family, friends and communities through a transformed model of social work and social care
2. To stimulate and harness community assets
3. To enable family carers to remain well, active and energised in their caring role with access to a range of short breaks
4. To increase the opportunities for people to recover and maximise their independence thereby reducing the number of people admitted to permanent care
5. To promote a range of models of care and support to increase the number of people choosing direct payments
6. To increase the amount of Extra Care housing and other models of Accommodation – with - support to reduce the number of people needing a care home placement
7. To support and develop social care providers and the social care market within the city to provide high quality services
8. To work with our partners in an integrated way to improve the health and wellbeing of people within the City
9. To reduce inequalities in health and well-being and to ensure equality of access to social care services

Health and Wellbeing strategy: *Leeds will be a healthy and caring city for all ages. Where people who are the poorest improve their health the fastest*

Vision of the **Better Lives** strategy: *To ensure that people with care and support needs are able to have a fulfilling life*

How we'll do it



A clear budget strategy:

- **Meeting people's needs**
- **Helping people to help themselves**
- **Those who can afford it make a contribution**

How we'll know if we've made a difference

Better Conversations

1. % of new referrals for social care which were resolved at initial point of contact or through accessing universal services
2. % of adult social care assessments completed in the month within 28 days (all assessments)
3. Numbers / % of carers using social care who receive self-directed support as a direct payment

Better Connections

4. The ratio of people who receive community-based support vs people who are supported in care homes
5. The number of people completing a re-ablement service
6. Delayed discharges from hospital due to social care (per 100,000 population)

Better Living

7. The % of CQC registered care services in Leeds rated as "good" or outstanding"
8. % of people who use social care who receive self-directed support as a direct payment (including mixed budgets)
9. Number of permanent admissions to residential and nursing care homes for people aged 18-64 including 12 week disregards
10. Number of permanent admissions to residential and nursing homes people aged 65+ including 12 week disregards
11. Number of new units of extra care housing

Safeguarding

12. The percentage of people with a concluded safeguarding enquiry for whom their outcomes were fully or partially met

Finance

13. Forecast expenditure of Directorate

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Report author: Mick Ward
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Report of the Director of Adults and Health

Report to Scrutiny Board (Adults and Health)

Date: 5 September 2017

Subject: Care Quality Commission (CQC) – Adult Social Care Providers Inspection Outcomes

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

1 Purpose of this report

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

2 Background

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

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

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

2.4 This report covers Adult Social Care providers, with a separate report being produced for regulated health care services. The report now outlines further detail on the CQC reports to include the outcome across all the five CQC domains of:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

3 Summary of main issues

CQC Inspection reports

3.1 Appendix 1 provides a summary of the inspection outcomes across Leeds published since between April and August 2017.

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

3.3 Representatives from CQC have been invited to Scrutiny Board to help respond to any questions Scrutiny Board members may have.

3.4 During the period covered by this report CQC published 52 inspections. Of these services 29 are rated good, 21 as requires improvement, and 2 were inadequate. Of these, since the last inspection, 13 have improved their rating, 23 have stayed the same and 6 have declined. 10 have been rated for the first time under this methodology.

3.5 The Adults and Health Commissioning and Contracts Team continue to work with providers it contracts with to improve quality, including those who 'require improvement' and detailed improvement plans are in place for any providers who are deemed inadequate. Adults and Health routinely suspends new placements with these providers, and others that we have serious concerns with, until improvements are in place.

4. Recommendations

4.1 That the Scrutiny Board considers the details presented in this report and determines any further scrutiny activity and/or actions as appropriate.

5. Background papers[1]

None used.

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

Scrutiny Board (Adult Social Care, Public Health, NHS)
Care Quality Commission (CQC) - Inspection Outcomes
April 2017 – August 2017

O = Outstanding
G = Good
RI = Requires Improvement
I = Inadequate

Appendix 1

Organisation	Provider Name	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Previous Inspection Published	Previous Inspection Published		Safe	Effective	Caring	Responsive	Well-Led
Oak Tree Lodge	Anchor Carehomes Limited	Care Home	LS8 3LJ	03/08/2017	http://www.cqc.org.uk/location/1-1477142369	Good	22/06/2016	RI	↑	G	G	G	G	G
Stable Lives	Stable Lives Recruitment Limited	Home Care	LS4 2PU	02/08/2017	http://www.cqc.org.uk/location/1-2592826094	Good	N/A	First Inspection		G	G	G	G	G
Ashfield Nursing & Residential Home	Ashfield Nursing Home Limited	Nursing Home	LS22 7TF	01/08/2017	http://www.cqc.org.uk/location/1-118011208	Good	14/04/2015	G	→	G	G	G	G	G
Leeds Learning Disability Community Support Service-East and North East Leeds	Aspire Community Benefit Society Limited	Home Care / Supported Living	LS7 2DW	01/08/2017	http://www.cqc.org.uk/location/1-2064520425	Good	12/12/2013	Met Standards		G	G	G	G	G
Human Support Group Limited - West Leeds	The Human Support Group Limited	Community Services / Nursing / Home Care	LS28 5LY	01/08/2017	http://www.cqc.org.uk/location/1-2650077026	Requires improvement	29/07/2015	G	↓	G	RI	G	G	RI

Organisation	Provider Name	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Previous Inspection Published	Previous Inspection Published		Safe	Effective	Caring	Responsive	Well-Led
Errol House	The Wilf Ward Family Trust	Care Home	LS23 6BH	01/08/2017	http://www.cqc.org.uk/location/1-278317982	Good	10/04/2015	G	→	G	G	G	G	G
Leeds Jewish Welfare Board - 248 Lidgett Lane	Leeds Jewish Welfare Board	Care Home	LS17 6QH	28/07/2017	http://www.cqc.org.uk/location/1-115929010	Requires improvement	04/03/2015	G	↓	RI	G	G	G	RI
Fairfax Road	Voyage 1 Limited	Care Home	LS11 8SY	27/07/2017	http://www.cqc.org.uk/location/1-129459474	Good	26/02/2015	G	→	G	G	G	G	G
Grace Homecare LTD	Grace Homecare LTD	Home Care	LS11 6XD	27/07/2017	http://www.cqc.org.uk/location/1-2592526911	Good	N/A	First Inspection		G	G	G	G	G
Dyneley House	Greendown Trust	Care Home	LS7 3QB	25/07/2017	http://www.cqc.org.uk/location/1-112481086	Good	23/03/2015	G	→	G	G	G	O	G
Kirkside Lodge	Caireach Limited	Care Home	LS5 3EJ	25/07/2017	http://www.cqc.org.uk/location/1-1749227848	Requires improvement	25/04/2015	G	↓	RI	G	G	G	RI
Berkeley Court	Anchor Carehomes Limited	Care Home	LS8 3QJ	25/07/2017	http://www.cqc.org.uk/location/1-3810279871	Good	23/05/2016	RI	↑	G	G	G	G	RI
Kirkside Lodge	Caireach Limited	Care Home	LS5 3EJ	21/07/2017	http://www.cqc.org.uk/location/1-1749227848	Good	24/04/2015	G	→	RI	G	G	G	RI

Organisation	Provider Name	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Previous Inspection Published	Previous Inspection Published		Safe	Effective	Caring	Responsive	Well-Led
St Philips Close	Voyage 1 Limited	Care Home	LS10 3TR	20/07/2017	http://www.cqc.org.uk/location/1-129453623	Good	01/05/2015	G	→	G	G	G	G	G
OOJ Homecare Services Limited	OOJ Homecare Services Ltd	Home Care	LS11 5SF	20/07/2017	http://www.cqc.org.uk/location/1-2231367388	Good	N/A	First Inspection		G	G	G	G	RI
Moorfield House Nursing Home	Care Concern Yorkshire Ltd	Nursing Home	LS17 6HW	20/07/2017	http://www.cqc.org.uk/location/1-304652901	Requires improvement	08/04/2016	RI	→	I	RI	RI	RI	RI
Ardsley House	J C Care Limited	Care Home	WF3 2HN	14/07/2017	http://www.cqc.org.uk/location/1-130890565	Good	25/02/2015	G	→	G	G	G	G	G
Shield Recruitment Limited	Shield Recruitment Limited	Community Services/Healthcare	LS28 7RZ	14/07/2017	http://www.cqc.org.uk/location/1-2305155818	Good	N/A	First Inspection		G	G	G	G	G
Champion House - Care Home with Nursing Physical Disabilities	Leonard Cheshire Disability	Nursing Home	LS28 5QP	12/07/2017	http://www.cqc.org.uk/location/1-120084728	Requires improvement	01/02/2016	RI	→	RI	G	G	G	RI
Park Avenue Care Home	Bupa Care Homes (GL) Limited	Nursing Home	LS8 2JH	11/07/2017	http://www.cqc.org.uk/location/1-128272617	Good	10/06/2016	RI	↑	G	G	G	G	G

Organisation	Provider Name	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Previous Inspection Published	Previous Inspection Published		Safe	Effective	Caring	Responsive	Well-Led
Firstpoint Homecare - Leeds	Firstpoint Homecare Limited	Home Care	LS1 2HL	11/07/2017	http://www.cqc.org.uk/location/1-1761386268	Requires improvement	21/05/2016	RI	→	G	RI	RI	RI	G
Cookridge Court	Cookridge Court Limited	Care Home	LS16 6NB	06/07/2017	http://www.cqc.org.uk/location/1-457462588	Requires improvement	02/02/2016	RI	→	RI	RI	RI	RI	RI
Springfield	Springfield Care Services Limited	Care Home	LS25 1EP	05/07/2017	http://www.cqc.org.uk/location/1-154091843	Requires improvement	31/07/2015	RI	→	I	G	RI	RI	RI
Oulton Manor	Hadrian Healthcare (Oulton) Limited	Care Home	LS26 8EL	05/07/2017	http://www.cqc.org.uk/location/1-2571542033	Good	N/A	First Inspection		G	G	G	O	G
Step Ahead Home Care Services	Step Ahead Care Homes	Home Care	LS7 2BB	30/06/2017	http://www.cqc.org.uk/location/1-1763145602	Requires improvement	16/05/2016	RI	→	RI	G	G	RI	RI
Headingley Hall Care Home	Westward Care Limited	Care Home	LS6 2DD	29/06/2017	http://www.cqc.org.uk/location/1-119664818	Good	27/04/2016	RI	↑	G	G	G	G	G
SENSE - 138 Bradford Road	Sense	Care Home	LS28 6EP	28/06/2017	http://www.cqc.org.uk/location/1-120444464	Good	29/04/2015	G	→	G	G	G	G	G
Tealbeck House	Anchor	Care Home	LS21 1RJ	20/06/2017	http://www.cqc.org.uk/location/1-126242199	Requires improvement	04/04/2016	RI	→	G	RI	G	G	RI

Organisation	Provider Name	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Previous Inspection Published	Previous Inspection Published		Safe	Effective	Caring	Responsive	Well-Led
Sunnyside Nursing Home	Bluebell Care Services Limited	Nursing Home	LS15 8EA	17/06/2017	http://www.cqc.org.uk/location/1-138395988	Good	07/02/2015	G	→	G	G	G	G	G
Donisthorpe Hall	Donisthorpe Hall	Nursing Home	LS17 6AW	03/06/2017	http://www.cqc.org.uk/location/1-114958058	Requires improvement	26/10/2016	I	↑	RI	RI	RI	RI	I
Creative Support Leeds Service	Creative Support Limited	Home Care	LS16 7NJ	17/05/2017	http://www.cqc.org.uk/location/1-270560779	Good	01/03/2016	RI	↑	G	G	G	G	G
The Coach House Care Home	Mrs Claire Buckle and Mrs Alison Green	Care Home	LS25 1LL	16/05/2017	http://www.cqc.org.uk/location/1-118153276	Requires improvement	29/03/2016	RI	→	RI	RI	G	G	RI
Bywater Hall and Lodge	Tri-Care Limited	Care Home	WF10 2DY	16/05/2017	http://www.cqc.org.uk/location/1-122290171	Requires improvement	18/02/2016	RI	→	RI	RI	RI	RI	RI
Daisy Vale House	J C Care Limited	Care Home	WF3 3DS	16/05/2017	http://www.cqc.org.uk/location/1-130890597	Good	07/03/2016	RI	↑	G	G	G	G	G
Grove Park Care Home	Avery Homes Grove Park Limited	Care Home	LS6 2BG	12/05/2017	http://www.cqc.org.uk/location/1-2013878639	Good	26/04/2016	RI	↑	G	G	G	G	G
Caremark (Leeds)	Caremark (Leeds)	Home Care	LS6 2QH	10/05/2017	http://www.cqc.org.uk/location/1-232681786	Requires improvement	25/08/2015	RI	→	G	RI	G	G	RI

Organisation	Provider Name	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Previous Inspection Published	Previous Inspection Published		Safe	Effective	Caring	Responsive	Well-Led
Middleton Park Lodge	Indigo Care Services Limited	Nursing Home	LS10 4HT	09/05/2017	http://www.cqc.org.uk/location/1-2583886671	Requires improvement	N/A	First Inspection		RI	RI	G	G	RI
EPOCH Homecare Ltd	EPOCH HomeCare (EHC) Limited	Home Care	LS18 4AP	29/04/2017	http://www.cqc.org.uk/location/1-2247501618	Good	N/A	First Inspection		RI	G	G	G	G
Owlett Hall	Care Worldwide (Bradford) Limited	Care Home	BD11 1ED	28/04/2017	http://www.cqc.org.uk/location/1-141599363	Requires improvement	09/09/2016	I	↑	RI	RI	G	RI	RI
35 Ninelands Lane	Brain Injury Rehabilitation Trust	Rehabilitation / Care Home	LS25 2AN	27/04/2017	http://www.cqc.org.uk/location/1-296781639	Good	25/02/2015	G	→	G	G	G	G	G
Medacs Healthcare PLC	Medacs Healthcare PLC	Home Care	LS25 2GH	27/04/2017	http://www.cqc.org.uk/location/1-3063105629	Requires improvement	N/A	First Inspection		I	RI	RI	RI	RI
Victoria House Residential Home	Inniscastle Care Limited	Care Home	LS10 3EB	25/04/2017	http://www.cqc.org.uk/location/1-226803115	Inadequate	26/01/2015	G	↓	I	I	RI	RI	I
Stone Gables	Stone Gables Care Limited	Care Home	LS27 7HR	22/04/2017	http://www.cqc.org.uk/location/1-1322819251	Requires improvement	24/03/2016	RI	→	G	RI	G	RI	RI
Ashlar House - Leeds	Leeds Autism Services	Care Home	LS7 3LW	08/04/2017	http://www.cqc.org.uk/location/1-114104905	Requires improvement	10/10/2014	G	↓	RI	G	G	G	RI

Organisation	Provider Name	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Previous Inspection Published	Previous Inspection Published		Safe	Effective	Caring	Responsive	Well-Led
Hillside House Domiciliary Care	Care Network Solutions Limited	Home Care	LS6 2AY	30/03/2017	http://www.cqc.org.uk/location/1-2242192675	Good	N/A	First Inspection		G	G	G	G	RI
Springfield House Retirement Home	Mrs. S.Hart	Care Home	LS27 9PW	25/05/2017	http://www.cqc.org.uk/location/1-118805299	Good	30/04/2016	RI	↑	G	G	G	G	G
St Anne's Community Services - Leeds DCA 2	St Anne's Community Services	Care Home	LS11 6JU	25/03/2017	http://www.cqc.org.uk/location/1-121773590	Good	28/10/2015	RI	↑	G	G	G	G	RI
Summerfield Court	Voyage 1 Limited	Care Home	LS13 1AJ	22/03/2017	http://www.cqc.org.uk/location/1-1441008775	Requires improvement	24/09/2015	RI	→	RI	RI	G	RI	RI
SENSE - 509 Leeds and Bradford Road	Sense	Care Home	LS13 2AG	21/03/2017	http://www.cqc.org.uk/location/1-120444480	Good	26/06/2015	RI	↑	G	G	G	G	G
Aire View	Avery Homes Kirkstall Limited	Care Home	LS5 3ED	18/03/2017	http://www.cqc.org.uk/location/1-134645463	Good	15/10/2015	RI	↑	G	G	G	G	RI
Sabourn Court Care Home	Bupa Care Homes Limited	Care Home	LS8 2PA	16/03/2017	http://www.cqc.org.uk/location/1-3087872353	Requires improvement	16/12/2015	RI	→	RI	RI	RI	G	RI
Morley Manor Residential Home	W & S Red Rose Healthcare Limited	Care Home	LS27 9DL	15/03/2017	http://www.cqc.org.uk/location/1-111200339	Inadequate	20/07/2016	RI	↓	I	I	RI	RI	I

Report author: Steven Courtney
Tel: 0113 378 8666

Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adults and Health)

Date: 5 September 2017

Subject: Leeds Health and Care Plan

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

1 Purpose of this report

1.1 The purpose of this report is to introduce details of the joint report from the Director of Public Health, the Director of Children and Families and the Director of Adults and Health, which presented the draft 'Leeds Health and Care Plan on a Page' and accompanying narrative to the Executive Board at its meeting on 17 July 2017.

2 Main issues

2.1 The report and details presented to Executive Board are appended to this report. It should be noted that Executive Board subsequently approved the details in the attached report and appendices as the basis for the planned engagement and consultation exercise with citizens regarding the future health and care in Leeds.

2.2 The former Scrutiny Board gave consideration to the emerging Leeds Health and Care Plan – as part of the development of the West Yorkshire and Harrogate Sustainability and Transformation Plan – during the previous municipal year (2016/17).

2.3 The details agreed by Executive Board are now presented to the Scrutiny Board to make any additional comments as part of the wider engagement and consultation exercise. The analysis and outcomes of the engagement and consultation exercise are planned to be presented to a future meeting of the Scrutiny Board in November 2017.

2.4 Suitable representatives have been invited to attend the meeting and address questions or queries raised by members of the Board.

3. Recommendations

3.1 Members are asked to:

(a) Note the content of this report;
(b) Consider the details presented in the attached Executive Board report and appendices;
(c) Agree any specific comments as part of the wider engagement and consultation exercise; and,
(d) Identify and agree any other appropriate scrutiny action and/or activity.

4. Background papers[1]

4.1 None used

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

Report author: Manraj Singh Khela, Programme Manager, Health Partnerships

Tel: 07891 279320

Report of: **Director of Public Health, Director of Children & Families and Director of Adults and Health**

Report to: **Executive Board**

Date: **17 July 2017**

Subject: **Leeds Health and Care Plan: A Conversation with Citizens**

Are specific electoral wards affected? If relevant, name(s) of ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☒ Yes	☐ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. The Leeds Health and Care Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021. It is a Leeds vision for health and care and moves beyond the limited agenda outlined in national Sustainability and Transformation Plans (STPs).

2. The Leeds Health and Care Plan is the city's approach to closing the three gaps that have been identified by health, care and civic leaders. These are gaps in health inequalities, quality of services and financial sustainability. It provides an opportunity for the city to shape the future direction of health and to transition towards a community focused approach, which understands that good health is a function of wider factors such as housing, employment, environment, family and community.

3. Perhaps most importantly, the Leeds Health and Care Plan provides the content for a conversation with citizens to help develop a person-centred approach to delivering the desired health improvements for Leeds to be the Best City in the UK by 2030. It is firmly rooted in the 'strong economy, compassionate city' approach outlined in the Best Council Plan 2017-18.

Recommendations

The Executive Board is asked to:

1. Consider the contents of the draft narrative for the Leeds Health and Care Plan and provide feedback which can be incorporated into future iterations and in our conversation with citizens about the future of health and care in Leeds.

2. Support plans to progress a conversation with the public, based around the content of the summary report, and delivered in conjunction with the 'Changing Leeds' discussion.

3. Note that the Leeds Health and Wellbeing Board will continue to provide strategic leadership for the Leeds Health and Care Plan.

4. Note the continued availability of staff and resources from Leeds City Council to support and inform the development and implementation of the Leeds Health and Care Plan.

1 Purpose of this report

1.1 The purpose of this report is to provide Executive Board with an overview of:

- The draft A3 version of the 'Leeds Health and Care Plan on a Page' (Appendix A) and accompanying narrative (Appendix B) as the approach taken to engage citizens in the future development and delivery of our plans. The plan has been continuously been improved through conversations with a wide range of stakeholders, and we envisage this process will continue.

- Proposals to begin the next phase of our conversation with citizens, in partnership with the 'Changing Leeds' programme.

1.2 Seek agreement from Executive Board that it supports:

- Consultation to be undertaken on the draft narrative by officers within the Health Partnerships team (and wider partners) and to undertake a conversation with citizens, delivered through the 'Changing Leeds' platform.

2 Background information

This report updates Executive Board on the report submitted in July 2016 "Overview of the health and care Sustainability and Transformation Plans (STP)". The most important change is that Leeds has now asserted and progressed towards a locally partnership owned, locally developed and user centred approach to planning that is right for Leeds. Leeds is a third of the West Yorkshire and Harrogate STP footprint, and if considered alone has three times the population of the smallest STP footprint. West Yorkshire and Harrogate STP footprint is the third largest STP footprint in the UK. There has been considerable progress in how the Leeds Health and Care Plan is being created through discussion with local citizens, third sector organisations, service user groups, Community Committees and front line clinicians.

Nationally, the NHS funding position has deteriorated with a significant deficit reported in 2016/17. In response, the NHS has moved away from an offer of significant financial support for system transformation to smaller more targeted initiatives. Nationally, NHS organisations and Clinical Commissioning Groups (CCGs) considered significantly out of balance in 2017/18 are increasingly subject to significant direct intervention to enact measures which cut costs in year. Throughout the funding reduction since 2010, Leeds City Council has successfully managed where possible to protect front line services and protect the vulnerable. The approach has been led through an ongoing conversation with communities including third sector and community services about how neighbourhoods meet citizen's needs.

Local picture

2.1 Leeds has an ambition to be the Best City in the UK by 2030. A key part of this is being the Best City for Health and Wellbeing and Leeds has the people, partnerships and placed-based values to succeed. The vision of the Leeds Health and Wellbeing Strategy 2016-2021 is: 'Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest'.

A strong economy and realising the potential of the 'Leeds £' is also key: Leeds will be the place of choice in the UK to live, for people to study, for businesses to invest in, for people to come and work in and the regional hub for specialist health care. Services will provide a universal offer, but will tailor specific offers to the areas that need it the most. These are bold statements, in one of the most challenging environments for health and care in living memory.

2.2 Since the first Leeds Health and Wellbeing Strategy in 2013, there have been many positive changes in Leeds and the health and wellbeing of local people continues to improve. Health and care partners have been working collectively towards an integrated system that seeks to wrap care and support around the needs of the individual, their family and carers, and helps to deliver the Leeds vision for health and wellbeing. Leeds has seen a reduction in infant mortality as a result of a more preventative approach; it has been recognised for improvements in services for children; it became the first major city to successfully roll out an integrated, electronic patient care record, and early deaths from avoidable causes have decreased at the fastest rate in the most deprived wards.

2.3 We have made significant progress on health coaching, adopting the house of care model and pioneered the use of restorative approaches with vulnerable families, with Leeds City Council now recognised as a Department for Education Partner in Practice.

2.4 These are achievements of which to be proud, but they are only the start. The health and care system in Leeds continues to face significant challenges; namely the ongoing impact of the global recession and national austerity measures, Brexit, together with significant increases in demand for services brought about by both an ageing population and the increased longevity of people living with one or more long term condition(s). Leeds also has a key strategic role to play in West Yorkshire with the sustainability of the local system intrinsically linked to the sustainability of other areas in the region.

2.5 Leeds needs to do more to change conversations across the city and to develop the necessary infrastructure and workforce to respond to the challenges ahead. As a city, we will only meet the needs of individuals and communities if health and care workers and their organisations work together in partnership. The needs of patients and citizens are changing; the way in which people want to receive care is changing, and people expect more flexible approaches which fit in with their lives and families.

2.6 Leeds will continue to change the way it works, becoming more enterprising, bringing in new service delivery models and working more closely with partners, public and the workforce locally and across the region to deliver shared priorities. However, this will not be enough to address the sustainability challenge. Future years are likely to see a reduction in provision with regard to services which provide fewer outcomes for local people and offer less value to the 'Leeds £'.

2.7 Much will depend on changing the relationship between the public, workforce and services. There is a need to encourage greater resilience in communities so that more people are able to do more themselves. This will reduce the demands on public services and help to prioritise resources to support those most at need. The views of people in Leeds are continuously sought through public consultation and

engagement and prioritisation of essential services will continue, especially those that support vulnerable adults, children and young people.

National picture

2.8 In October 2014, the NHS published the Five Year Forward View, a wide-ranging strategy providing direction to health and partner care services to improve outcomes and become financially sustainable. On 22nd December 2015, NHS England (NHSE) published the 'Delivering the Forward View: NHS planning guidance 2016/17-2020/21', which is accessible at the following link:

https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf

2.9 The planning guidance asked every health and care system to come together to create their own ambitious local blueprint – Sustainability and Transformation Plan (STP) – for accelerating implementation of the Five Year Forward View and for addressing the challenges within their areas. STPs are place-based, multi-year plans built around the needs of local populations ('footprints') and should set out a genuine and sustainable transformation in service user experience and health outcomes over the longer term.

NHS England has provided further subsequent guidance as to expectations of greater involvement and consultation with local populations as to the content of plans.

2.10 Since the last report provided to Executive Board, NHS England has also recognised that to develop truly partnership place based plans requires time to properly engage and co-produce with citizens and their original timelines of agreed finalised plans by the end of 2016 have been relaxed.

3 Main issues

3.1 The Leeds Health and Care Plan narrative sets out ideas about how we will improve health outcomes, care quality and financial sustainability of the health and care system in the city. The plan recognises the Leeds Health and Wellbeing Strategy 2016-2021, its vision and its outcomes, and begins to set out a plan to achieve its aims.

The Leeds Health and Wellbeing Board through 2016 has provided a strong steer to the shaping of the Leeds Health and Care Plan at formal board meetings on 12th January and 21st April 2016 and two workshops held on 21st June and 28th July 2016. The Board has held a further workshop on 20th April 2017 and more recently at a formal board meeting on 20th June 2017 where it reviewed and provided comment on the draft narrative to support the plan.

3.2 The plan recognises and references the collaborative work done by partners across the region to develop the West Yorkshire and Harrogate STP, but is primarily a Leeds based approach to transformation, building on the existing strategies that promote health and inclusive growth in the city. Whilst the financial challenge is a genuine one, the Leeds approach remains one based on long term planning including demand management, behaviour change and transition from

expensive acute services towards community based approaches that are both popular with residents and financially sustainable.

3.3 A transition towards a community focused model of health is outlined in the plan. This is the major change locally and will touch the lives of all people in Leeds. This 'new model of care' will bring services together in the community. GP practices, social care, third sector and public health services will be informally integrated in a 'primary care home'. Our hospitals will work closely with this model and care will be provided closer to home where possible, and as early as possible. New tools, known as 'Population Health Management' will be used to ensure the right people get the right services and that these are offered in a timely fashion. This is designed to prevent illness where possible and manage it in the community.

3.4 The development of the Leeds Health and Care Plan has been supported by partners and stakeholders from across various health and care providers and commissioners, as well as Healthwatch Leeds, third sector and local area Community Committees. Conversations have also taken place over the last year about how best to align the citizen conversation about health and care in Leeds with 'Changing Leeds'.

3.5 A significant amount of engagement activity has taken place when the Leeds Health and Wellbeing Strategy was being refreshed. This is alongside ongoing engagement activity on strategic decision making which occurs across the activity of the Leeds Health and Wellbeing Board and its constituent members. All of this has helped shape the Leeds Health and Care Plan.

3.6 The Leeds Health and Care Plan narrative presents information for a public and wider staff audience about the plan in a way that that citizens and staff can relate to and which is accessible and understandable.

The Leeds Health and Care Plan narrative (when published) will be designed so that the visual style and branding is consistent with that of the Leeds Health and Wellbeing Strategy 2016-2021 and will be part of a suite of material used to engage citizens and staff with.

The narrative contains information about:

- The strengths of our city, including health and care
- The reasons we must change
- How the health and care system in Leeds works now
- How we are working with partners across West Yorkshire
- The role of citizens in Leeds
- What changes we are likely to see
- Next steps and how you can stay informed and involved

3.7 The final version will contain case studies which will be co-produced with citizen and staff groups that will describe their experience now and how this should look in the future.

It will enable us to engage people in a way that will encourage them to think more holistically about themselves, others and places rather than thinking about NHS or Leeds City Council services. Citizen and stakeholder engagement on the Leeds Health and Care Plan has already begun in the form of discussions with all 10 Community Committees across Leeds in February and March 2017.

3.8 The final Leeds Health and Care Plan will have to describe the financial and sustainability gap in Leeds and demonstrate that the proposed changes will ensure that we are operating within our likely resources. In order to make these changes, we will require national support in terms of local flexibility around the setting of targets, financial flows and non-recurrent investment.

3.9 As part of the development of the West Yorkshire and Harrogate STP, the financial and sustainability impact of any changes at a West Yorkshire level and the impact on Leeds will need to be carefully considered. It is envisaged that Leeds may be able to capitalise on the regional role of our hospitals and attract new specialist services to the city.

3.10 In order to progress the thinking and partnership working that has been done to help inform the Leeds Health and Care Plan to date, the next stage is to begin a broader conversation with citizens. The conversation we would like to have with citizens will be focussed on the ideas and general direction of travel outlined in the Leeds Health and Care Plan. It will ask citizens what they think about the plan and will invite them to comment and provide their thoughts.

Our preparation for delivering a conversation with citizens about plans for the future of health and care in Leeds will be reflective of the rich diversity of the city, and mindful of the need to engage with all communities. Any future changes in service provision arising from this work will be subject to equality impact assessments and plans will be developed for formal engagement and/or consultation in line with existing guidance and best practice.

4 Corporate considerations

4.1 Consultation and engagement

4.1.1 As referenced earlier in this report, the Leeds Health and Care Plan builds on the significant engagement activity which has taken place to refresh the Leeds Health and Wellbeing Strategy. It has also taken advantage of the significant engagement activity across the activity of the constituent partners of the Leeds Health and Wellbeing Board.

4.1.2 Recently, the emerging Leeds Health and Care Plan has been discussed this year at:

- All 10 Community Committees (February-March)
- Team Leeds (17th March)

- Scrutiny Board (Adult Social Services, Public Health, NHS) (28th March)
- Forum Central Health and Care Leaders Network (29th March)
- Healthwatch (29th March & 29th June)
- Scrutiny Board Working Group (Adult Social Services, Public Health, NHS) (9th May)
- Youthwatch (13th June)
- Leeds Older People's Forum (21st June)

4.1.3 Leeds City Council is shortly to launch "Changing Leeds". Changing Leeds is an engagement with the whole city on issues arising from the changing 'social contract', civic enterprise, and the future role of the council and other public services. Conversations have also taken place over the last year about how best to align the citizen conversation about health and care in Leeds with 'Changing Leeds'.

4.1.4 The overall purpose of 'Changing Leeds' is to help people who live, work and study in the city think differently about their relationship with local public services, and ultimately do things differently as well.

4.1.5 It is proposed that through joint working and using the 'Changing Leeds' platform a consultation on the Leeds Health and Care Plan will form part of the wider discussions in Leeds.

4.1.6 In order to progress the thinking and partnership working that has been done to help inform the Leeds Health and Care Plan to date, the next stage is to begin a broader conversation with citizens.

4.1.7 Case studies will be co-produced with citizens and staff groups which will describe their experience now and how this should look in the future. The conversation with citizens will then be focussed on the ideas and general direction of travel outlined in the Leeds Health and Care Plan and whether these are in line with the case studies. We will also invite them to comment and provide their views and opinions on what the specific changes need to occur that will deliver the desired outcomes. Where the work of the Leeds Health and Care Plan develops firm proposals for service changes, then, specific plans would be developed for formal engagement and/or consultation in line with the relevant partner(s) organisational governance and best practice.

4.1.8 A detailed communication and engagement plan is currently being developed and will be shared with the Leeds Health and Wellbeing Board for comment.

4.2 **Equality and diversity / cohesion and integration**

4.2.1 Any future changes in service provision arising from this work will be subject to an equality impact assessment.

4.2.2 Consultations on the Leeds Health and Care Plan have included diverse localities and user groups including those with a disability.

4.3 Council policies and best council plan

4.3.1 The Joint Strategic Needs Assessment (JSNA) and the Leeds Health and Wellbeing Strategy 2016-2021 have been used to inform the development of the Leeds Health and Care Plan. The Leeds Health and Wellbeing Strategy 2016-2021 remains the primary document that describes how we improve health in Leeds. It is rooted in an understanding that good health is generated by factors such as economic growth, social mobility, housing, income, parenting, family and community. This paper outlines how the emerging Plan will deliver significant parts of the Leeds Health and Wellbeing Strategy 2016-2021 as they relate to health and care services and access to these services.

4.3.2 The Leeds Health and Care Plan will directly contribute towards achieving the breakthrough projects: 'Early intervention and reducing health inequalities' and 'Making Leeds the best place to grow old in'.

4.3.3 The Leeds Health and Care Plan will also contribute to achieving the following Best Council Plan Priorities: 'Supporting children to have the best start in life'; 'preventing people dying early'; 'promoting physical activity'; 'building capacity for individuals to withstand or recover from illness', and 'supporting healthy ageing'.

4.4 Resources and value for money

4.4.1 The final Leeds Health and Care Plan will have to describe the financial and sustainability gap in Leeds, the plan Leeds will be undertaking to address this and demonstrate that the proposed changes will ensure that we are operating within our likely resources. With the current resources available this will be challenging and in order to make these changes, we will require national support in terms of local flexibility around the setting of targets, financial flows and non-recurrent investment.

4.4.2 As part of the development of the West Yorkshire and Harrogate STP, the financial and sustainability impact of any changes at a West Yorkshire level and the impact on Leeds will need to be carefully considered and analysis is currently underway to delineate this.

4.4.3 It is envisaged that Leeds may be able to capitalise on the regional role of our hospitals using capacity released by delivering our solutions to support the sustainability of services of other hospitals in West Yorkshire and to grow our offer for specialist care for the region.

4.5 Legal Implications, access to information and call In

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

4.6 Risk management

4.6.1 Failure to have robust plans in place to address the gaps identified as part of the Leeds Health and Care Plan development will impact the sustainability of the health and care in the city.

4.6.2 Two key overarching risks present themselves given the scale and proximity of the challenge and the size and complexity of both the West Yorkshire and Harrogate STP footprint and Leeds itself.

4.6.3 Potential unintended and negative consequences of any proposals as a result of the complex nature of the local and regional health and social care systems and their interdependencies. Each of the partners has their own internal pressures and governance processes they need to follow.

4.6.4 Ability to release expenditure from existing commitments without de-stabilising the system in the short-term will be extremely challenging as well as the risk that any proposals to address the gaps do not deliver the sustainability required over the longer-term.

4.6.5 The effective management of these risks can only be achieved through the full commitment of all system leaders within the city to focus their full energies on developing and delivering a robust Leeds Health and Care Plan within an effective governance framework.

5 Conclusions

5.1 As statutory organisations across the city working with our thriving third sector and academic partners, we have come together to develop, for the first time, a system-wide plan for a sustainable, high-quality health and social care system. The plan has been improved through engagement with a wide range of stakeholders and will continue to develop through further conversations with citizens. We want to ensure that services in Leeds can continue to provide high-quality support that meets, or exceeds, the expectations of adults, children and young people across the city: the patients and carers of today and tomorrow.

5.2 Our Leeds Health and Care Plan is built on taking our asset-based approach to the next level to help deliver the health and care aspects of the Leeds Health and Wellbeing Strategy 2016-2021. It is a plan that will strive to improve health and wellbeing for all ages and for all of Leeds, but where people who are poorest improve their health the fastest. This is enshrined in a set of values and principles and a way of thinking about our city, which:

- Identifies and makes visible the health and care-enhancing assets in a community and sees citizens, families and communities as the co-producers of health and wellbeing rather than the passive recipients of services.

- Promotes community networks, relationships and friendships that can provide caring, mutual help and empowerment.

- Identifies what has the potential to improve health and wellbeing the fastest including what already works well in an area and the opportunities provided by digitalisation to improve connections and promote integration.

- Further develops prevention and early intervention and uses neighbourhoods as a starting point to help integrate social care, hospital, third sector and community services to provide care closer to home and a rapid response in time of crisis.

- Supports individuals' mental health and wellbeing through self-esteem, coping strategies, resilience skills, relationships, friendships and services working to tackle physical and mental health together.

- Values, empowers and helps grow our own workforce from our diverse communities and involves them in the co-production of any changes.

- Understands the importance of the economy, housing, employment and environment in generating health.

6 Recommendations

The Executive Board is asked to:

6.1 Consider the contents of the draft narrative for the Leeds Health and Care Plan and provide feedback which can be incorporated into future iterations and in our conversation with citizens about the future of health and care in Leeds.

6.2 Support plans to progress a conversation with the public, based around the content of the summary report, and delivered in conjunction with the 'Changing Leeds' discussion.

6.3 Note that the Leeds Health and Wellbeing Board will continue to provide strategic leadership for the Leeds Health and Care Plan.

6.4 Note the continued availability of staff and resources from Leeds City Council to support and inform the development and implementation of the Leeds Health and Care Plan.

7 Background documents[1]

7.1 N/A

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

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Draft version 2.2 | Date 03/07/17

Leeds Health and Care Plan

By 2021, Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest

A plan that will improve health and wellbeing for all ages and for all of Leeds which will…

Protect the vulnerable and reduce inequalities	Improve quality and reduce inconsistency	Build a sustainable system within the reduced resources available

Our community health and care service providers, GPs, local authority, hospitals and commissioning organisations will work with citizens, elected members, volunteer, community and faith sector and our workforce to design solutions bottom up that…

Have citizens at the centre of all decisions and change the conversation around health and care

Build on the strengths in ourselves, our families and our community; working **with** people, actively listening to what matters most to people, with a focus on what's strong rather than what's wrong

Invest more in prevention and early intervention, targeting those areas that will make the greatest impact for citizens

Use neighbourhoods as a starting point to further integrate our social care, hospital and volunteer, community and faith sector around GP practices providing care closer to home and a rapid response in times of crisis

Takes a holistic approach working with people to improve their physical, mental and social outcomes in everything we do

Use the strength of our hospital in specialist care to support the sustainability of services for citizens of Leeds and wider across West Yorkshire

What this means for me…	**"Living a healthy life to keep myself well"**	**"Health and care services working with me in my community"**	**"Hospital care only when I need it"**	**"I get rapid help when needed to allow me to return to managing my own health in a planned way"**
Key actions that will be undertaken…	1. We will promote awareness and develop services to ensure the Best Start (conception to age 2) for every baby, with early identification and targeted support early in the life of the child. 2. We will promote the benefits of physical activity and improve the environments that encourage physical activity to become part of everyday life. 3. We will maximise every opportunity to reduce the harm from tobacco and alcohol, including enhancing the contribution by health and care staff. 4. We will have new accessible, integrated services that support people to live healthier lifestyles and promote emotional health and wellbeing for all ages, with a specific focus on those at high risk of developing respiratory, cardio-vascular conditions. 5. We will have a new, locally-based community service, 'Better Together', that can better build everyday resilience and skills in our most vulnerable populations.	1. People living with severe breathing difficulties will know how to manage anxiety issues due to their illness and have a supportive plan about what's important to them by December 2017. 2. People living with severe frailty will be supported to live independently at home whenever possible, instead of having to go in and out of hospital. 3. People at high risk of developing diabetes and those living with diabetes will have access to support programmes to give them the confidence and skills to manage their condition by December 2017. 4. We will take the best examples where health and care services are working together outside of hospital and make them available across Leeds, for example muscle and joint services.	1. Patients will stay the right time in hospital. 2. Patients with a mental health need will have their needs met in Leeds more often rather than being sent elsewhere to receive help. 3. We will meet more of patients' needs locally by ensuring their GPs can easily get advice from the right hospital specialist. 4. We will ensure that patients get the right tests for their conditions. 5. We will reduce the visits patients need to take to hospital before and after treatment. 6. We will ensure that patients get the best value medicines.	1. We will review the ways that people currently access urgent health and social care services including the range of single points of access. The aim will be to make the system less confusing allowing a more timely and consistent response and when necessary appropriate referral into other services. 2. We will look at where and how people's needs are assessed and how emergency care planning is delivered (including end of life) with the aim to join up services, focus on the needs of people and where possible maintain their independence. 3. We will make sure that when people require urgent care, their journey through urgent care services is smooth and that services can respond to increases in demand as seen in winter. 4. We will change the way we organise services by connecting all urgent health and care services together to meet the mental, physical and social needs of people to help ensure people are using the right services at the right time.

Together these actions will deliver a new vision for community services and primary care in every neighbourhood. These will be supported by…

Working as if we are one organisation, growing our own workforce from our diverse communities, supported by leading and innovative workforce education, training and technology		Having the best connected city using digital technology to improve health and wellbeing in innovative ways
Using existing buildings more effectively, ensuring that they are right for the job	Using our collective buying power to get the best value for our 'Leeds £'	Making Leeds a centre for good growth becoming the place of choice in the UK to live, to study, for businesses to invest in, for people to come and work

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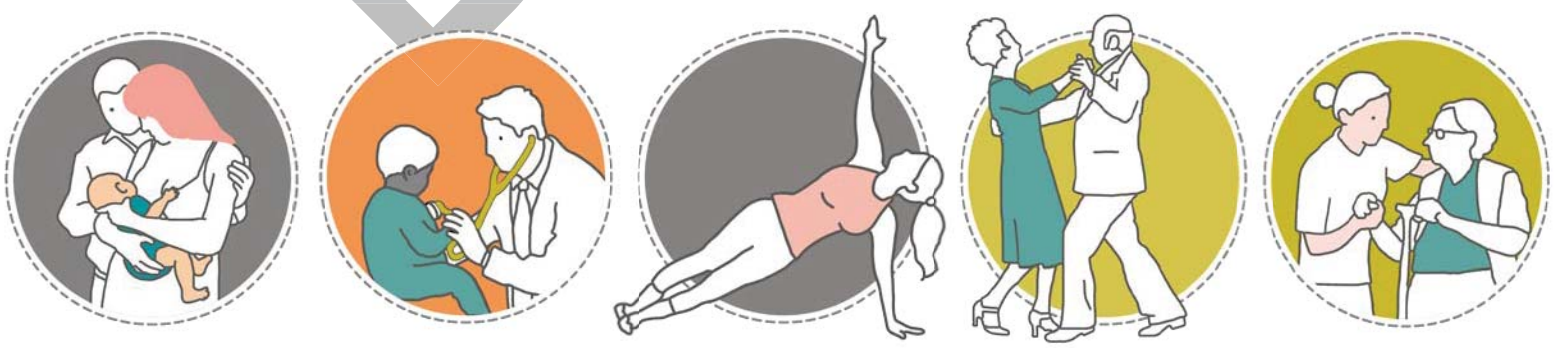
Leeds

The best city for health and wellbeing



Leeds Health and Wellbeing Strategy 2016-2021

We have a bold ambition:

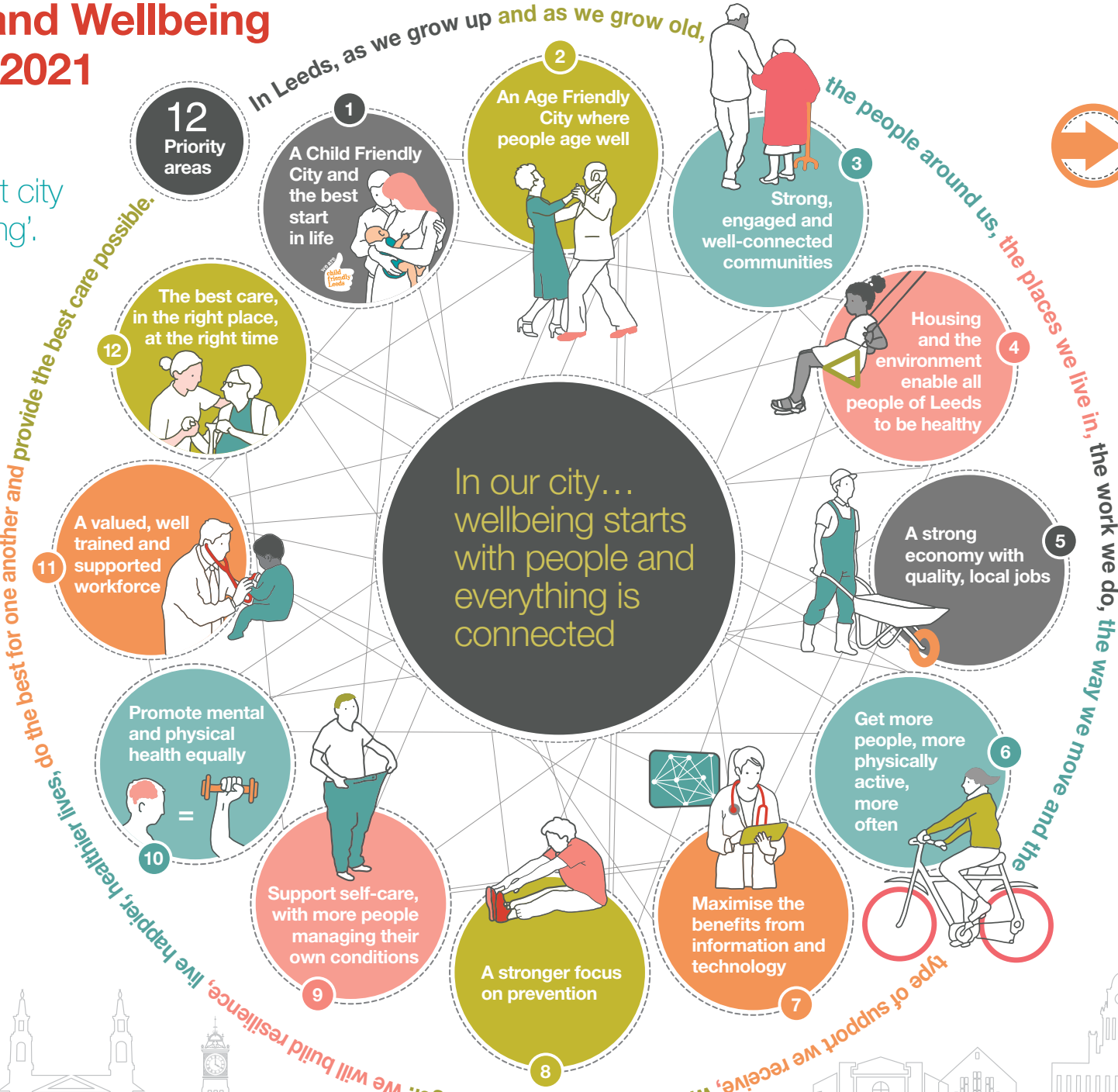
'Leeds will be the best city for health and wellbeing'.

And a clear vision:

'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest'.

5 Outcomes

1. People will live longer and have healthier lives
2. People will live full, active and independent lives
3. People's quality of life will be improved by access to quality services
4. People will be actively involved in their health and their care
5. People will live in healthy, safe and sustainable communities



Indicators

- Infant mortality
- Good educational attainment at 16
- People earning a Living Wage
- Incidents of domestic violence
- Incidents of hate crime
- People affording to heat their home
- Young people in employment, education or training
- Adults in employment
- Physically active adults
- Children above a healthy weight
- Avoidable years of life lost
- Adults who smoke
- People supported to manage their health condition
- Children's positive view of their wellbeing
- Early death for people with a serious mental illness
- Employment of people with a mental illness
- Unnecessary time patients spend in hospital
- Time older people spend in care homes
- Preventable hospital admissions
- Repeat emergency visits to hospital
- Carers supported

Leeds Health and Care Plan

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Contents

Chapter 1

Introduction

Leeds is a city that is growing and changing. As the city and its citizens change, so will the need of those who live here.

Leeds is an attractive place to live, over the next 25 years the number of people is predicted to grow by over 15 per cent. We also live longer in Leeds than ever before. The number of people aged over 65 is estimated to rise by almost a third to over 150,000 by 2030. This is an incredible achievement but also means the city is going to need to provide more complex care for more people.

"When the NHS was set up in 1948, half of us died before the age of 65.

Now, two thirds of the patients hospitals are looking after are over the age of 65……life expectancy is going up by five hours a day"

Simon Stevens, Chief Executive NHS England

At the same time as the shift in the age of the population, more and more people (young and old) are developing long-term conditions such as #etes and other conditions related to lifestyle factors such as smoking, eating an unhealthy diet or being physically inactive.

Last year members of the Leeds Health and Wellbeing Board (leaders from health, care, the voluntary and community sector along and elected representatives of citizens in the city) set out the wide range of things we need to do to improve health and wellbeing in our city. This was presented in the **Leeds Health and Wellbeing Strategy 2016-2021.**

The Leeds Health and Wellbeing strategy is required by government to set out how we will achieve the best conditions in Leeds for people to live fulfilling lives – a healthy city with high quality services. Everyone in Leeds has a stake in creating a city which does the very best for its people. It is a requirement from government that local health and care services take account of our Strategy in their spending and plans for services.

Leaders from the city's health and care services, and members of the Health and Wellbeing Board now want to begin a conversation with citizens, businesses and communities about the improvement people want to see in the health and wellbeing of Leeds citizens, and ask if individuals and communities should take greater responsibility for our health and wellbeing and the health and wellbeing of those around us.

Improving the health of the city needs to happen alongside delivering more efficient, services to ensure financial sustainability and offer better value for tax payers.

The NHS in England has also said what it thinks needs to change for our health services when it presented the "Five Year Forward View for the NHS". As well as talking about the role of citizens in improving the health and wellbeing of Leeds, the city's Health and Wellbeing Board must also work with citizens to plan what health and care services need to do to meet these changes:

- Health and Wellbeing Board members believe that too often care is organised around single illnesses rather than all of an individual's needs and strengths and that this should change.
- Leaders from health and care also believe many people are treated in hospitals when being cared for in their own homes and communities would give better results.

- Services can sometimes be hard to access and difficult to navigate. Leeds will make health and care services more person-centred, joined-up and focussed on prevention.

Improving the health of the city needs to happen alongside delivering better value for tax payers and more efficient services. This is a major challenge.

What is clear is that nationally and locally the cost of our health and care system is rising faster than the money we pay for health and care services. Rising costs are partly because of extra demand (such as greater numbers of older people with health needs) and partly because of the high costs of delivering modern treatments and medicines.

If the city carries on without making changes to the way it manages health and care services, it would be facing a financial gap. Adding up the difference each year between the money available and the money needed, by 2021 the total shortfall would be around £700 million across Leeds.

As residents, health care professionals, elected leaders, patients and carers, we all want to see the already high standards of care that we have achieved in our city further improved to meet the current and future needs of the population.

What is this document for?

We are publishing a Draft Leeds Health and Care Plan at a very early stage whilst ideas are developing. Ideas so far have been brought together from conversations with patients, citizens, doctors, health leaders, voluntary groups, local politicians, research and what has worked well in other areas. This gives everyone a start in thinking what changes may be helpful.

The Draft Leeds Health and Care Plan sets out initial ideas about how we could protect the vulnerable and reduce inequalities, improve care quality and reduce inconsistency and build a sustainable system with the reduced resources available. The key ideas are included at the front of this document; we want to help explain how we could make these changes happen.

This report contains a lot more information about the work of health and care professionals, your role as a citizen and the reasons for changing and improving the health and wellbeing of our city. Once you have taken a look we want to hear from you.

By starting a conversation together as people who live and work in Leeds we can begin creating the future of health and care services we want to see in the city.

We want you to consider the challenges and the plans for improving the health and wellbeing of everyone in Leeds. We want you to tell us what you think, so that together, we can make the changes that are needed to make Leeds the best city for health and wellbeing ensuring people are at the centre of all decisions.

Chapters 10 & 11 are where we set out what happens next, and includes information about how you can stay informed and involved with planning for a healthier Leeds.

Chapter 2

Working *with* you: the role of citizens and communities in Leeds

Working *with* people

We believe our approach must be to work 'with' people rather than doing things 'for' or 'to' them. This is based on the belief that this will get better results for all of us and be more productive.

This makes a lot of sense. We know that most of staying healthy is the things we do every day for ourselves or with others in our family of community. Even people with complex health needs might only see a health or care worker (such as a doctor, nurse or care worker) for a small percentage of the time, it's important that all of us, as individuals, have a good understanding of how to stay healthy when the doctor isn't around.

Work health and care leaders have done together in Leeds has helped us to understand where we could be better.

What we need to do now is work with the people of Leeds to jointly figure out how best to make the changes needed to improve, and the roles we will all have in improving the health of the city.

This is a common sense or natural approach that many of us take already but can we do more? We all need to understand how we can take the best care of ourselves and each other during times when we're at home, near to our friends, neighbours and loved ones.

The NHS Constitution

Patients and the public: our responsibilities

The NHS belongs to all of us. There are things that we can all do for ourselves and for one another to help it work effectively, and to ensure resources are used responsibly.

Please recognise that you can make a significant contribution to your own, and your family's, good health and wellbeing, and take personal responsibility for it.

Figure 1 on the next page, gives an indication of the new way in which health and care services will have better conversations with people and work with people.

Better conversations: A whole city approach to working with people

Working ‘with’ means…

- Focus on ‘what’s strong’ rather than ‘what’s wrong’
- Put people at the centre of all decisions
- Actively listen to what matters most to people
- Start with people’s lived experience
- Work as partners to achieve individual goals
- Be ‘restorative’. Offer high support and high challenge
- Build on the assets in ourselves, our families & our communities

In Leeds we believe wellbeing starts with people: The connections, conversations and relationships between services and citizens and between people in their families and communities have a huge impact on us all.

Quality conversations make a difference, especially when used positively by services to work ‘with’ people to find solutions rather than things being done ‘to’ people or ‘for’ them.

Our commitment to working with people is about bringing these beliefs to life, by developing the skills and mind-set across Leeds’ health and care workforce to use solutions that work *with* people wherever it is safe, appropriate and the right thing to do.

Joining things up

We all know good health for all of us is affected by the houses we live in, the air we breathe, the transport we use and the food that we eat. We know good health starts at birth and if we set good patterns early they continue for a life time. We know that physical and mental health are often closely linked and we need to treat them as one.

We need to recognise the connections between our environment and our health. This will mean ensuring that the physical environment, our employment and the community support around us are set up in a way that makes staying healthy the easiest thing to do.

It will mean working with teams in the city who are responsible for work targeted at children and families, planning and providing housing and the built environment, transport and others. It will also involve us working with charities, faith groups, volunteer organisations and businesses to look at what we can all do differently to make Leeds a healthier place in terms of physical, mental and social wellbeing.

Taking responsibility for our health

If we're going to achieve our ambition to be a healthier happier city, then each of us as citizens will have a role to play too.

In some cases this might mean taking simple steps to stay healthy, such as taking regular exercise, stopping smoking, reducing the amount of alcohol we drink and eating healthier food.

As well as doing more to prevent ill health, we will all be asked to do more to manage our own health better and, where it is safe and sensible to do so, for us all to provide more care for ourselves. These changes would mean that people working in health and care services would take more time to listen, to discuss things and to plan with you so that you know what steps you and your family might need to take to ensure that you are able to remain as healthy and happy as possible, even if living with an on-going condition or illness.

Cycling *just 30 miles a week could* ***reduce your risk*** *of* ***cancer*** ***by 45%***

That's the same as ***riding to work*** *from* ***Headingley*** *to the* ***Railway Station*** *each day.*

This wouldn't be something that would happen overnight, and would mean that all of us would need to be given the information, skills, advice and support to be able to better manage our own health when the doctor, nurse or care worker isn't around.
By better managing our own health, it will help us all to live more independent and fulfilled lives, safe in the understanding that world class, advanced health and care services are there for us when required.

This won't be simple, and it doesn't mean that health and care professionals won't be there when we need them. Instead it's about empowering us all as people living in Leeds to live lives that are longer, healthier, more independent and happier.

Working together, as professionals and citizens we will develop an approach to health and wellbeing that is centred on individuals and helping people to live healthy and independent lives.

Chapter 3

This is us: Leeds, a compassionate city with a strong economy

We are a city that is thriving economically and socially. We have the fastest growing city economy outside London with fast growing digital and technology industries.

Leeds City Council has been recognised as Council of the Year as part of an annual awards ceremony in which it competed with councils from across the country.

The NHS is a big part of our city, not only the hospitals we use but because lots of national bodies within the NHS have their home in Leeds, such as NHS England. **We have one of Europe's largest teaching hospitals (Leeds Teaching Hospitals NHS Trust) which in 2016 was rated as good in a quality inspection**. The NHS in the city provides strong services in the community and for those needing mental health services.

Leeds has a great history of successes in supporting communities and neighbourhoods to be more self-supporting of older adults and children, leading to better wellbeing for older citizens and children, whilst using resources wisely to ensure that help will always be there for those of us who cannot be supported by our community.

The city is developing **innovative general practice** (GP / family doctor) services that are among the best in the country. These innovative approaches include new partnerships and ways of organising community and hospital skills to be delivered in partnership with your local GPs and closer to your home. This is happening at the same time as patients are being given access to extended opening hours with areas of the city having GPs open 7 days per week.

Leeds is also the first major UK city where every GP, healthcare and social worker can electronically access the information they need about patients through a joined-up health and social care record for every patient registered with a Leeds GP.

We have **three leading universities in Leeds**, enabling us to work with academics to gain their expertise, help and support to improve the health of people in the city.

Leeds is the third largest city in the UK and **home to several of the world's leading health technology and information companies** who are carrying out research, development and manufacturing right here in the city. For example, we are working with companies like Samsung to test new 'assistive technologies' that will support citizens to stay active and to live independently and safely in their own homes.

The city is a hub for investment and innovation in using health data so we can better improve our health in a cost effective way. We are encouraging even more of this type of work in Leeds through a city-centre based "Innovation District".

Leeds has worked hard to achieve a **thriving 'third sector'**, made up of charities, community, faith and volunteer groups offering support, advice, services and guidance to a diverse range of people and communities from all walks of life.

The Reginald Centre in Chapeltown *is a good example of how health, care and other council services are able to work jointly, in one place for the benefit of improving community health and wellbeing.*

The centre hosts exercise classes, a jobshop, access to education, various medical and dental services, a café, a bike library, and many standard council services such as housing and benefits advice.

Chapter 4

The Draft Leeds Health and Care Plan: what will change and how will it affect me?

Areas for change and improvement

To help the health and care leaders in Leeds to work better together on finding solutions to the city's challenges, they have identified four main priority areas of health and care on which to focus.

Prevention ("Living a healthy life to keep myself well") – helping people to stay well and avoid illness and poor health.
Some illnesses can't be prevented but many can. We want to reduce avoidable illnesses caused by unhealthy lifestyles as far as possible by supporting citizens in Leeds to live healthier lives.

By continuing to promote the benefits of healthy lifestyles and reducing the harm done by tobacco and alcohol, we will keep people healthier and reduce the health inequalities that exist between different parts of the city.

Our support will go much further than just offering advice to people. We will focus on improving things in the areas of greatest need, often our most deprived communities, by providing practical support to people. The offer of support and services available will increase, and will include new services such as support to everyday skills in communities where people find it difficult to be physically active, eat well or manage their finances for example.

We will make links between healthcare professionals, people and services to make sure that everyone has access to healthy living support such as opportunities for support with taking part in physical activity.

Self-management ("Health and care services working with me in my community") – providing help and support to people who are ill, or those who have on-going conditions, to do as much as they have the skills and knowledge to look after themselves and manage their condition to remain healthy and independent while living normal lives at home with their loved ones.

People will be given more information, time and support from their GP (or family doctor) so

that they can plan their approach to caring for themselves and managing their condition, with particular support available to those who have on-going health conditions, and people living with frailty.

Making the best use of hospital care and facilities ("Hospital care only when I need it") – access to hospital treatment when we need it is an important and limited resource, with limited numbers of skilled staff and beds.

More care will be provided out of hospital, with greater support available in communities where there is particular need, such as additional clinics or other types of support for managing things like muscle or joint problems that don't really need to be looked at in hospital. Similarly there will be more testing, screening and post-surgery follow-up services made available locally to people, rather than them having to unnecessarily visit hospital for basic services as is often the case now.

Working together, we will ensure that people staying in hospital will be there only for as long as they need to be to receive help that only a hospital can provide.

Reducing the length of time people stay in hospital will mean that people can return to their homes and loved ones as soon as it is safe to do so, or that they are moved to other places of care sooner if that is what they need, rather than being stuck in hospitals unnecessarily.

Staff, beds, medicines and equipment will be used more efficiently to improve the quality of care that people receive and ensure that nothing is wasted.

Urgent and Emergency Care ("I get rapid help when needed to allow me to return to managing my own health in a planned way") – making sure that people with an urgent health or care need are supported and seen by the right team of professionals, in the right place for them first time. It will be much easier for people to know what to do when they need help straight away.
Currently there are lots of options for people and it can be confusing for patients. As a result, not all patients are seen by the right medical professional in the right place.

For example, if a young child fell off their scooter and had a swollen wrist, what would you do? You could call your GP, dial 999 ring NHS111, drive to one of the two A&E units, visit the walk-in centre, drive to one of the two minor injuries units, visit your local pharmacy or even just care for them at home and see how they feel after having some rest, a bag of frozen peas and some Calpol.

Given the huge range of options and choices available, it's no wonder that people struggle to know what to do when they or their loved ones have an urgent care need.

We want to make this much simpler, and ensure that people know where to go and what to do so that they're always seen by the right people first time.

GP and Primary Care Changes

The biggest and most important idea to help with the above is to really change services to being more joined up around you – more integrated and more community focused.

The most important place to do this is in our communities and neighbourhoods themselves. It starts with recognising how communities can keep us healthy – through connecting us with activity, work, joining in with others and things that help gives us a sense of wellbeing. GPs, (primary care) nurses and other community services such as voluntary groups working closer as one team could focus better on keeping people healthy and managing their own health. We could also use health information better to target those at risk of getting ill and intervening earlier.

This will mean our whole experience of our local health service (or other community services such as a social worker) could change over time. We may find that in future we see different people at the GP to help us – for instance a nurse instead of a Doctor and we would have to spend less time travelling or talking to different services to get help. We may get more joined up help for housing, benefits and community activities through one conversation. It is likely that to do this GPs need to join some of their practices together to share resources, staff and premises to make sure they can work in this new way. Other health, care and community services will need to join in with the approach. We will all still be on our own GP list and have our own named doctor though – that will not change.

This big change would mean we would need to ensure we train our existing and future workforces to work with you in new ways. The approach would also use new technologies to help you look after your own wellbeing and help professionals to be more joined up.

The approach will bring much of the expertise of hospital doctors right into community services which would mean less referral to specialists and ensuring we do as much as we can in your community. This should mean fewer visits to hospital for fewer procedures.

Getting all of this right will help people be healthier and happier. It will mean we will further reduce duplication in the way that we spend money on care. Figure 2 shows how our use of the money available for heath and care in Leeds might change. Note the shift towards more investment in Public Health where money will be used to encourage and support healthier lives for people in Leeds.

Where money is spent on health and care in Leeds, now and in the future

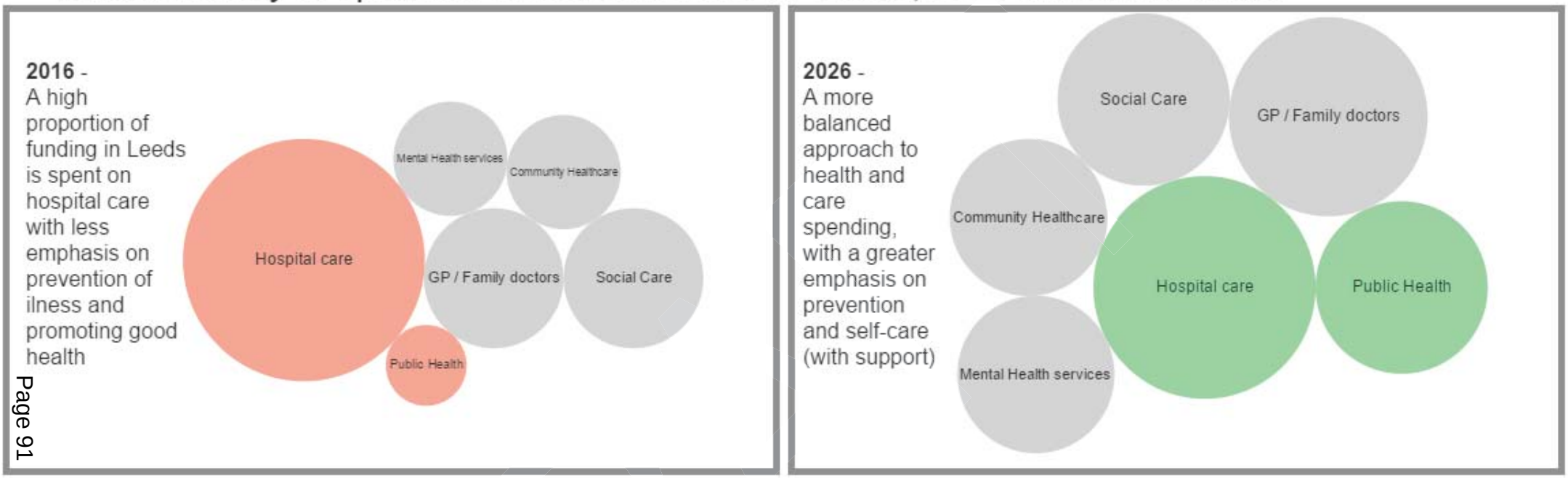

Figure 2 – An indicative view of the way that spending on the health and care system in Leeds may change

Chapter 5

So why do we want change in Leeds?

Improving health and wellbeing

Most of us want the best health and care.

Most health and care services in Leeds are good. However, we want to make sure we are honest about where we can improve and like any other service or business, we have to look at how we can improve things with citizens.

Working together with the public, with professionals working in health and care and with the help of data about our health and our health and care organisations in the city, we have set out a list of things that could be done better and lead to better results for people living in Leeds.

This will mean improving the quality of services, and improving the way that existing health and care services work with each other, and the way that they work with individuals and communities.

We want to share our ideas with people in Leeds to find out whether citizens agree with the priorities in this plan. Citizens will be asked for their views and the information we receive will help us to improve the initial ideas we have and help us to focus on what is of greatest importance to the city and its people.

What we need to do now is work with people in the city to jointly figure out how best to make the changes and the roles we will all have in improving the health of the city.

Three gaps between the Leeds we have, and the Leeds we want

1. Reducing health inequalities (the difference between the health of one group of people compared with another)

- Reducing the number of early deaths from cancer and heart disease, both of which are higher in Leeds than the average in England
- Closing the life expectancy gap that exists between people in some parts of Leeds and the national average
- Reducing the numbers of people taking their own lives. The number of suicides is increasing in the city.

2. Improving the quality of health and care services in Leeds

- Improving the quality of mental health care, including how quickly people are able to access psychological therapy when they need it
- Improving the reported figures for patient satisfaction with health and care services
- Making access to urgent care services easier and quicker

- Reducing the number of people needing to go into hospital
- Reducing the number of people waiting in hospital after they've been told they're medically fit to leave hospital
- Ensuring that enough health and care staff can be recruited in Leeds, and that staff continue working in Leeds for longer (therefore making sure that health and care services are delivered by more experienced staff who understand the needs of the population)
- Improving people's access to services outside normal office hours.

3. Ensuring health and care services are affordable in the long-term

If we want the best value health services for the city then we need to question how our money can best be spent in the health and care system. Hospital care is expensive for each person treated compared to spending on health improvement and prevention. We need to make sure that we get the balance right to ensure we improve people's health in a much more cost effective way.

We believe the health and wellbeing of citizens in Leeds will be improved through more efficient services investing more thought, time, money and effort into preventing illness and helping people to manage on-going conditions themselves. This will help prevent more serious illnesses like those that result in expensive hospital treatment.

We think we can also save money by doing things differently. We will make better use of our buildings by sharing sites between health and care and releasing or redeveloping underused buildings. A good example of this is the Reginald Centre in Chapeltown.

Better joint working will need better, secure technology to ensure people get their health and care needs met. This might be through better advice or management of conditions remotely to ensure the time of health and care professionals is used effectively. For example having video consultations may allow a GP to consult with many elderly care home patients and their carers in a single afternoon rather than spending lots of time travelling to and from different parts of the city.

We plan to deliver better value services for tax payers in Leeds by making improvements to the way that we do things, preventing more illness, providing more early support, reducing the need for expensive hospital care and increasing efficiency.

Preventable ***Diabetes***
costs taxpayers in Leeds
£11,700 *every* ***hour***

Changing the way that we work to think more about the improvement of health, rather than just the treatment of illness, will also mean we support the city's economic growth - making the best use of every 'Leeds £'.

This will be important in the coming years, as failure to deliver services in a more cost effective way would mean that the difference between the money available and the money spent on health and care services in Leeds would be around £700 million.

This means if Leeds **does the right things now we will have a healthier city, better services and ensure we have sustainable services.** If we ignored the problem then longer term consequences could threaten:

- **A shortage of money and staff shortages**
- **Not enough hospital beds**
- **Longer waiting times to see specialists**
- **Longer waiting times for surgery**
- **Higher levels of cancelled surgeries**
- **Longer waiting times for GP appointments**
- **Longer waiting times in A&E**
- **Poorer outcomes for patients**

None of us wants these things to happen to services in Leeds which is why we're working now to plan and deliver the changes needed to improve the health of people in the city and ensure that we have the health and care services we need for the future.

This is why we are asking citizens of Leeds, along with people who work in health and care services and voluntary or community organisations in the city to help us redesign the way we can all plan to become a healthier city, with high quality support and services.

Chapter 6

How do health and care services work for you in Leeds now?

Our health and care service in Leeds are delivered by lots of different people and different organisations working together as a partnership. This partnership includes not only services controlled directly by the government, such as the NHS, but also services which are controlled by the city council, commercial and voluntary sector services.

The government, the Department of Health and the NHS

The department responsible for NHS spending is the Department of Health. Between the Department of Health and the Prime Minister there is a Secretary of State for Health. GPs were chosen by Government to manage NHS budgets because they're the people that see patients on a day-to-day basis and arguably have the greatest all-round understanding of what those patients need as many of the day to day decisions on NHS spending are made by GPs.

Who decides on health services in Leeds? The role of 'Commissioners'

About £72 billion of the NHS £120 billion budget is going to organisations called Clinical Commissioning Groups, or CCGs. They're made up of GPs, but there are also representatives from nursing, the public and hospital doctors.

The role of the CCGs in Leeds is to improve the health of the 800,000 people who live in the city. Part of the way they do it is by choosing and buying – or commissioning - services for people in Leeds.

They are responsible for making spending decisions for a budget of £1.2bn.

CCGs can commission services from hospitals, community health services, and the private and voluntary sectors. Leeds has a thriving third sector (voluntary, faith and community groups) and commissioners have been able to undertake huge amounts of work with communities by working with and commissioning services with the third sector.

As well as local Leeds commissioning organisations, the NHS has a nationwide body, NHS England, which commissions 'specialist services'. This helps ensure there is the right care for health conditions which affect a small number of people such as certain cancers, major injuries or inherited diseases.

Caring for patients – where is the health and care money spent on your behalf in Leeds?

Most of the money spent by the local NHS commissioners in Leeds, and by NHS England as part of their specialist commissioning for people in Leeds is used to buy services provided by four main organisations or types of 'providers', these include:

GPs (or family doctor) in Leeds

GPs are organised into groups of independent organisations working across Leeds. Most people are registered with a GP and they are the route through which most of us access help from the NHS.

Mental Health Services in Leeds

Leeds and York Partnership NHS Foundation Trust (LYPFT) provides mental health and learning disability services to people in Leeds, including care for people living in the community and mental health hospital care.

Mental Health affects many people over their lifetime. It is estimated that 20% of all days of work lost are through mental health, and 1 in 6 adults is estimated to have a common mental health condition.

Hospital in Leeds

Our hospitals are managed by an organisation called Leeds Teaching Hospitals NHS Trust which runs Leeds General Infirmary (the LGI), St James's Hospital and several smaller sites such as the hospitals in Wharfedale, Seacroft and Chapel Allerton.

Providing health services in the community for residents in Leeds

There are lots of people in Leeds who need some support to keep them healthy, but who don't need to be seen by a GP or in one of the city's large, hospitals such as the LGI or St James. For people in this situation Leeds Community Healthcare NHS Trust provides many community services to support them.

Services include the health visitor service for babies and young children, community nurse visits to some housebound patients who need dressings changed and many others.

Who else is involved in keeping Leeds healthy and caring for citizens?

As well as the money spent by local NHS commissioners, Leeds City Council also spends money on trying to prevent ill health, as well as providing care to people who aren't necessarily ill, but who need support to help them with day to day living.

Public health – keeping people well and preventing ill health

Public health, or how we keep the public healthy, is the responsibility of Leeds City Council working together with the NHS, Third Sector and other organisations with support and guidance from Public Health England.

Public Health and its partners ensure there are services that promote healthy eating, weight loss, immunisation, cancer screening and smoking cessation campaigns from Public Health England and national government.

Social care - supporting people who need help and support

Social care means help and support - both personal and practical - which can help people to lead fulfilled and independent lives as far as possible. Social care covers a wide range of services, and can include anything from help getting out of bed and washing, through to providing or commissioning residential care homes, day service and other services that support and maintain people's safety and dignity.

It also includes ensuring people's rights to independence and ensuring that choice and control over their own lives is maintained, protecting (or safeguarding) adults in the community and those in care services.

Adult social care also has responsibility for ensuring the provision of good quality care to meet the long-term and short-term needs of people in the community, the provision of telecare, providing technology to support independent living, occupational therapy and equipment services.

Lots of questions have been asked about whether the government has given enough money for social care, and how it should be paid for.

During 2016/17 Leeds City Council paid for long term packages of support to around 11,000 people.

Approximately 4,230 assessments of new people were undertaken during the 2016/17 with around 81.5% or 3,446 of these being found to be eligible to receive help.

Leeds City Council commissions permanent care home placements to around 3,000 people at any time, and around 8,000 people are supported by Leeds Adult Social Care to continue living in their communities with on-going help from carers.

Figure 3, shows how the local decision makers (NHS Commissioners and Leeds City council) spend health and care funding on behalf of citizens in Leeds.

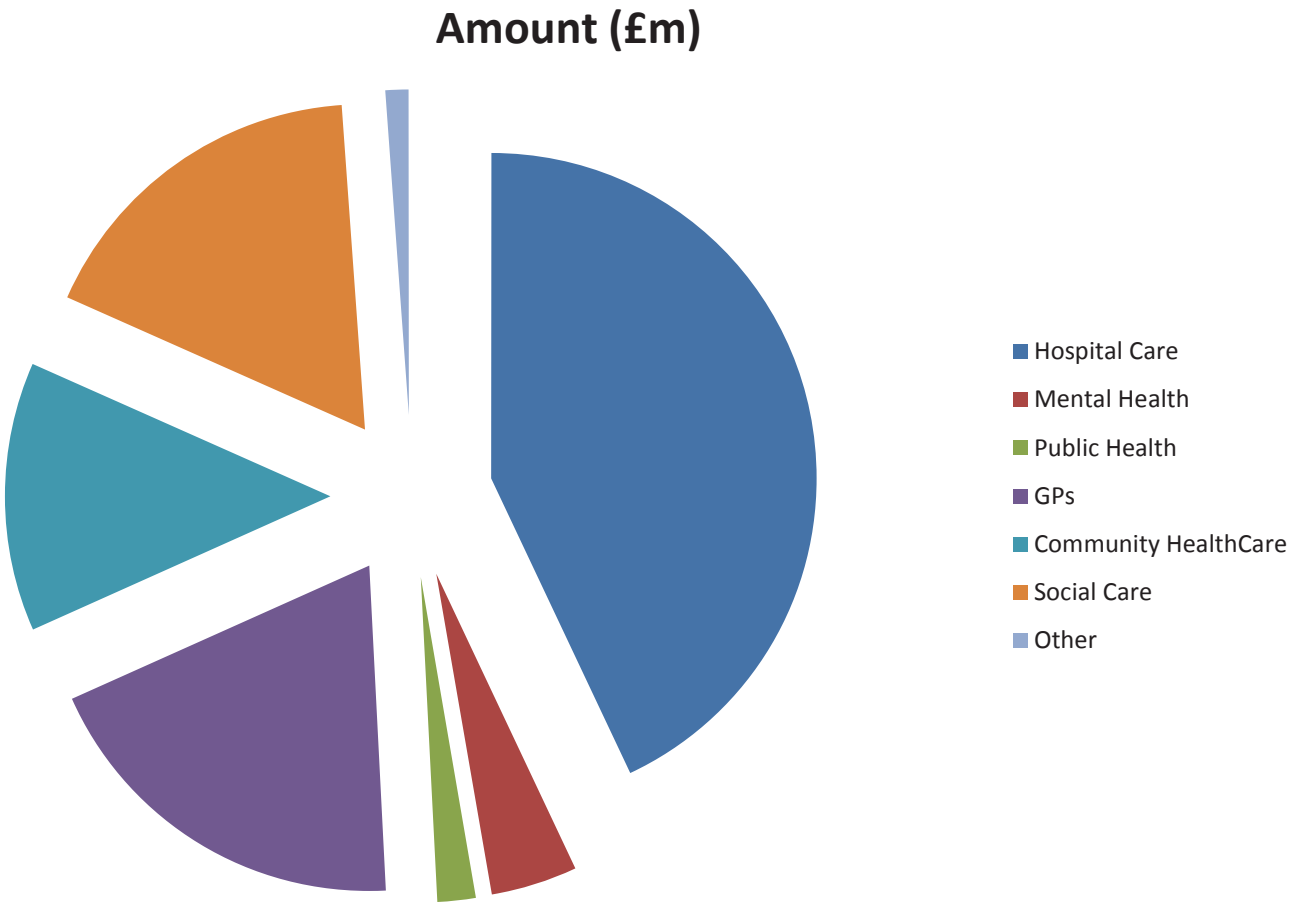

Figure 3 – Indicative spending of health and care funding in Leeds

Children and Families Trust Board

The Children and Families Trust Board brings together senior representatives from the key partner organisations across Leeds who play a part in improving outcomes for children and young people.

They have a shared commitment to the Leeds Children & Young People's Plan; the vision for Leeds to be the best city in the UK for children and young people to grow up in, and to be a Child Friendly city that invests in children and young people to help build a compassionate city with a strong economy.

In Leeds, the child and family is at the centre of everything we do. All work with children and young people starts with a simple question: what is it like to be a child or young person growing up in Leeds, and how can we make it better?

The best start in life provides important foundations for good health. Leeds understands the importance of focussing on the earliest period in a child's life, from pre-conception to age two, in order to maximise the potential of every child.

The best start in life for all children is a shared priority jointly owned by the Leeds Health and Wellbeing Board and the Children & Families Trust Board through the Leeds Best Start Plan; a broad collection of preventative work which aims to ensure a good start for every baby.

Under the Best Start work in Leeds, babies and parents benefit from early identification and targeted support for vulnerable families early in the life of the child. In the longer term, this will promote social and emotional capacity of the baby and cognitive growth (or the development of the child's brain).

By supporting vulnerable families early in a child's life, the aim is to break the cycles of neglect, abuse and violence that can pass from one generation to another.

The plan has five high-level outcomes:

- Healthy mothers and healthy babies
- Parents experiencing stress will be identified early and supported
- Well prepared parents
- Good attachment and bonding between parent and child
- Development of early language and communication

Achieving these outcomes requires action by partners in the NHS, Leeds City Council and the third sector. A partnership group has been established to progress this important work.

Leeds Health and Wellbeing Board

The Health and Wellbeing Board helps to achieve the ambition of Leeds being a healthy and caring city for all ages, where people who are the poorest, improve their health the fastest.

The Board membership comprises Elected Members and Directors at Leeds City Council, Chief Executives of our local NHS organisations, the clinical chairs of our Clinical Commissioning Groups, the Chief Executive of a third sector organisation, Healthwatch Leeds and a representative of the national NHS. It exists to improve the health and wellbeing of people in Leeds and to join up health and care services. The Board meets about 8 times every year, with a mixture of public meetings and private workshops.

The Board gets an understanding of the health and wellbeing needs and assets in Leeds by working on a Joint Strategic Needs Assessment (JSNA), which gathers lots of information together about people and communities in the city.

The Board has also developed a Health and Wellbeing Strategy which is about how to put in place the best conditions in Leeds for people to live fulfilling lives – a healthy city with high quality services. Everyone in Leeds has a stake in creating a city which does the very best for its people. This strategy is the blueprint for how Leeds will achieve that. It is led by the partners on the Leeds Health and Wellbeing Board and it belongs to everyone in the city.

Healthwatch Leeds

People and patients are at the heart of our improvement in health. This means their views are at the heart of how staff and organisations work and that they are at the heart of our strategy.

Healthwatch Leeds is an organisation that's there to help us get this right by supporting people's voices and views to be heard and acted on by those who plan and deliver services in Leeds.

Chapter 7
Working with partners across West Yorkshire

Leeds will make the most difference to improving our health by working together as a city, for the benefit of people in Leeds.

There are some services that are specialist, and where the best way to reduce inequalities, improve the quality of services and ensure their financial sustainability is to work across a larger area. In this way we are able to plan jointly for a larger population and make sure that the right services are available for when people need them but without any duplication or waste.

NHS organisations and the council in Leeds are working with their colleagues from the other councils and NHS organisations from across West Yorkshire to jointly plan for those things that can best be done by collaborating across West Yorkshire.

This joint working is captured in the **West Yorkshire and Harrogate Sustainability and Transformation Plan (STP)**.

The West Yorkshire and Harrogate STP is built from six local area plans: Bradford District & Craven; Calderdale; Harrogate & Rural District; Kirklees; Leeds and Wakefield. This is based around the established relationships of the six Health and Wellbeing Boards and builds on their local health and wellbeing strategies. These six local plans are where the majority of the work happens.

We have then supplemented the plan with work done that can only take place at a West Yorkshire and Harrogate level. This keeps us focused on an important principle of our STP - that we deal with issues as locally as possible

West Yorkshire and Harrogate
Sustainability and
Transformation Partnership

The West Yorkshire and Harrogate STP has identified nine priorities for which it will work across West Yorkshire to develop ideas and plan for change, these are:

- Prevention
- Primary and community services
- Mental health
- Stroke
- Cancer
- Urgent and emergency care
- Specialised services
- Hospitals working together
- Standardisation of commissioning policies

Chapter 8

Making the change happen

The work to make some changes has already started. However, we don't yet have all of the answers and solutions for exactly how we will deliver the large changes that will improve the health and wellbeing of people in Leeds.

This will require lots of joint working with professionals from health and care, and importantly lots of joint working with you, the public as the people who will be pivotal to the way we do things in future.

We will work with partners from across West Yorkshire to jointly change things as part of the West Yorkshire and Harrogate STP (where it makes sense to work together across that larger area). Figure 4 (below) shows the priorities for both plans.

Figure 4: Draft Leeds Health and Care Plan & West Yorkshire & Harrogate STP priorities

Chapter 9

How the future could look…

We haven't got all the answers yet, but we do know what we would like the experiences and outcomes of people in Leeds to look like in the future.

We have worked with patient groups and young people to tell the stories of 8 Leeds citizens, and find out how life is for them in Leeds in 2026, and what their experience is of living in the best city in the country for health and wellbeing.

***NOTE - This work is on-going 1 story is presented here for information. Upon completion, we will have graphic illustrations in videos produced for each of the cohorts:**

1. Healthy children
2. Children with long term conditions (LTC)
3. Healthy adults –occasional single episodes of planned and unplanned care
4. Adults at risk of developing a LTC
5. Adults with a single LTC
6. Adults with multiple LTCs
7. Frail adults - Lots of intervention
8. End of Life – Support advice and services in place to help individuals and their families through death
9. We will also be developing health and care staff stories

Patient Story – Claire, 24, Middleton

Claire has multiple long-term conditions and needs on-going support to manage these

"Hi, my name's Claire. I'm 24 years old and I've suffered with quite a rare condition called Ehlers Danlos syndrome all my life."

Present Day 2016	Fast Forward to 2026
"It's a rare genetic condition that affects the collagen build-up in your body and it results in dislocating bones and other related conditions like Fibromyalgia (another long-term condition that causes pain all over the body, heightened sensitivity to pain and extreme tiredness), pots, irritable bowel syndrome, and several other conditions. I suffer with all of them."	"I have access to up to date information about my conditions and I have wearable technology that helps me keep track of my health and better manage my own condition."
"I spend all of my life in and out of hospitals for appointments and surgery all across the country."	"I have video conferences with the health professionals involved in my care together, so that all my conditions are discussed at the same time."
"I wish there would be a better all-round approach to these types of conditions, for example I've got ten different consultants all across the country. I've got one in York for my wrist, I've got one in Bristol for my Knee, I've got one in Leeds for my foot, it's mad."	"My appointments are fitted around my life and when I need an operation, I can pick where it happens."
"I believe that having better communication between departments and maybe a better filing system about patient information would make things like this a lot easier so that people don't have to go in and explain the case to every single person that they see."	"All my health and care information is kept in one central place. I can access it whenever I like, and choose who to share it with. This way, those involved in my care will have all the information they need to treat me." "The doctor I was speaking with during my last visit said that things have been much better since everyone in Leeds began sharing access to all records. They used to have to phone up each time they wanted information, and even sent faxes. Now they can get what they need straight away. This doctor was saying it saves the hospitals more than £1m a year because they don't have to waste time phoning round and chasing people for information."

Chapter 10

What happens next?

The Leeds Health and Care Plan is really a place to pull together lots of pieces of work that are being done by lots of health and care organisations in Leeds.

Pulling the work together, all into one place is important to help health care professionals, citizens, politicians and other interested stakeholders understand the 'bigger picture' in terms of the work being done to improve the health of people in the city.

Change is happening already

Much of this work is already happening as public services such as the NHS and the Council are always changing and trying to improve the way things are done.

Because much of the work is on-going, there isn't a start or an end date to the Leeds plan in the way that you might expect from other types of plan. Work will continue as partners come together to try and improve the health of people in the city, focussing on some of the priority areas we looked at in **Chapter 4**.

Involving you in the plans for change

We all know that plans are better when they are developed with people and communities; our commitment is to do that so that we can embed the changes and make them a reality.

We will continue to actively engage with you around any change proposals, listening to what you say to develop our proposals further.

We are starting to develop our plans around how we will involve, engage and consult with all stakeholders, including you, and how it will work across the future planning process and the role of the Health and Wellbeing Boards.

Working with Healthwatch

Planning our involvement work will include further work with Healthwatch and our voluntary sector partners such as Leeds Involving People, Voluntary Action Leeds, Volition and many others to make sure we connect with all groups and communities.

When will changes happen?

While work to improve things in Leeds is already happening, it is important that improvements happen more quickly to improve the health of residents and the quality and efficiency of services for us all.

Joint working

Working together, partners of the Health and Wellbeing Board in Leeds will continue to engage with citizens in Leeds to help decide on the priorities for the city, and areas that we should focus on in order to improve the health of people living in Leeds.

Alongside the Health and Wellbeing Board, the heads of the various health and care organisations in the city will work much more closely through regular, joint meetings of the Partnership Executive Group (a meeting of the leaders of each organisation) to ensure that there is a place for the more detailed planning and delivery of improvements to health and care in the city.

Who will make decisions?

Ultimately, there will be lots of changes made to the way that health and care services work in Leeds. Some of these will be minor changes behind the scenes to try and improve efficiency.

Other changes will be more significant such as new buildings or big changes to the way that people access certain services.

The planning of changes will be done in a much more joined up way through greater joint working between all partners involved with health and care services in the city (including citizens). Significant decisions will be discussed and planned through the Health and Wellbeing Board. Decision making however will remain in the formal bodies that have legal responsibilities for services in each of the individual health and care organisations.

Legal duties to involve people in changes

Leeds City Council and all of the NHS organisations in Leeds have separate, but similar, obligations to consult or otherwise involve the public in our plans for change.

For example, CCGs are bound by rules set out in law, (section 14Z2 of the NHS Act 2006, as amended by the Health and Social Care Act 2012).

This is all fairly technical, but there is a helpful document that sets out the advice from NHS England about how local NHS organisations and Councils should go about engaging local people in plans for change.

The advice can be viewed here:

https://www.england.nhs.uk/wp-content/uploads/2016/09/engag-local-people-stps.pdf

NHS organisations in Leeds must also consult the local authority on 'substantial developments or variation in health services'. This is a clear legal duty that is set out in S244 of the NHS Act 2006.

Scrutiny

Any significant changes to services will involve detailed discussions with patients and the public, and will be considered by the Scrutiny Board (Adult Social Services, Public Health and the NHS). This is a board made up of democratically elected councillors in Leeds, whose job it is to look at the planning and delivery of health and care services in the city, and consider whether this is being done in a way that ensures the interests and rights of patients are being met, and that health and care organisations are doing things according to the rules and in the interests of the public.

Chapter 11

Getting involved

Sign up for updates about the Draft Leeds Health and Care Plan

***NOTE –Final version will include details of how to be part of the Big Conversation**

Other ways to get involved

You can get involved with the NHS and Leeds City Council in many ways locally.

1. **By becoming a member of any of the local NHS trusts in Leeds:**
    - Main Hospitals: Leeds Teaching Hospitals Trust - http://www.leedsth.nhs.uk/members/becoming-a-member/
    - Mental Health: Leeds & York Partnership Foundation Trust - http://www.leedsandyorkpft.nhs.uk/membership/foundationtrust/Becomeamember
    - Leeds Community Healthcare Trust – http://www.leedscommunityhealthcare.nhs.uk/working-together/active-and-involved/

2. **Working with the Commissioning groups in Leeds by joining our Patient Leader programme:**https://www.leedswestccg.nhs.uk/content/uploads/2015/11/Patient-leader-leaflet-MAIN.pdf

3. **Primary Care –Each GP practice in Leeds is required to have a Patient Participation Group**
   Contact your GP to find out details of yours. You can also attend your local Primary Care Commissioning Committee, a public meeting where decisions are made about the way that local NHS leaders plan services and make spending decisions about GP services in your area.

4. **Becoming a member of Healthwatch Leeds or Youthwatch Leeds:**
    - http://www.healthwatchleeds.co.uk/content/help-us-out
    - http://www.healthwatchleeds.co.uk/youthwatch

Report author: Steven Courtney
Tel: (0113) 378 8666

Report of Head of Governance and Scrutiny Support

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

Date: 5 September 2017

Subject: Clinical Commissioning Groups Update

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

1 Purpose of this report

1.1 The purpose of this report is to provide an opportunity for the Scrutiny Board to consider an update from Leeds Clinical Commissioning Groups (CCGs) regarding the partnership arrangements established earlier in 2017, alongside emerging proposals to establish a single NHS commissioning organisation in Leeds, , to take effect from 1 April 2018.

2 Main issues

2.1 During the previous municipal year (2016/17), the Scrutiny Board received and considered details associated with the closer collaboration between the three CCGs in Leeds (namely Leeds North CCG; Leeds South and East CCG and Leeds West CCG). This collaborative project was referred to locally as 'One Voice' and resulted in the formal establishment of Leeds Clinical Commissioning Group Partnership.

2.2 More recently and following recent discussions, member of the Scrutiny Board were made aware that in early August 2017, the CCGs' Governing Bodies gave approval to submit a formal application to NHS England to create a single commissioning organisation for Leeds, to take effect from 1 April 2018.

2.3 It is important to note that the formal application does not commit the CCGs to create a new organisation and there would be an option to withdraw the application if required. However the Governing Bodies have advised that following the 'One Voice' transitional governance arrangements, the next natural step is an application to formally create a single commissioning organisation for Leeds.

2.4 Suitable senior representatives from Leeds CCGs have been invited to attend the meeting to discuss these matters in more detail and address any questions from the Scrutiny Board.

3. Recommendations

3.1 Members are asked to consider the information provided at the meeting and determine any further scrutiny actions and/or activity.

4. Background papers[1]

None used

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

Report author: Steven Courtney
Tel: 0113 378 8666

Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adults and Health)

Date: 5 September 2017

Subject: Scrutiny Inquiry: Health and Social Care Needs of Offenders

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

1 Purpose of this report

1.1 The purpose of this report is to an update on the development of the Scrutiny Board's inquiry into the Health and Social Care Needs of Offenders and introduce a range of information, including an outline of the Council's social care responsibilities for offenders.

2 Main issues

2.1 During the initial consideration of the Scrutiny Board's 2017/18 work schedule, the Board agreed that the Health and Social Care Needs of Offenders should form a specific area for more detailed consideration, broadly covering the following areas:

- Leeds City Council's care obligations in relation to offenders.
- Current commissioning and delivery arrangements of offender health services, particularly focusing on HMP Leeds.
- Specific health issues identified by Independent Monitoring Boards.
- Outcome of Healthwatch Leeds' work around offender's experience of health and care services.

2.2 To assist the Scrutiny Board's initial consideration of this inquiry, this report seeks to provide details associated with:

(a) Leeds City Council's care obligations in relation to offenders; and,
(b) Specific health (and care) issues identified by Independent Monitoring Boards, through recent annual reports.

2.3 This report also presents progress details associated with other aspects of the Board's inquiry.

Leeds City Council's care obligations

2.4 Details associated with Leeds City Council's care obligations in relation to offenders are set out in Appendix 1.

2.5 Appropriate officers from Adults and Health have been invited to attend the meeting to discuss the information presented and address any questions from the Board.

2.6 Members are asked to consider these details and identify any specific matters for inclusion with the Board's inquiry report, and/or where more details are required.

Independent Monitoring Boards

2.7 Independent Monitoring Boards (IMBs) have been established through statute and exist for a range of custodial environments[1]. Members of IMBs are appointed by Government Ministers and are collectively charged with monitoring whether prisoners and detainees are treated with fairness and humanity whilst in custody, and (in prisons and Young Offender Institutions (YOIs)) prepared properly for release.

2.8 The National Monitoring Framework for IMBs is attached at Appendix 2. The National Monitoring Framework defines the role of IMBs in performing their duties and sets out a range of approaches to monitoring – aimed at ensuring a high degree of consistency between all IMBs, while providing sufficient flexibility for IMBs to plan and undertake their monitoring duties in such a way as to reflect the unique nature of individual facilities. In summary, the purpose of the National Monitoring Framework and guidance is to:

- Define the role of IMBs in performing their duties;
- Promote a consistency of approach;
- Disseminate good practice; and,
- Support Boards in monitoring effectively.

2.9 The following custodial institutions are located within the Leeds boundaries:

- HMP Leeds
- HMP Wealstun
- HMYOI Wetherby

2.10 The associated Independent Monitoring Board Annual Reports for 2016 are appended to this report, along with the ministerial response to the HMP Leeds report.

2.11 Each annual report includes a number of different sections; however the Scrutiny Board's attention is drawn to the specific sections on healthcare and mental health for specific consideration.

2.12 It should be noted that while no IMB representatives will be in attendance at the meeting, contact has been made with the secretariat responsible for proving support to IMBs and discussions continue around the potential input of appropriate IMB representatives into the work of the Scrutiny Board.

[1] Prisons of all sorts and the Immigration Detention Estate (IDE) which comprises immigration removal centres (IRCs), short-term holding facilities (STHFs) and repatriation flights for those being removed from the United Kingdom.

2.13 The secretariat has also indicated that some analysis is being undertaken to map healthcare themes across the annual reports, which may be able to be shared with the Scrutiny Board, depending on the reporting timescales.

2.14 Based on the IMB information and annual reports presented, members are asked to consider whether or not these details should be considered in or out of scope of this inquiry.

Other progress

2.15 Contact has also been made with NHS England (NHSE) and Public Health England (PHE) and discussions with representatives having particular responsibilities around offender health continue, regarding future input into the Board's inquiry.

2.16 NHSE's responsibilities for health care of people who are detained are set out in the Health and Social Care Act 2012. The Health and Justice commissioning intention for 2017/18 are also appended to this report, which provides a useful summary of NHSE's responsibilities.

2.17 As part of the initial discussions, NHSE have identified that two thirds of offenders serve sentences in the community and their additional healthcare needs the responsibility of community health and care service commissioners and providers, and not NHSE. As such, members are asked to consider the specific scope of this inquiry.

2.18 Discussions with Care UK – the provider of healthcare services at HMP Leeds and HMP Wealstun – have also commenced, in preparation for future discussions with the Scrutiny Board.

2.19 In order to make effective and efficient progress with the identified stakeholders, members of the Scrutiny Board are invited to identify any specific matters or issue that such stakeholders might usefully be asked to address or report on.

2.20 It should also be noted that Leeds woman subject to a custodial sentence may be detained and subsequently released from HMP New Hall in Wakefield. Details associated with HMP New Hall have not been provided at this time, and members are asked to consider whether or not such details should be included within the scope of this inquiry.

3. Recommendations

3.1 As part of the Scrutiny Board's inquiry around the Health and Social Care Needs of Offenders, Members are asked to:

a) Consider the information presented in this report and the attached appendices;
b) Identify any specific matters for inclusion with the Board's inquiry report (if required);
c) Identify any specific matters where more information and/or detail may be required;
d) Consider and agree matters associated with the scope of the inquiry, as highlighted in the report.

4. Background papers[2]

4.1 None used

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

Health and Social Care Needs of Offenders

Brief for Scrutiny Board (Adults and Health)
5th September 2017

Paper Title: Health and Social Care Needs of Offenders; current commissioning & delivery arrangements of offender care and support services by the Adults and Health Directorate

Paper author: Sinead Cregan, Adult Commissioning Manager, Working Age Adults

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The Care Act 2014 reformed social care provision in England from April 2015 and clarified the responsibility of local authorities to provide assessments and care and support services for adults in prisons and approved premises on the basis of equivalence to people living in the community.

Local authority duties under the Act include responsibilities to prevent the escalation of care and support needs. From April 2015 local authorities became responsible for assessing and meeting the social care needs of adult prisoners whilst they are in custody within their local authority area regardless of which local authority they came from.

There are two prisons in Leeds; HMP Leeds (in Armley) is a category B remand/resettlement prison which currently has a capacity of 1,212 male prisoners. There is a 'churn' of approximately 600 individuals a month at Leeds.

HMP Wealstun (in Wetherby) is a category C Training Prison with a current capacity of 832 male prisoners on longer term sentences, with a significantly smaller turn over.

In regards to social care, prisoners will have many of the rights and responsibilities of people living in the rest of the community with care needs but with four notable exceptions:

a) Prisoners cannot receive direct payments and will have less choice over how their eligible care needs are met.
b) Adult Social Care is not responsible for investigating safeguarding incidents in prisons.
c) Prisoners will not be able to express a preference for particular accommodation except when this is being arranged for after their release.
d) Prisoners will not be eligible for a Carer's assessment.

In April 2016, Care UK was awarded the health care contract for both Leeds prisons by NHS England. This was previously delivered by NHS Leeds Community Health Care, and as a consequence Leeds City Council, Adults and Health directorate, then entered into an agreement with Care UK as the new provider. This arrangement ensures that LCC Adults and Health comply with the Care Act 2104 responsibilities for prisoners.

Under the terms of this agreement, which has an annual contract value of £54,252, Care UK undertake an initial assessment of prisoners when they first enter the prison and if any prisoner is deemed to have social care needs, which are mainly needing support with the activities of daily living, they are referred to the health care team. In addition Adults and Health have seconded two care assistants to work in the prison under the direction of Care UK and they are part of the health care team. These Adults and Health staff then provide

care and support to prisoners; mostly around personal care, assistance with dressing or eating meals.

A multi-disciplinary team meets on a monthly basis and is chaired by the Adults and Health Commissioning Manager and consists of representatives from Adults and Health, Care UK, Leeds prisons, 'Catch 22' (the Third Sector resettlement service based within HMP Leeds) and the New Wortley Offender Support Team. This meeting provides release planning for all prisoners who have eligible social care needs, regardless of which local authority they resided in before being remanded or sentenced to HMP Leeds.

A LCC Adults and Health social work team manager allocates each assessment to a social worker and the assessment is undertaken in the prison. When a release date is known this allows for release planning, including for the social care needs of the prisoner to be met when they return to the community. At times this can be a difficult piece of work due to the complexity of the prisoner's needs and the nature of their conviction. For example, HMP Leeds is experiencing an increase in older prisoners being remanded or sentenced there due to historical sexual offences.

Adults and Health also helped support a further agreement to be put in place between Leeds prisons that if a prisoner has social care needs in HMP Wealstun they will be transferred to HMP Leeds where their needs can be more fully met. This is necessary because HMP Wealstun does not have the health care facilities required to meet the needs of these prisoners to the level that Leeds Prison has which has a small dedicated health unit.

Leeds Adults and Health also commissions the New Wortley Offender Support Team based at the New Wortley Community Centre and have done so since July 2016. This is at an annual cost of £99,408. The team provides 'through the gate' support to prisoners and they identify prisoners that would benefit from their support by attending the weekly resettlement sessions at HMP Leeds and the monthly sessions at HMP Wealstun. To date they have supported 248 prisoners of which only 6 have reoffended and 4 have been recalled to prison. The West Yorkshire percentage for reoffending is 34% but a rate of 3% is seen at this service and this is down to the highly innovative services provided by the New Wortley Offender Support Team. This is an approach that has had national acclaim: https://www.theguardian.com/social-care-network/2017/jan/09/exprisoner-scheme-breaks-cycle-reoffending

Support includes finding accommodation, attending appointments with those on the day of their release, and obtaining volunteering and employment opportunities. The NWOST has successfully secured accommodation for a significant number of prisoners upon their release, and have also established strong links with both housing associations and private landlords.

They also provide support to women from Leeds imprisoned at HMP New Hall.

In terms of adults living in approved premises requiring a social care assessment, they are referred via the Contact Centre and follow the process for any adult in the community. No new arrangements were required to ensure Care Act 2014 compliance for approved premises.

IMB
INDEPENDENT MONITORING BOARDS

The National Monitoring Framework

The National Monitoring Framework

Foreword

Prisons are currently the subject of significant scrutiny, as the Government works towards our new prison reform programme, and there are undoubtedly challenges, coupled with financial pressures in the department and beyond. Although relatively much smaller in size, the immigration detention estate is also subject to significant scrutiny, particularly in terms of the treatment of the people detained in it.

As the Ministers responsible, we have to gauge and act upon challenges being faced in our prisons and the immigration detention estate. As a vital part of this, Independent Monitoring Boards (IMBs) throughout the two estates provide us with an invaluable insight into the treatment and care of prisoners and immigration detainees and we are very grateful for the hard work IMB members put in. IMBs offer an unparalleled level of protection for those detained, those working in prisons or the immigration detention estate and those accountable in Government.

We take time to meet IMB members when we visit prisons and immigration removal centres, without a governor or centre manager being present if possible. Their insights are part of the picture that we have been able to build about our prisons and the immigration detention estate and how they are run. We read and reply to at least two IMB annual reports each week. It is a process that helps inform our understanding about how current prison and immigration removal centre rules and regulations are being observed and how they are working in practice.

We welcome this new National Monitoring Framework which defines the role of IMBs in performing their duties and sets out a range of approaches to monitoring. It is important for all IMBs to act consistently within the National Framework but it allows for each individual Board to plan and implement its monitoring role.

We would like to take this opportunity to thank IMB members for their dedication and continued unremunerated hard work. They are doing a magnificent job and deserve widespread recognition.

Andrew Selous MP, Parliamentary Under-Secretary of State for Prisons, Probation, Rehabilitation

James Brokenshire MP, Minister of State (Minister for Immigration)

Contents

Independent Monitoring Boards (IMBs) have been established by statute[1]. They exist for a range of custodial environments (prisons of all sorts and the Immigration Detention Estate (IDE) which comprises immigration removal centres (IRCs), short-term holding facilities (STHFs) and repatriation flights for those being removed from the United Kingdom[2]). Ministers appoint the members.

Whilst the most appropriate techniques vary from one establishment to another, the purposes and principles of monitoring are the same for all IMBs, whatever the establishment. This National Monitoring Framework expresses and explains these common foundations.

The Framework refers to two guidance documents. The IMB Toolkits give examples of the monitoring techniques that IMBs may use. Not all are relevant to all IMBs because of their different circumstances. The Toolkits (one for prisons and one for the IDE) are living documents and, as new approaches to monitoring are developed in response to changing needs, they will be added. The Report Template comprises guidance for the preparation of annual reports for Ministers.

1. Overview

Those detained in custody are among the most vulnerable people in society.

The IMB for a prison, IRC or STHF is charged with monitoring whether prisoners and detainees are treated with fairness and humanity whilst in custody, and (in prisons and Young Offender Institutions (YOIs)) prepared properly for release. In fulfilling this monitoring role, IMB members are expected to be impartial and apolitical.

The purpose of this Framework and the guidance documents is to:

- define the role of IMBs in performing these duties;
- promote a consistency of approach;
- disseminate good practice;
- support Boards in monitoring effectively.

2. Points from mandatory requirements that are relevant to Monitoring

Statutes and Statutory Instruments

Members of an IMB are from the local community, appointed by the Secretary of State for Justice under the Prison Act 1952 or the Home Secretary under Section 152 of the Immigration and Asylum Act 1999.

The following paragraphs summarise the relevant secondary legislation[3].

It is the duty of each IMB:

- to satisfy itself as to the humane and just treatment of those held in custody within its establishment and (for prisons and YOIs) the range and adequacy of the programmes preparing them for release;
- to inform promptly the Secretary of State, or any official to whom s/he has delegated authority as it judges appropriate, any concern it has;
- to report annually to the Secretary of State on how well the establishment has met the standards and requirements placed on it and what impact these have on those in its custody.

1 The Prison Act 1952 and the Immigration and Asylum Act 1999
2 Flight monitoring and monitoring STHFs are not yet on a statutory footing
3 Prison Rules Part V 2010; YOI Rules Part V 2010, and Detention Centre Rules Part VI 2001

To enable the Board to carry out these duties effectively its members have right of access to every prisoner or detainee, every part of the establishment and all its records (except for personal medical records)[4].

Explanatory Statement issued following the Lloyd Review of Prison Boards of Visitors (2000-1)

(1) In fulfilling these duties any matter which directly or indirectly affects an individual held in custody or detention, or affects the prospects for her/his successful resettlement on release, is of relevance to the Board. That includes the state of the establishment's buildings and the efficiency of the administration where they have an impact on prisoners or detainees.

(2) Although Boards have no comparable responsibilities for staff, staff problems which affect those held in custody or detention are the Board's proper concern. It is also important for Boards to build a professional relationship with staff and where they can assist in resolving any difficulties a member of staff may have, the Board, where it judges appropriate, should do so.

(3) Board members should regularly engage with prisoners or detainees and staff and do so with a courtesy and interest which earns their trust and draws out their hopes and concerns. Members should note the quality of the interaction between staff and those held in custody or detention. They should be conscious at all times that their own demeanour and approach can have an important impact on the atmosphere of the establishment and the readiness of prisoners or detainees and staff to confide in them.

(4) To be able to carry out their monitoring and reporting duties effectively, Boards must have a wide knowledge of what is expected of their prison or removal centre in all its activities. This includes familiarity with the rights of prisoners and detainees and established standards for their welfare and treatment. It also includes a sound appreciation of what those responsible for the quality of the various aspects of the regime and associated services regard as good practice. It is this knowledge which enables Boards to report confidently and accurately when establishments are falling short of what is required of them or, just as importantly, where they are reaching high standards.

(5) Knowing how, when and with whom Boards should raise their concerns is crucial to their ultimate effectiveness. Where Boards are critical, the matter should be raised as soon as it arises with those to whom authority for that aspect of the regime has been delegated. In reporting to the Secretary of State, Boards should ensure that the issues they highlight are sufficiently explained so that not only Ministers but also other interested parties can fully appreciate their significance.

(6) Most importantly, the Board's duty is not only to report on how well an establishment is measuring up to accepted standards but to look with clear and fresh eyes at the prisoner's or detainee's total experience of custody or detention and preparation for release or removal. Boards should also express, where they judge necessary or desirable, their common-sense opinion on the humanity and utility of the policies and practices that the establishment is obliged to follow.

The National Preventive Mechanism (NPM)

IMBs are part of the United Kingdom's NPM, created to meet the obligations of the Optional Protocol of the United Nations Convention Against Torture (OPCAT). As such, in England and Wales IMBs work in partnership with other

4 IMBs do not have access, in any custody setting, to records covered by the Regulation of Investigatory Powers Act 2000; medical records may only be consulted with the explicit written permission of the prisoner or detainee concerned

members such as the Prison Inspectorate (HMIP), and with bodies such as the Youth Justice Board (YJB) and the Prisons and Probation Ombudsman (PPO).

The limits to mandatory requirements

The requirements listed above, and the explanatory comments made following the Lloyd review, provide a complete statement of what is mandatory for each IMB. Examples of good practices are given below. No Board is obliged to follow every guideline in all circumstances. Rather, each Board should strive to fulfil the mandatory requirements listed above in the most efficient, effective and economic ways possible, in the situation of its establishment, by deploying the particular skills and resources of its members.

Although each IMB has to decide how best to monitor its particular establishment, it must also recognise its place within the national network of IMBs, whose reputation and effectiveness it can, in principle, either enhance or damage. No IMB is autonomous. Members are public appointees and must behave responsibly.

IMBs should ensure that their practices comply with general legislation (such as for data protection, handling personal data, information assurance) as well as specific requirements for safety and security. IMB members must always take proper precautions to safeguard their personal safety and do nothing to put at risk the safety of others within the establishment. In this matter, they should obey instructions from prison or IDE staff. If it is felt that such instructions are inappropriate, the time for discussion is after, not during, the event.

The IMB National Council was established to provide leadership and guidance to IMBs. There are some instances when it asks all IMBs to conform to a specified standard practice (for instance, reporting prisoner Applications according to a common classification so that Ministers can identify similarities between prisons and monitor trends over time). Council uses this authority with caution because the differences between establishments mean that there can be few universal 'rules'.

3. The nature of monitoring

Monitoring is different from inspection.

Monitoring involves frequent, systematic and purposeful observation to determine how well objectives are met. It involves keeping track of outcomes continually. Monitors do not have executive roles but they can question and prompt those who do. *Inspection*, by contrast, is episodic and involves critical examination, looking especially for strengths and weaknesses. Typically it includes scrutiny of processes, where the inspectors themselves are experts equipped to make technically sound recommendations for improvement.

Monitoring uses standards for comparison.

Monitors check whether stated performance standards are met. For instance, IMB members observe whether prisons conform to Prison Rules, Prison Service Orders and Instructions, Detention Centre Rules and Detention Services Orders, Service Level Agreements, specifications, contracts and the law. They monitor anything that affects those held in custody, whether it is the impact of government policy or operational matters decided at the level of the establishment.

Monitoring involves close observation.

Efficient use of time is achieved by identifying key questions and doing what it takes, going where is needed, talking to who can help, to obtain answers. Monitoring simply by walking about is not, in general, good practice because it is inefficient. Nevertheless, IMB members who keep their eyes open cannot fail to pick up

useful information in addition to what they learn when focusing on a specific question.

Monitoring requires planning and selection.

It is not possible to observe everything that happens, even some of the time, and Board members have to agree the most important areas on which to concentrate effort in the context of each establishment.

Monitoring has a cost.

Although IMB members are not remunerated, monitoring costs the taxpayer a significant cash sum (for payment of travel expenses, for member training, for secretariat support). There are also opportunity costs for the establishments (provision of office space, the support of a part-time clerk, the staff time it takes to answer IMB questions etc.). Boards must provide value for money and this is an important criterion informing the selection of what is monitored and how.

Monitoring is a skill.

Effective monitoring requires more than going round an establishment and responding to Applications from prisoners or Requests from detainees. Monitoring involves scrutiny with a purpose. It needs eyes that know what to look for and ears that can interpret what they hear. Direct observation trumps hearsay ('prison staff say that…') but hearsay, so long as it is recorded as such, is admissible, particularly when it can be independently checked.

IMBs do good by monitoring skilfully and perceptively. They do not monitor by 'doing good'. Perhaps their most important function in this context is '…to look with clear fresh eyes at the prisoner's or detainee's total experience…'.

4. What may be monitored

Safety of the establishment, especially prisoners and detainees (e.g. assaults, bullying – both physical and emotional, equality and diversity, listeners and mentors, humane and decent treatment of vulnerable individuals, use of intelligence, use of force, security, the Assessment Care in Custody Teamwork (ACCT) and Assessment Care in Detention Teamwork (ACDT) systems, prevention of contraband from entering the establishment (drugs, phones etc.), results and impact of mandatory drug testing (MDT), quality of risk assessments, Multi-Agency Public Protection Arrangements (MAPPA)).

Fairness of prisoner treatment (e.g. the incentives and earned privileges (IEP) regime, use of care and separation/segregation unit, removal from association, temporary confinement and special accommodation, adjudications and reviews, access to exercise, availability of work, food for the range of diets and its quality, access to canteen, opportunities for religious observance, operation of a trustworthy complaints system, complaints statistics, organisation of visits, equality in terms of the protected characteristics).

Accommodation, the daily regime and the way it is managed (e.g. use of association, range of age-appropriate activities (behaviour management programmes, work, educational and vocational courses, exercise, recreation), prisoners being unlocked promptly and consistently able to get to their activities, ease of booking activities and family visits, furnishing, equipment and maintenance of living accommodation and public areas, general cleanliness and tidiness, personal officers and prisoner or detainee/staff relationships).

Communication and consultation (e.g. the accuracy, clarity and timeliness of communication with prisoners and detainees (individually and collectively) over matters

that concern them, induction and induction materials, use of notice boards and IT for communication, issues relating to sentences, eligibility for Release on Temporary Licence (ROTL) or Home Detention Curfew (HDC), communication between different parts of the establishment and with external agencies (e.g. probation) concerning individual prisoners, consultation arrangements and hearing the 'prisoner or detainee voice', personal officers, arrangements for non-English speakers, the illiterate and those with mental health issues).

Healthcare (e.g. whether the healthcare provided is as good as in the community, taking into account the vulnerability and particular needs of the population. This is shown in waiting times for appointments, mental health services, dentistry, effectiveness of collaboration with external health service providers, support for those with long-term health conditions or addictions, prescribing and medication, range of clinics offered).

Entitlements (e.g. whether prisoners and detainees receive their full entitlements across all areas, access to timely confidential legal advice, the correct number of visits, correct sentence planning and access to obligatory courses/programmes, accurate release dates, rapid repatriation for foreign national prisoners, especially those detained under immigration powers post-sentence, voting in elections when this is an entitlement).

Education, training and preparation for release (e.g. maintenance of good family links (subject to security considerations), rehabilitation and offender behaviour programmes, provision of relevant education or training to prepare for employment and life after release, adequacy of careers information, advice and guidance, accommodation in appropriate resettlement prison as release date approaches, assistance with housing, job search etc., links with community rehabilitation company (CRC)/ probation and other external agencies or organisations working 'through the gate').

There are overlaps between the seven areas listed here but, even so, they include much more than an IMB is able to cover in the course of a year's monitoring. Hence the requirement for deliberate selection, by every Board, of a focus that is relevant to the circumstances of the establishment it monitors.

IMBs have a duty to report whether prisoners and detainees receive their rightful entitlements (as indicated above) and also the extent to which such entitlements constitute fair and humane treatment. This is why members are given the right to be shown all the establishment's records, including of contractual arrangements.

5. Monitoring activities

IMBs have developed a range of approaches to monitoring all of which have a place in some circumstances and some of which have a place in most circumstances. Few are mandatory and required either by law or by a Secretary of State. The approaches listed below should be deployed insofar as they enable an IMB to fulfil its remit as set out on Sections 1 and 2 above, not because they have particular virtues in or of themselves. The IMB Toolkits (for prisons and for the IDE) contain expanded lists, with examples.

Establishing a profile.

IMBs cannot operate in secrecy. Prisoners and detainees need to know that they exist and how to make contact. Staff need to understand and respect the independence and integrity of IMB members. Prisoners, detainees and staff alike need to appreciate that IMBs have no executive power but that they can exert influence. IMBs must build a reputation for honesty and fairness. The IMB role is unique and easily misunderstood. Explaining it is an unending task

because of the turnover of prisoners, detainees and staff. The demeanour of members whenever they are in an establishment is a key factor in promoting trust in the IMB.

Responding to Applications and Requests.

Prisoners and detainees must be able to apply directly or ask to speak to a member of the IMB, without involving or informing staff and without incurring sanctions. IMB members have an obligation to respond (orally or in writing). Such Applications and Requests are relevant to fulfilment of the IMB's role because they are a way to monitor which issues concern prisoners or detainees. They provide an invitation and an agenda for dialogue with individuals. There are two things that they are not.

- An establishment should run an effective complaints system. Applications and Requests are not an alternative and IMBs need to discourage those being held from perceiving them this way. It is unhelpful for the IMB to appear to offer a substitute (which militates against the establishment ensuring that its own system is fit for purpose). Ideally, Applications and Requests should identify issues (one of which might be that the complaints system is unsatisfactory).

- The issues raised in Applications and Requests should not set an IMB's monitoring agenda. They must not be ignored and they should certainly influence the agenda but an IMB must make its own decisions about monitoring priorities and not simply 'follow the Applications'.

Visiting the establishment.

IMB members visit an establishment in order to monitor how well it operates in one or several aspects of its work. The term rota visit has become IMB jargon for a visit by the member whose week it is (according to a rota of the members) to monitor the general state of the establishment and be the point of contact in the event of (e.g.) a serious incident. But there are many other possible reasons to visit, some of which are illustrated below.

- All visits should be purposeful, with specific monitoring objectives in mind. Evidence relevant to other matters may be picked up at the same time, and must not be ignored, but members should have a focus for what they do and good reasons for where they go.

- Usually, an important element of monitoring the 'general state of the establishment' involves assessing the atmosphere where prisoners or detainees are accommodated and collecting evidence about the quality of life that they experience. The care taken of prisoners or detainees with open ACCT or ACDT documents or under a constant watch will also be things most IMBs want to monitor routinely.

- All significant evidence acquired during any visit needs to be recorded in a concise and retrievable way. Boards have to establish processes for forwarding promptly any such evidence that ought to be brought to the attention of the establishment's governor, director or manager, so that they can respond. IMB written records may be required during an investigation, by a court or under the Freedom of Information Act.

Attending adjudications, reviews and cellular confinement.

There are disciplinary and management procedures that are applied when prisoners or detainees infringe in some way. Potentially, they

are a point of vulnerability for those concerned because they do not have easy recourse to the advice and support that might be available in society. A focus of IMB monitoring should normally be how the establishment uses sanctions. Are they fair and proportionate? Do prisoners and detainees understand them? When some form of cellular or temporary confinement is imposed, are the conditions humane?

- **Segregation under Rule 45 (Good Order or Discipline), Rule 49 (YOI) or Rule 40 (IDE).** Removal from association is an administrative measure, not a punishment. This explains why there is no quasi-legal process (as for adjudications) and no appeal possible. There is no outside scrutiny of the use of R45/49/40 apart from that by the IMB or HMIP during an inspection. It is therefore important for Board members to speak to those held under these rules and attend the Reviews held in prisons when possible to check that the segregation decision is fair, that due process is followed, and that the total time spent segregated is not excessive.

- **Special accommodation.** Keeping someone in special accommodation is another administrative measure, not a punishment. It is a last resort, justified only when its use is essential to keep the individual or others safe, because such accommodation is by definition less than decent. They should be monitored at least once a day.

Visiting residential healthcare units.

Not all establishments have in-patient healthcare units but where they exist they are similar to care and separation/segregation units in that prisoners or detainees, often with mental health concerns, may be held without access to normal facilities and where abuse might occur without being detected. Such units are priority areas for monitoring effort.

Attending serious incidents.

Establishments are obliged to inform the IMB promptly in the event that a significant (reportable) incident occurs. This might be a death in custody, an epidemic, an escape, a hostage incident, industrial action by staff, a significant security lapse or prisoner or detainee unrest. IMBs need to have a contingency plan in place covering action in event that an incident is deemed serious, generally one that involves opening a Command Suite. This plan should be agreed with the establishment and up-to-date.

All significant incidents need to be looked into but not all incidents require urgent IMB attendance. Whether this is appropriate, necessary or simply helpful will depend to some extent on the advice of the establishment's staff. However, ultimately it is for the IMB to decide whether and when to attend. Serious incidents, such as hostage-taking, may affect people's safety and security, both inside and outside the walls. They give rise to heightened emotions that may affect judgements. Things can sometimes go badly wrong.

When an establishment opens its Command Suite, it is often sensible for the IMB to arrange for two members to attend. One can monitor events in the Command Suite whilst the other attends the incident itself. Safety advice given by staff must always be followed.

When IMB members monitor a serious incident directly (either as it unfolds or its aftermath) the purpose is to make a contemporaneous record of events that is independent of that produced by staff or the National Offender Management Service (NOMS) or the Home Office. In the absence of CCTV and video-monitoring, the presence of an IMB member may be the only source of independent evidence about how an incident unfolds.

Observing meetings.

Establishments hold many meetings every week (staff meetings and meetings with prisoners or detainees). IMB members are entitled to attend any of them as observers, not participants. They do not endorse a meeting's conclusions, though they may confirm (e.g.) that the meeting has considered its agenda conscientiously or that a particular procedure has been followed correctly.

The purpose of attending a meeting is not because it is interesting, but because it may provide information or evidence relevant to one of a Board's monitoring priorities. These priorities govern the selection of the meetings to be observed. Generally, members do not routinely attend any given meeting but sample a range periodically, and read the minutes of others.

Analysing an establishment's records, data and CCTV.

IMBs are entitled to see all records, including individual prisoner or detainee records (apart from medical records and some covert intelligence information), in whatever format (paper or digital). IMBs may also see the establishment's agreements with outside providers. Such data can provide a wealth of relevant information. For instance, complaints statistics, use of force statistics, minutes of meetings, IEP levels, attendance at education courses, work placements and their analysis by prisoner age, ethnicity, location etc. yield powerful evidence about fairness, humanity and preparation for release.

CCTV records provide evidence about how staff deal with specific incidents which IMB members cannot observe because they are not present at the time. They also permit observation (e.g.) of how association times are managed, how promptly those held are routinely unlocked, and many other activities.

Analysing data takes time and Boards need to decide, case-by-case, what is appropriate. The importance of data to an IMB should be measured in terms of the secure evidence it provides of relevance to the Board's priorities, not in terms of whether or not it is 'interesting'.

6. Monitoring skills and good practice

The important product of an IMB's monitoring is a set of judgements about the treatment of prisoners or detainees. They are first and foremost judgements about outcomes (not practices or processes). Such judgements, to be credible, must be evidence-based and so the first job of IMB members is to collect and record secure and relevant evidence. It is not enough to base judgements on what a Board 'thinks' is the case if this cannot be persuasively substantiated.

Evidence may be hard and quantitative (e.g. … three prisoners refused food for 24 hours or longer during the period 1 January to 31 March) or softer and qualitative (e.g. …the atmosphere in the prison was tense – there was no laughter during movement between activities and prisoners were avoiding any eye contact with staff and also IMB members). Both are valid, potentially relevant and valuable.

The core skills needed for good monitoring are those of focused observation, careful listening, perceptive interpretation (avoiding over-interpretation) and concise, accurate recording.

Observation, to be useful, begins with knowing what to look out for and is achieved by actively looking for it. The starting point is an explicit question to be answered. Are the food portions adequate? Is the floor clean? Are the washing machines all working? Are all staff on the wing wearing clear personal ID? Taking six prisoners

or detainees at random, how many know the name of their personal or welfare officer? **Listening** involves both hearing and watching because body language conveys important messages. It is most illuminating when accompanied by use of open questions. It may involve interpretation if the person concerned is nervous or inarticulate or not a native speaker of English. It often requires patience and the avoidance of rushing. The goal is to understand what the individual means, whether or not they use words accurately to express it.

Interpretation is the process of extracting meaning from evidence. Are three food refusals in a three-month period significant? If so, in what way? Are they part of a pattern of growing frustration (e.g. more dirty protests, increasing prisoner-on-prisoner assault figures or damaging TV sets) or do they stand alone? Were three different prisoners or detainees involved? Were they related in any way? Many individual pieces of evidence have little significance by themselves but may be part of a wider pattern.

Recording evidence contemporaneously is essential to ensure accuracy and because 'if it is not recorded it didn't happen'. Given the unavailability of personal IT within a prison (either for audio or text recording), observations will usually be first noted in manuscript. However, manuscript records made by a range of individuals in their own styles are not easily catalogued, sorted or retrieved. Boards have to establish practical systems for recording raw data collected by observation in ways that they can be retrieved and analysed (e.g. when preparing the annual report or responding to an enquiry from the PPO or a coroner).

7. Reporting

IMBs achieve impact, exert influence, by reporting what they discover through monitoring and their evaluations of such evidence. Some reporting is informal, perhaps phrased as a question, and often oral (e.g. asking a manager why a wing is dirty). Some is more formal and in a public document (like the annual report – see the Report Template agreed by Ministers). Whatever the level of formality, there are some general principles.

All reporting should be concise and must be **accurate**. IMBs need a reputation for reliability so that the instinctive response to any report is 'if the IMB says so, it is so'. This applies equally at local and national levels.

A Board's major judgements must be **corporate**. They should be agreed by members, each of whom has arrived at their own interpretation of the evidence. There will be different perspectives and the Board, collectively, is responsible for weighing them. IMBs should not report either a series of individual opinions, unmoderated by Board discussion, or a 'lowest common denominator' comprising only the issues where there is unanimity. A Board's diversity of membership is one of its strengths and it needs to take full account of the range of views in finding its insights.

Reporting must be **objective**. IMBs are independent of all external groups and pressures, be they political or commercial, trades unions or employers, prisoner or detainee charities or families. IMB evaluations may align with the views of a group but, when this occurs, it is because the IMB has independently made its own, evidence-based judgement, that happens to agree with the group's, not because it has been influenced by them.

Reporting should be **evaluative**. There is no need for any report to provide much description, except insofar as this is necessary evidence to explain and support an evaluation.

Reports must not compromise **prisoner or detainee confidence**. Adhering to this vital principle often requires care and some subtlety. Many of those in custody assume that IMB members are 'part of management' and demonstration of an IMB's independence, manifestly and convincingly, is essential. It is why members must not have or be seen to have a conflict of interest, e.g. by being closely associated with HMPS, NOMS, the Home Office, a contractor or provider of services to the establishment.

Reports must be **measured**. IMB members are not experts. It is unwise to make recommendations based on opinion rather than relevant expertise. If an IMB observes that food portion sizes are small and variable it is right to report it and state that it is wrong. The reasons for the situation (e.g. poor purchasing, inadequate budget, incompetent kitchen staff, theft from the food stores, poor servery supervision) are unlikely to be things an IMB can be sure about. It would overstep the Board's remit to 'recommend' (e.g.) that the budget for food be increased.

8. Re-statement of purpose

The role of every IMB is to be satisfied as to the humane and just treatment of those being held. No two custodial settings are the same, however. The purpose of this Framework is to guide each Board towards the best way to monitor in its own unique circumstances.


IMB
INDEPENDENT MONITORING BOARDS

Annual Report
of the
Independent Monitoring Board
at
HMP Leeds

for reporting year

1 January to 31 December 2016

Published

21 June 2017

Monitoring fairness and respect for people in custody

SECTION 1

STATUTORY ROLE OF THE INDEPENDENT MONITORING BOARD

1.1 The Prisons Act 1952 and the Immigration and Asylum Act 1999 require every Prison and Immigration Removal Centre (IRC) to be monitored by an Independent Board appointed by the Secretary of State for Justice from members of the community in which the Prison or IRC is situated.

1.2 Each Board is specifically charged to:

- Satisfy itself as to the humane and just treatment of those held in custody within its Prison or IRC and the range and adequacy of the programmes preparing them for release.
- Inform promptly the Secretary of State for Justice, or any official to whom she has delegated authority as it judges appropriate, any concern that it has.
- Report annually to the Secretary of State for Justice on how well the Prison or IRC has met the standards and requirements placed on it and what impact these have on those in its custody.

1.3 To enable the Independent Monitoring Board to carry out these duties effectively its Members have right of access to every prisoner and every part of the Prison or IRC and also to its records.

ANNUAL REPORT

1.4 This document is the statutory Annual Report of the Independent Monitoring Board (IMB) at HMP Leeds for 2016.

2 Gloucester Terrace
Stanningley Road
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SECTION 2

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SECTION 3

DESCRIPTION OF THE PRISON

3.1 HMP Leeds is an inner city local Category B Prison with an Operational Capacity of 1218 serving the local courts of West Yorkshire holding adult male convicted and remand prisoners. It is routinely at or near its Operational Capacity.

3.2 The Prison has 4 Victorian Wings dating from 1847 and 2 modern Wings providing 669 cells overall. One Wing is dedicated to vulnerable (Rule 45) prisoners; One is dedicated to Resettlement and one Wing is for prisoners on Remand. There is a First Night and Reception area; a Segregation Unit; a Social Care Residential Unit; a Multi-Faith Centre; a Library; a Gym and Sports Facility; a Visitor's Centre together with education and workshop facilities.

3.3 The Healthcare Services are contracted out to CareUK and the Education provision is provided by Novus, part of the Manchester College Group.

3.4 A wide range of voluntary organisations, (including, for example, the Samaritans; West Yorkshire Chaplaincy and Prison Visitors), operate within the Prison providing a range of key services. The Jigsaw Visitor's Centre, an independent charity working closely with the prison, is a successful project of many years standing. Some prisoners manage the Prisoner Information Desks on each Wing whilst others act as Healthcare Representatives; Recovery Champions and as Listeners (trained by the Samaritans).

SECTION 4

EXECUTIVE SUMMARY

Concerns

Policy

4.1 2016 was another very challenging year for HMP Leeds with a new operational regime being implemented, in line with Ministry of Justice policy, whilst dealing with the ongoing and damaging impact of New Psychoactive Substances (NPS) together with sustained levels of violent incidents, including self-harm. The Prison has also had to accommodate disruptive transferees regularly following disturbances in other secure establishments as well as the adverse impact of accommodating out-of-area prisoners.

4.2 The IMB continued to experience difficulties in obtaining accurate comparative and consistent data relating to key areas including Use of Force, Violence Reduction, Security and Safer Custody both internally and externally. The limited trend analysis available indicates increased levels of violence and self–harm compared with previous years. There were, for example, examples of incidents involving some degree of violence included on almost every daily report in 2016. On average, there were 46 'violent incidents' per month and there were 4 self-inflicted deaths in custody during the reporting year.

4.3 The quality and standard of the education services ranging from formal 'classroom' activities through to specialist vocational skills provided by Novus in 2016 was impressive. Prisoners frequently praised the services and there were high attendance figures. Activity in the Workshops was less encouraging with frequent interruptions to the supply of raw materials and apparently slow response to the repair of the ageing machinery and Information Technology (IT - hardware and software). Overall, the quality of activity in the Workshops merits improvement and expansion in order to provide motivational and rehabilitative activities.

4.4 The IMB has been able to carry out its duties and fulfil its statutory responsibilities without the need to escalate any issues outside of the establishment itself. Overall and notwithstanding the difficult operational environment, the IMB believes that Prisoners have been treated with appropriate humanity and respect although some prisoners tell the IMB that the general atmosphere is frequently intimidating. Officers have regularly been seen to stay beyond the end of their scheduled time and take on additional duties at short notice to provide cover and continuity both within the prison but also on external escort and other duties. The IMB recognises the day-to-day challenges that officers have faced and commends particularly their swift actions to deal with and de-escalate incidents of self-harm and violence.

4.5 The IMB has identified the following areas of concern:

4.5.1 National Policy Issues:

4.5.1.1 Safer Custody. The IMB has observed management experiencing real difficulty, on occasion, in maintaining the full day-to-day regime for prisoners which in turn, results in obvious prisoner discontent and frustration. This issue has been caused by a combination of unplanned and unpredictable factors, including serious incidents associated with the use of NPS that result in increased emergency hospital escorts/bed-watches; staff sickness as well as the need to provide officers for incident support at other secure establishments. The ongoing recruitment of additional Prison Officers is welcome and, in the view of the Board, very necessary for the safe maintenance of the core regime for prisoners. It is hoped that this recruitment will be continued at pace, however the IMB recognises that new inexperienced prison officers are not a substitute for more experienced staff when handling challenging situations and individuals in the prison.

4.5.1.2 Drugs and Mobile Phones. The continued availability and use of NPS has posed particular challenges. The effects have not only been routinely disruptive and very damaging to the individual health and wellbeing of prisoners, but have also directly impacted the regime. Officers have frequently been required to transfer seriously affected and disturbed prisoners

to segregation or out to hospital under escort. The number of mobile telephones recovered in the Prison is a concern as they are highly valuable contraband. Their possession and use in the prison is regularly associated with violent incidents as reported in the daily bulletins. The Board welcomes the additional funding that was made available to reduce the number of illegal items entering the Prison by extending the Closed Circuit Television (CCTV) coverage and adding additional security screening to vulnerable areas of the estate. It is hoped that CCTV will be installed in the remaining areas in 2017 and that funding will be made available to introduce additional practical measures or technical detection and counter measures to frustrate the supply of illegal and illicit goods.

4.5.1.3 Public Contracts. The refurbishment of the main kitchen was considerably delayed resulting in the temporary kitchens being retained for well in excess of their planned life at very significant nugatory cost. The food produced in these temporary premises, in portacabins located away from the main building, frequently fell below an acceptable quality standard despite the best efforts of the Catering Staff and assigned kitchen workers. Equally, the working conditions in the kitchens were highly unsatisfactory from both hygiene and comfort standpoints. Procurement difficulties also resulted in delays, from time to time, in the provision of basic decency items such as toilet rolls; pillows; towels; clothing and specialist kitchen wear, as well as raw materials for the Workshops and the repair of equipment in the Workshops. The Prison was also without a serviceable dental examination chair for at least two months due to delays in the approval for and ordering of repairs or replacement of the equipment. All of these simply unacceptable shortcomings create understandable frustrations, build tension and create genuine disquiet for Prisoners. It is hoped that such instances will not be repeated in 2017.

4.5.2 Operational – not requiring a response

4.5.2.1 Mental Health. The Mental Health provision encountered difficulties through the year. (See Section 5.2).

4.5.2.2 Data Collection and Recording. The quality and consistency of reliable comparative data and trend analysis remained poor overall, particularly in the area of Safer Custody. (See Section 5.4).

4.5.2.3 Workshops. The Workshops struggled with broken equipment and shortages of raw materials. (See Section 5.6).

4.5.2.4 Quality, variety and quantity of food. The quality, variety and quantities of food were the subject of frequent complaints by prisoners throughout the year. (See Section 5.8).

4.5.3 Local Operational Issues: The following operational issues have been identified as having presented consistent management challenges through the year:

4.5.3.1 Disrupted regime.

4.5.3.2 Frequency of serious incidents.

4.5.3.3 Frequency of unplanned external healthcare escorts.

4.5.3.4 Incomplete CCTV coverage.

4.5.3.5 Availability of drugs and mobile phones.

4.5.3.6 Increased force and violence reduction reports.

4.6 Overall Judgement

4.6.1 At an operational level the Board has particular concerns regarding:

4.6.1.1 Mental health services that were overextended during 2016 and struggled to deliver consistent support to all of those in need.

4.6.1.2 The need to acquire and record reliable consistent comparative data that is widely shared and used to address issues at the earliest opportunity.

4.6.1.3 The safe custody of prisoners in the prison where the incidence of drug and mobile phone use are both unacceptably high and are associated with sustained levels of violence and self-harm in the prison.

4.6.1.4 The quality of purposeful activity; rehabilitation and resettlement which require investment and improvement in order to meet a reasonable and consistent standard.

4.6.1.5 The need to train and integrate the new cohort of officers effectively and quickly.

4.7 New and additional challenges in 2017 will result from the introduction of a 'No-Smoking Policy' as well as delivery of the 'Digitisation Programme' and the major works to build a new Reception Facility.

SECTION 5

AREAS WHICH MUST BE REPORTED ON

5.1 Equality and Inclusion

5.1.1 The Prison population in Leeds is very diverse in every spectrum but is generally representative of the catchment area that the Prison serves. The majority (about 50%) of prisoners are in the age range of 30 to 50 but there is a significant number (averaging 4%) aged over 60 with some over 70 years of age. Typically, just under 10% of prisoners are non-British and are from a wide range of countries. Approximately 30% of prisoners are from Black, Asian & Multi-ethnic (BAME) backgrounds.

5.1.2 The Prison has been seen by the IMB to take a proactive and positive approach to ensuring the fair and reasonable treatment of all prisoners. It demonstrably seeks to identify and eliminate any discrimination, harassment or victimisation whilst advancing equality of opportunity. The multi-lingual Induction Booklets are a good example of how the Prison seeks to be inclusive and respectful. A further example is the set of 'Veterans in Custody' posters that are displayed in the First Night Centre. A wide range of special interest groups meet but the IMB believes that these could be better publicised and exploited to provide greater support and inclusivity for individual prisoners, particularly in the early stages of their sentences.

5.1.3 Personal Evacuation Plans (PEEPs) are regularly maintained and circulated. Nonetheless, the IMB is concerned at the Prison's ability to evacuate the increasing number of older and less than fully able prisoners in the event of an emergency and will be seeking reassurance on this through 2017, particularly in respect of an emergency out of core hours.

5.1.4 The Multi-Faith Centre is well equipped and well attended, particularly on a Friday afternoon. The Chaplaincy, representing all Faiths, is very visible

throughout the Prison and members are particularly evident in visiting and supporting those in the Segregation Unit.

5.1.5 All Discrimination Incident Reporting Forms (DIRFs) are scrutinised by a Panel chaired by the Governor or his Deputy with a broad cross section of representatives from inside the Prison and from the community. There has been appropriate follow up.

5.1.6 The kitchen provided appropriate food for specific occasions such as Christmas and Ramadan. Various activities to recognise religious and other events and special days were organised through the year which were generally well attended.

5.2 Healthcare including Mental Health

5.2.1 In its 2015 report the IMB expressed concern that the planned changeover of Healthcare Provider would lead to some disruption of services. In April 2016 the primary healthcare provider for both general and mental health services in HMP Leeds changed to CareUK. At the start of the new service in April 2016 the overall provision appeared to be really struggling with many Prisoners complaining directly to the IMB about the availability of Healthcare with, on occasions, disruption to prescribed courses of medication. On occasions, there were identified instances of a shortage of particular prescribed medication. There has been a steady improvement through the year but sometimes Prison Officers are not available to escort prisoners to their appointments in the local NHS hospitals. This threatens the on-going care of prisoners, causes difficulties at the hospital and has knock on effects for the routine medical care in the prison.

5.2.2 Further strain has been put on the healthcare services (internally and externally) this year by the number of emergency calls related to NPS. The problem became particularly acute in the third quarter of last year with up to fifteen “blue” (emergency ambulance) calls per day being made. As is reported elsewhere positive random Mandatory Drug Testing (MDT) within the prison (excluding NPS) rose to 12.3% in December 2016 representing a worrying increase if the trend continues.

5.2.3 On entering the prison the healthcare needs of all new prisoners are assessed in the First Night Centre by a nurse with about 50 per cent of these prisoners needing to be seen by a doctor. The outpatient treatment rooms, consulting rooms and waiting rooms were last refurbished in 2014 and remain in reasonable condition. The IMB has often found the waiting rooms however to be untidy and not as clean as they should be.

5.2.4 The Mental Health Unit is collocated with the Drug & Alcohol Recovery Service (DARS). The mental health outreach team remain active throughout the prison and are present at Good Order or Discipline (GOOD) – Rule 43 Reviews. Their contribution is very positive but at times they have experienced delays in getting extremely disturbed prisoners, who are beyond the ability of the in-house team to treat, into one of the national high security psychiatric units. This became particularly apparent this year when one highly disturbed and distressed prisoner was held for several weeks in the Segregation Unit while awaiting transfer to a Secure Hospital. The IMB is very concerned that such prisoners are being held in these conditions in terms of the wellbeing of the individual; the challenges for officers and impact on other prisoners. There have been several instances of prisoners with ongoing mental health challenges being returned apparently prematurely to the prison from secure units. The Board understands that resolution of these issues represent a national rather than a local issue.

5.2.5 The stated aim is to provide a similar standard of care and patient involvement as the NHS in the community:

5.2.5.1 The social care unit provides some enhanced health care inpatient facilities in a small number of individual rooms and it is very often full; prisoners requiring additional or specialist treatment are transferred to NHS secondary care facilities as required (with the previously noted requirement for an escort or bed-watch team). The IMB reported last year that there were plans for one prison officer to permanently be allocated to work in the healthcare residential unit. This is still not always the case but there is a core group of staff. The day room in the residential unit where activities such as yoga and education take place was refurbished in 2015 resulting in a good facility.

5.2.5.2 The social care service operates in a similar fashion to social care in the community where staff help prisoners who have difficulties with the activities of daily living for example, getting into and out of bed, washing, shaving, showering etc. This service is primarily focused on the social care residential unit but is available through the prison if required. It is anticipated that with the increasing number of elderly and vulnerable prisoners this service will be in greater demand in the future. The IMB is concerned at the Prison's ability to evacuate the increasing number of older and less than fully able prisoners in the event of an emergency and will be seeking reassurance on this through 2017.

5.2.5.3 The dental service within the prison had a major disruption this year when a component on the dental chair broke and it took over 2 months for a replacement to be acquired. The service has now however returned to normal and the IMB commends the efforts made by the Dentist and Team through this period.

5.3 Education, Learning & Skills

5.3.1 Learning and skills is a key area of the prison's work and in 2016 the improvement trajectory, noted last year, has continued. Attendance remains a key priority and continues to improve. A series of measures to tackle non-attendance have been introduced with strategies to reward good attendance such as extra visits to the gym being considered.

5.3.2 The education provider NOVUS works closely with prison staff. There appears now to be scope for extending this partnership work to other teams such as Offender Management. Overall the standard of delivery in classrooms has been seen to be high with very enthusiastic permanent staff. The IMB has found that the majority of prisoner feedback is good.

5.3.3 The library is a valuable prisoner resource. Following changes to the protocol for accompanying prisoners as part of the regime changes the number of visits has increased dramatically and there is a positive and enthusiastic atmosphere around work in this area. A piece of work to share information

around prisoners' reading ages is in progress and this will improve the choice on offer to prisoners.

5.4 Safer Custody

5.4.1 The IMB raised concerns in its 2015 Annual Report about Safer Custody. HM Prison Inspectorate (December 2015 Report) raised similar concerns. In the most recent Safer Custody Audit the rating was Amber/Green but the Risk Ratings for both Safety and Security in November 2016 were Red. In July 2016, the Equalities, Rights and Decency Group visited the Prison. Following this visit the Safer Custody Team was replaced and the Governor stated that Safer Custody has to be a priority.

5.4.2 The IMB remains concerned as relevant indicative data has been inconsistent and therefore hard to analyse internally and to benchmark against comparator prisons. Safer Custody meetings should normally be held monthly but a number of meetings were cancelled or postponed resulting in a lack of continuity and consistency.

5.4.3 Improvements have been made:

5.4.3.1 A Combined Action Plan was developed with an ongoing compliance list to allow progress to be monitored. Additional funding has been provided for safety improvements, including an additional Case Manager; the installation of window grilles and CCTV; the provision of distraction materials and improvements to the First Night Centre as well as the appointment of a Family Officer for the Jigsaw Centre.

5.4.3.2 An overarching Safeguarding Policy has now been developed and rolled out enabling Prison Officers to identify and support vulnerable individuals. A Safety Intervention Meeting (SIM) is held weekly. As an example, in November, 45 prisoners were discussed in terms of their behaviour, violence, isolation or other identified risks resulting in the development of personalised Structured Care Plans.

5.4.4 During the year, there were four self-inflicted deaths in custody and between 31 and 61 self-harm incidents per month. The most common instances

of self-harm were cuts (19 – 24 a month) and ligatures (8 – 27 a month). Each month 85 – 97 Assessment Care in Custody Teamwork (ACCT) files were opened with between 28 and 84 remaining open at the month ends. ACCT quality has been very variable but additional training has been introduced. Some 46 staff have completed this training and there has been a resultant quality improvement.

5.4.5 The Violence Reduction Tool enables staff to identify the location, timing and type of violent incidents occurring but the recorded data is inconsistent and incomplete. During November 2016, 116 violent incidents were recorded; These include assaults on staff by prisoners, alleged assaults by staff, assaults by prisoners on prisoners and drug related incidents. The data relating to the Use of Force is inconsistent and varies between 25 and 39 incidents a month. There were instances of violent and/or self-harm on almost every Daily Report through the year. There were 24 proven cases of assault against Prison Officers and staff brought before the External Adjudicator.

5**.4.6** The IMB welcomes the actions of the Safer Custody Team. The consistent collation of relevant data with rigorous compliance checking against the Combined Action Plan would provide much greater reassurance and confidence in the effectiveness of the safety and security regime.

5.5 Segregation Unit, Care and Separation, Close Supervision

5.5.1 The Segregation Unit continues to be busy. It is staffed by two Senior Officers and 10 Officers and is overseen by a Custodial Manager and dedicated Governor. Prisoners are located in the Segregation Unit for many reasons including for their own safety. Other reasons are possession of contraband, assaults on both Staff and other prisoners and of late damage to prison property (ie smashing up and setting fire to cells).

5.5.2 The relationship between the Segregation Unit and IMB is extremely good. The IMB is notified regularly if there are any new additions to the unit, thus enabling the IMB to visit prisoners within the suggested 72 hours window to check the well-being of the prisoner. The IMB is informed when prisoners are transferred into and out of the Special Accommodation and when a prisoner

status is changed. The IMB meet regularly with the Segregation Unit Manager to discuss any concerns or complaints by prisoners and it monitors Adjudications and GOOD Reviews. An Independent Adjudicator attends the Segregation Unit monthly to hear cases particularly relating to crimes committed whilst in prison. The IMB have been observers at these Adjudication Hearings on a number of occasions. Some 2000 additional days in custody were awarded during the year together with financial and other sanctions. Proven offences included 41 cases of 'possession of a mobile phone' and 24 assaults on Prison Officers and other staff.

5.5.3 There are two "Special Accommodation" cells in addition, which are used when prisoners become particularly disruptive. These cells are used mainly to enable the prisoner to calm down but also to prevent prisoners from self-harming. Prisoners in these cells are checked regularly and are generally in them for only few hours.

5.5.4 Whilst statistics are produced every quarter the figures produced are not consistent due to the nature of the various offences committed. The breakdown of prisoners held in the Segregation by ethnicity generally follows the same ethnicity ratio as the prison. Data does not indicate that religious beliefs play any part of prisoners being held.

5.5.5 All prisoners are visited regularly by Healthcare and Chaplaincy with Governors making daily visits. On being admitted to the Unit all prisoners are seen by Healthcare and Risk Assessments are carried out.

5.5.6 The IMB is concerned that many prisoners in the Segregation Unit have mental health issues and require appropriate accommodation and treatment in specialised mental health facilities. As reported in the Healthcare section above, these prisoners are often retained in the Segregation Unit for extended periods of time whilst awaiting transfer. This is generally very unsatisfactory from every standpoint.

5.5.7 Overall, the IMB is satisfied that the appropriate processes and procedures have been followed correctly by the Segregation Unit, including during the course of some particularly challenging situations.

5.6 Purposeful Activity

5.6.1 The target for workshop attendances is 80% of the allocated slots and this was generally exceeded through the year but with some planned lapses (due to, for example, All Staff Briefings) and some consequential lapses (due to, for example, incidents or staff shortages). During the second half of 2016 attendance showed a steady improvement compared with 2015. There is not always sufficient work available in the workshops however and prisoners have been observed by the IMB to be unoccupied during scheduled workshops:

5.6.2 The most effective workshop is the recycling workshop which continues to increase its productivity with the hope of increasing revenue.

5.6.3 The printing workshop has been revamped but much of the equipment has required repair or replacement. The IT software is very old and is unlikely to be found outside of the prison environment. This workshop does provide prisoners with an opportunity of attaining National Vocational Qualifications (NVQs).

5.6.4 The workshops producing boxer shorts and breakfast packs are purposeful but continue to be short of materials on occasions and the equipment is not always fully serviceable. The standard of cleanliness in the breakfast pack workshop was criticised by external inspection

5.6.5 The workshop staff remain very positive and appear to cope well in difficult circumstances especially when there insufficient work to keep prisoners occupied.

5.6.6 Since June 2016 the prison has focused strongly on the performance data in and around activity allocation, attendance, education syllabus, industries and hours worked in industries. The prison needs to ensure that actual participation in all of the above is meaningful and purposeful rather than just using attendance metrics as the measure of success; This requires investment to provide prisoners with opportunity, motivation and genuine rehabilitative purpose.

5.7 Resettlement

5.7.1 The prison has developed an active resettlement programme to assist prisoners in preparing for release although the absence of any form of Release on Temporary Licence (ROTL) remains a concern. The IMB raised this and found that no prisoners had been assessed as meeting the current criteria for ROTL in 2016 and, it is understood, new policy guidelines are awaited. The resettlement programme is a multi-agency approach to assist prisoners by signposting them to the relevant agencies appropriate to their individual needs. There is a weekly resettlement market open to all prisoners and the IMB has noted positive attitude of prisoners in seeking support and information.

5.7.2 Catch 22, a national social business, work within the prison on offender management and resettlement. Catch 22 managers are based within the prison and they attend the resettlement market weekly. Through group and one to one work they assess the long-term needs of prisoners. Resettlement plans are created with prisoners to address their needs including education, training and employment, accommodation, health, finance and debt management. Catch 22 liaise with housing and employment partners to work with prisoners towards achieving a positive lifestyle on release.

5.7.3 The Department of Work and Pensions attends this weekly resettlement market and assists prisoners in applying for the relevant benefit entitlements. Job Centre + also attends the resettlement markets to assist prisoners in seeking employment.

5.7.4 Activities during 2016 include the Onside project course in conjunction with West Yorkshire Police, Leeds Rhinos Foundation and Tempus Novo. The prison has also worked with the Imagine Theatre Company, The Princes Trust and Leeds United. The Lord Mayor of Leeds visited in November 2016 and met with prisoners who described the education and training courses available to them.

5.7.5 Future plans, reviews and developments in the workshops such as the Fusion Kitchen aim to introduce new workshops which can mirror the external labour market. The Fusion Kitchen offers training in Asian cuisine with the hope that prisoners may work in local Asian outlets on release. Future developments also aim to provide links with external sponsorships for workshops, relevant

training, thus leading prisoners into employment on release. There have been such general discussions about expanding the range of work available to include more vocational skills based work/training, including kitchen fitting but the IMB is not aware of any firm plans to put this into effect in the short term. Overall, this is a disappointment for all concerned and is an area that merits investment to provide both consistent purposeful activity but also to help to prepare prisoners for release into the community.

5.8 Residential Services (Accommodation; Catering and Kitchen)

5.8.1 The lack of privacy and poor sanitary conditions associated with a largely unreconstructed Victorian era prison remain areas of very significant concern. This should not detract from the fact that the accommodation Wings are generally well run and all members of staff deserve credit for maintaining standards in an extremely challenging manpower climate. There is clear evidence of positive, proactive leadership in the management of the Wings and the strong emphasis placed on cleanliness has paid dividends although this remains a consistent challenge and standards slip from time to time.

5.8.2 With the prison running either at or near full capacity, the number of "out of action" cells requires careful monitoring and the IMB is pleased to note that effective liaison between staff and contractor has kept the numbers (estimated at an average of 6-7 per day) at an acceptable level. In some NPS related incidents, cells have been very badly damaged requiring considerable remedial work.

5.8.3 CCTV was installed in B and D Wings during the summer and the remaining 4 Wings will be similarly equipped by March 2017. Security grilles have been added to a large number of cell windows to counter attempts to bring in illicit goods. A number of the exercise machines in the gym were replaced during the latter part of the year.

5.8.4 A monthly Governor's Forum offering prisoners the opportunity to raise issues of concern is welcomed by the IMB but the attendance of a broader representation of the prison population should be encouraged.

5.8.5 The introduction of a smoke free landing on A Wing has had only a limited uptake and the Prison Senior Management are aware that the enforcement of a smoke free prison at the end of 2017 will be a very challenging undertaking.

5.8.6 Wing washing machines and tumble dryers are ageing and difficult to maintain and a phased replacement of these items begins in 2017. The high incidence of damage to cell televisions and kettles remains an ongoing logistical challenge but supply is broadly keeping pace with demand. Shortages of the most basic items such as furniture, bedding, curtains, socks, towels, cleaning gear, toilet rolls and sanitary partitions were raised with the IMB on a regular basis and these shortages served to undermine much of the good work that was going on elsewhere to improve living conditions. The current supply arrangements are simply not working well.

5.8.7 For the majority of 2016, kitchen staff and the assigned workers struggled with the reduced facilities; adverse environmental conditions; broken equipment and the limited space of a temporary (portacabin) kitchen facility that was not physically attached to the main prison buildings. The IMB frequently saw and reported evidently poor standards of cleanliness and food hygiene practices. The numbers of prisoners assigned to work in the kitchen was consistently below the required number throughout the year due, reportedly, to delays in gaining individual clearances. It was particularly acute during the period of Ramadan.

5.8.8 Prisoners regularly complained to the IMB about the quality, variety and quantity of the food. Our observations were that these complaints were not always valid but there were occasions, especially at weekends, where standards clearly fell well below reasonable expectations. Even within the confines of a tight financial budget, there is real room for improvement in this area and the IMB hopes that the recent move into the newly refurbished kitchen will be the catalyst for consistently higher standards.

5.8.9 It should be noted that the frequently delayed completion of the kitchen refurbishment project was a cause of extreme frustration to the Prison especially with rental costs for the temporary kitchen running at £17,000 per week. It is

particularly concerning that the refurbishment project was so protracted and subject to multiple unforeseen delays and setbacks.

5.8.10 The NVQ cookery training for prisoners has not been delivered during the reporting period. The move to the newly refurbished kitchen is the ideal opportunity to rectify this.

SECTION 6

OTHER AREAS

6.1 Drug Strategy and Security

6.1.1 During the reporting year, the Heads of Security and Safer Custody left HMP Leeds; both their positions were filled by interim managers until permanent Governors took up post. Drug Strategy and Security Meetings were held regularly each month but both the attendance and the length of time some staff stayed in the Meetings varied. There are very good links between the prison and local police.

6.1.2 A Security Audit carried out in August resulted in a grading of Amber Green which was an improvement on the previous rating. Poor security in Visits was highlighted and the IMB is pleased to note that this is being addressed. An inspection by the Interception of Communications Commissioner's Office (IOCCO) carried out in December had many positive comments and provided the Governor with assurances regarding the Interception of Information.

6.1.3 As in previous years, a range of procedures is used to combat the constantly changing circumstances around drugs and mobile 'phones, and the prison benefits from the conscientious work of analysts who deal with approximately 720 Intelligence Reports each month.

6.1.4 There can be, however, a lack of consistency in documentation completion by prison staff, which has implications for statistical reliability. The IMB is concerned about this and the level of coordination between Security, Safer Custody and Residences, but notes that there are plans to make a number of

procedures more effective, for example the use of Closed Visits and formal validation and triangulation of data.

6.1.5 The DARS team have caseloads for approximately 35% of the prison population. Their work includes holding group sessions each month, running two week Inclusion Recovery Programmes and raising awareness of Steroids, NPS and alcohol in various venues in the prison including the Visitors' Centre. They have coped well with detailed officers not always being available to assist with the movement of prisoners and with NPS incidents causing frequent interruptions to the team's planned schedule. NPS testing commenced in November.

6.1.6 The MDT failure rate has risen during the latter months of the year and was 12.3% in December 2016 up from 10.8% in November. This increase is of real concern especially if the trend continues.

6.2 Reception and First Night Centre

6.2.1 The Reception Centre processed more than 1000 arrivals a month with the majority arriving after 3.00pm from local Courts. This causes a bottleneck later in the day and frequently results in Reception Staff having to work an extended shift. Relationships with GeoAmey appear to work well but there have been occasions of very late arrivals. In turn this presented challenges to both the officer's rotas but also in the ability to provide newly arrived prisoners with a reasonable hot meal at the end of what has often been a very long and stressful day.

6.2.2 A new purpose built replacement Reception Centre is to be commenced in 2017.

6.2.3 The First Night Centre (FNC) is regularly overstretched due to a number of factors; These include the need to accommodate some prisoners from other areas of the prison that are full (including the Vulnerable Prisoner and Healthcare Wings as well as the Segregation Unit and some prisoners refusing to share a cell). This resulted in some new arrivals having to be put directly into a Wing and so missing the checks; initial support; assessments and induction provided in the FNC.

6.2.4 Prisoners are at their most vulnerable and at their highest risk of self-harm on first arrival especially if it is their first experience of detention. A prompt and thorough Cell Sharing Risk Assessment (CSRA) is essential to minimise these risks but they are not always completed on Day 2 as required. There have been examples of a gap of 15 days between an initial assessment and the Police National Computer (PNC) intelligence becoming available to complete a CSRA.

6.2.5 A new Induction Programme has been developed spread over 2 or 3 days and delivered by the FNC Cleaners. This revised programme allows prisoners time to absorb the information and there is an accompanying booklet (available in multiple languages).

6.2.6 £25K has been ring-fenced to refurbish the FNC entrance. This is welcome but the remainder of the FNC and the cells in particular are in a relatively poor condition.

6.3 Visits and Visitors Centre

6.3.1 During 2016, 30,558 adult visits, 6,232 child visits and 4850 legal visits took place. Special visits including family visits for prisoners with enhanced status were arranged with help from the Jigsaw Centre. Feedback from visitors has been positive.

6.3.2 The smuggling of contraband, including drugs and mobile phones via visits has been detected. The prison continues to work with the police to improve the detection rate.

6.3.3 Booking visits is normally arranged using the on-line booking system however it is also possible to telephone the prison to arrange a visit. The IMB has monitored this system and noted that the telephone line used is the general prison line which is often engaged. Potential visitors can be waiting for more than 30 minutes on the telephone when attempting to book a visit. On occasion visitors have to be refused entry to visits despite full security clearance and pre-arranged booking for operational reasons. This creates obvious frustrations for prisoners and for their visitors.

SECTION 7

The Work of the Independent Monitoring Board

7.1 The Leeds IMB comprised 11 Members at the end of 2016, all of whom are un-paid volunteers from the local area. Five new members joined the Board during the year following a successful recruitment campaign in 2015. Five members left the Board during the year both for personal reasons and at the end of tenure. A further recruitment campaign was undertaken in late 2016 with 2 new Members due to commence duty in 2017 and a further campaign will be run in mid-2017. Following the standard national process, elections were held for the posts of Chair; Vice-Chair and Board Development Officer towards the end of the year. The Board has been well supported by a part-time Clerk provided by the Prison.

7.2 The Board values its independence and is grateful for the support given to it by the Prison; the IMB Secretariat and by the National Council to enable it to carry out its duties. The IMB Chair met with the Prisons' Minister during a routine visit to the Prison in November and expressed the ongoing concerns of the Board about the key concerns raised earlier in this report.

7.3 Members have attended local and national induction training. Some Members also carried out a liaison visit to HMP Wetherby as part of Board development activity and a visit from Members of the HMP Wealstun IMB was hosted.

7.4 The Board met monthly to review its activities, to discuss any identified issues and to consider examples of good practice. The No 1 Governor, or his nominated Deputy, attended a part of each meeting to brief the Board and to answer questions. A number of other Governors attended on occasion to provide specific briefings.

7.5 The Board has allocated areas of Special Responsibility to individual members who monitor developments in these areas more closely, including attending formal meetings and events, such as Resettlement Fairs, where appropriate.

7.6 Members visited the Prison each week to carry out structured monitoring of all areas in line with a defined rota, including on some weekends. The Board paid particular attention to its responsibilities in seeing prisoners moved to the Segregation Unit and for their GOOD Reviews. It also used every opportunity to talk

to prisoners individually and collectively in all parts of the Prison. The Board was regularly notified of serious incidents as they occurred.

7.7 Written Applications from Prisoners were collected at least weekly and processed promptly. Healthcare Applications are not seen or handled by the IMB. Applications to the IMB are monitored for trends seeking to identify recurring or emerging common issues. Overall there was a 10% reduction in the number of Applications compared to the previous year. The IMB attributes the reduction to an improved and more rigorous approach to Complaints handling by the Prison itself following representations made by the IMB.

7.8 Board and Application statistics are at Appendices A and B respectively.

Appendix A: IMB Leeds Statistics - 2016

Appendix B: IMB Leeds - Application Statistics - 2016

Appendix A: IMB Leeds Statistics - 2016

The IMB maintained a structured visits rota to ensure the effective monitoring of all areas of activities as well as being able to respond to any Serious Incidents.

The recorded statistics for the Board are:

Board Statistics	2013	2014	2015	2016
Recommended Complement of Members	20	20	20	**20**
Number of Members (Start of year)	11	11	9	**11**
Number of Members (End of Year)	12	9	12	**11**
Number of New Members Joining in the year	3	2	3	**5**
Number of Members Leaving in the year	2	4	0	**5**
Number of Attendances (meetings other than Board Meetings)	48	35	24	**39**
Total Number of Visits to Prison (Including all meetings)	459	343	385	**421**
Total number of Applications received	242	252	203	**183**

Appendix B: IMB Leeds - Application Statistics 2016

Code	Code	Subject	2015 Totals	By Code	2016 Total	By Code	% Inc/Dec
A Accommodation	A1	Cell quality	5	8	**9**	11	37%
	A2	Wing/cell allocation	3		**2**		
B Adjudications and Segregation	B1	Adjudications - Internal	6	6	**3**	3	-50%
	B2	Adjudications - External					
	B3	Rule 45/49 segregation					
C Diversity	C1	Racial Issues referred to prison	1	1		3	200%
	C2	Racial Issues not referred to staff			**1**		
	C3	Other diversity issues eg. Disability			**2**		
D E/T/E and Regimes	D1	Education/Employment	3	6	**5**	10	66%
	D2	IEP	3		**5**		
E Family/Visits	E1	Visits	10	14	**6**	12	-14%
	E2	Resettlement issues			**3**		
	E3	Mail/Pin	4		**3**		
F Food/Kitchen related		Food/kitchen issues	6	6	**2**	2	-66%
G Health Related		Health issues	30	30	**25**	25	-16%
H Property	H1	Property related to previous prison/IRC	25	54	**10**	40	-25%
	H2	Property related to current prison/IRC	26		**25**		
	H3	Canteen/Argos/Facilities list	3		**5**		
I Sentence related	I1	Basic Sentence (inc. remand time)	9	13	**7**	11	-15%
	I2	HDC	2		**1**		
	I3	Immigration/Deportation					
	I4	Categorisation	2		**2**		
	I5	Police Days					
	I6	ROTL					
	I7	Parole Board			**1**		
J Staff/Prisoner/detainee related	J1	Apps about staff	24	25	**16**	23	-8%
	J2	Apps about prisoners/detainees	1		**6**		
	J3	Apps from staff			**1**		
K Transfers		Transfers	12	12	**8**	8	-33%
L Miscellaneous		Miscellaneous	16	16	**22**	22	37.50%
M Applications	N1	Not followed application procedure	12	12	**13**	13	8%
	N2	Those deemed not be an IMB matter					
Totals			**203**		**183**		**-9.90%**

Ministry of Justice

Sam Gyimah MP
Parliamentary Under-Secretary of State for Justice

Mr Robert Edmondson-Jones
Chair, Independent Monitoring Board
HMP Leeds
Armley
Leeds
West Yorkshire
LS12 2TJ

10 July 2017

Dear Robert,

HMP LEEDS: INDEPENDENT MONITORING BOARD ANNUAL REPORT FOR 1 JANUARY 2016 – 31 DECEMBER 2016

Thank you for your Board's report for the year ending 31 December 2016. I am grateful to you and your colleagues for all the hard work that has been put into capturing your helpful observations, particularly as you have been short of Board members during the reporting period. I apologise for the delay in responding to your report.

I was pleased to read that, despite the challenges faced by the prison, staff treat prisoners with humanity and respect and seek to identify and eliminate discrimination, harassment and victimisation. I am very grateful for the commitment and dedication of officers at HMP Leeds. Like the Board, I commend their swift actions when dealing with incidents of self-harm and violence. It was particularly encouraging to receive your comments about the impressive quality and standard of education services, ranging from formal classroom activities through to specialist vocational skills.

Although your report does not raise any specific issues for my attention, I would like to assure the Board that safety in prisons is fundamental to the proper functioning of our justice system and a vital part of our reform plans. As you will know, a comprehensive strategy for safety and reform in prisons was set out in the White Paper published in November 2016. We are investing over £100 million per year to recruit an additional 2,500 prison staff by the end of 2018. The increase in staff numbers will provide the capacity for prison officers to provide dedicated support to around six prisoners, each on a one-to-one basis, which will help them build constructive relationships with prisoners and help turn lives around.

We are investing an immediate £14 million in ten prisons which have seen a sharp rise in violence and self-harm. This will provide more than 400 extra staff who will be given more time to directly supervise prisoners. HMP Leeds will be one of the prisons to receive this further investment. We will also launch a campaign to increase the number of armed forces personnel becoming prison officers, introduce a new scheme to attract top graduates and give governors greater flexibility over recruitment so they can address staffing shortages quickly.

I note you have raised some local issues of concern in your report which the Governor will continue to keep you aware of as work continues. HM Prison and Probation Service (HMPPS) comments in response to other issues raised in your report are set out in the attached annex.

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F 0870 761 7753

E general.queries@justice.gsi.gov.uk
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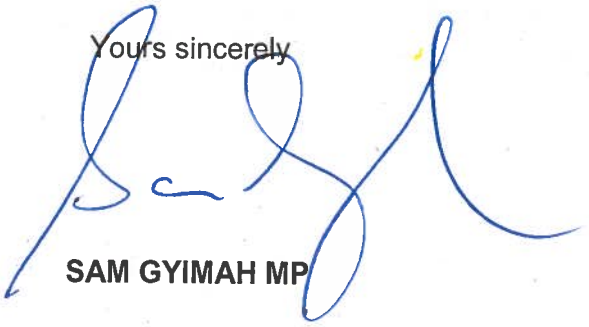
102 Petty France
London
SW1H 9AJ

The Justice Secretary and I appreciate the valuable role played by members of Independent Monitoring Boards throughout the estate and we are very grateful for your continued hard work on behalf of HMP Leeds.

Yours sincerely



SAM GYIMAH MP

HMP LEEDS: INDEPENDENT MONITORING BOARD ANNUAL REPORT FOR 1 JANUARY 2016 – 31 DECEMBER 2016

HMPPS comments on matters raised in the report

Psychoactive Substances and Drugs

HMPPS does not tolerate drugs in prisons and there are a range of robust measures in place to detect substances including physical searching, cell searching, x-ray machines, surveillance and detection dogs. We are also trialling new and innovative security measures such as the use of body scanners to stop prisoners from concealing contraband within their bodies to evade detection.

To address the use of psychoactive substances, we have introduced new laws including the Psychoactive Substances Act 2016, making it a criminal offence to supply and possess psychoactive substances in prisons, carrying a maximum sentence of two years' imprisonment and an unlimited fine. We have also developed an innovative new programme of mandatory drug testing (MDT) for psychoactive substances and are continuing to work with our contracted laboratory to analyse data to ensure we are testing for the most commonly misused substances.

Drug treatment also has a very important role to play in tackling the problem. Substance misuse services are commissioned through NHS England to provide a range of services. Alongside these treatment providers, HMPPS is working closely with health partners to provide information, guidance and support to prisoners, visitors and staff on the impact and damaging consequences of drugs.

Locally, a new substance and alcohol misuse strategy has recently been produced, providing a framework for the effective management and development of substance misuse services. In addition, dedicated drug strategy meetings have been introduced to encourage a whole prison approach to tackling drug misuse. This work is exploring the link between psychoactive substances and serious incidents within the prison.

Mobile Phones

HMPPS is committed to tackling the threat posed by mobile phones in prisons and has a programme of work in place to prevent mobile phones entering prisons and to detect and disrupt their use. HMPPS has rolled out a range of technology to prisons to strengthen searching and security in response to the risk mobile phones in prison represent. These include signal blocking technology and portable mobile phone signal and hardware detectors.

On 3 August, the Telecommunications Restriction Orders Regulations 2016 came into force. Since the introduction of the legislation, more than 150 illicit devices have been disconnected.

The management of security intelligence at HMP Leeds has recently been reviewed and has led to the introduction of a new security and intelligence strategy. Since being implemented the strategy has seen a reduction in the number of mobile telephone finds. The CCTV installation across the residential wings is now complete and an upgrade to the CCTV in visits is scheduled to commence shortly.

Staffing

In addition to recruitment efforts to increase the number of prison officers HMPPS is doing more to reduce attrition rates across the estate. In the 12 months to 31 December 2016, officers with 10 - 14 years of service made up the largest group of all band 4/5 prison officers who left during that period.

In respect of these established staff, whose experience is recognised as valuable, the commitment to higher staffing levels are set to improve the supervision of prisoners, operational resilience and staff engagement with prisoners; all of which will improve prison safety and encourage experienced staff to stay.

Work to develop clear career paths and professionalise the service is being worked on and this should provide development and promotion opportunities for our experienced staff to ensure that they continue to feel valued and supported in their career progression. This will aid motivation and offer greater reliance across the system. This will be reinforced by the mentoring of new staff, longer direct contact time with prisoners through the key workers and greater confidence in working in safe, decent and secure working environment through the extra staff commitment.

Procurement

Your report notes that procurement difficulties have resulted in delays in the provision of basic items such as toilet rolls, pillows, towels, clothing and specialist kitchen wear, as well as raw materials for the workshops and the repair of equipment in the workshops.

Kitchen

The refurbishment of the kitchen was delayed due a number of factors, including changes in scope to ensure a fit for purpose facility that met the establishment's needs. As the Board will be aware, the project was completed in February 2017; the kitchen now has state of the art equipment and is producing good quality meals which are tasted daily by the duty governor.

Toilet Rolls and Pillows

Pillows and mattresses are stocked in bulk at Branston to ensure continuity of supply. Mattresses and pillows are most commonly ordered through the inventory by establishments, whereby they can set their own threshold for a new stock order to be triggered. There have been no supply issues at Branston as there is always between one and two months' worth of stock available, whilst the supplier is also contracted to hold one months' worth of stock to cover any unexpected increases in demand. Branston only usually deliver to each establishment once or twice per month, which may cause short supply issues if the inventory threshold is set too low. Branston, however, is able to accommodate emergency deliveries to establishments outside of their normal schedule if this is requested.

HMP Leeds has no record of any issues with the supply of toilet rolls or pillows during the Board's reporting period; had procurement difficulties been experienced, these items would have been purchased from local suppliers to ensure the needs of prisoners were met.

Prisoner Clothing, bedding and towels

In the last 12 months there have been issues around supply and demand, but following a review these problems have now been addressed. Prisons will continue to raise any issues with the operational team at HMPPS Public Sector Prisons Industries. HMP Leeds has strived to ensure that all orders have been met and, where necessary, has used external suppliers to provide goods, such as safety boots for the kitchen workers.

Workshops

There have been no issues that would affect the supply of raw materials to the workshops in the period covered by the Board's report, but specific examples should be escalated by the workshop leaders in the prison. HMP Leeds has two members of staff who can undertake basic repairs on the equipment in the workshops. If more complex repairs are required, equipment is returned to Branston and replacements arranged.

Dental Chair

Due to the procurement guidelines, there was a delay in purchasing the dental chair. Had the chair been a planned purchase, rather than an immediate one, this would have been something that the prison could have worked on procuring over time. As HMP Leeds had a limited number of approved budget holders this impacted further on the delay. Action has now been taken to ensure there are more staff at the prison able to approve items. As soon as the necessary agreement was in place to purchase the chair, it was ordered and shipped over from Europe. The dental chair was installed within three weeks of the order and has been in operation for several months now.

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Independent Monitoring Board

HMP Wealstun

CAT C – Working Prison

Annual Report

1 June 2015 – 31 May 2016

Monitoring fairness and respect for people in custody

Section 1

Statutory Role of the Independent Monitoring Board

The Prison Act 1952 and the Immigration and Asylum Act 1999 require every prison and IRC to be monitored by an independent Board appointed by the Secretary of State from members of the community in which the prison or centre is situated.

The Board is specifically charged to:

(1) satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release.

(2) inform promptly the Secretary of State, or any official to whom he has delegated authority as it judges appropriate, any concern it has.

(3) **report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.**

To enable the Board to carry out these duties effectively its members have right of access to every prisoner and every part of the prison and also to the prison's records.

Section 2

Contents

Section 3

Description of the Prison

3.1 HMP Wealstun is a Category C adult training and resettlement prison for men, situated in a rural area near Wetherby in West Yorkshire. It has a Certified Normal Accommodation (CNA) of 810 and an Operational Capacity (OC) of 833.

3.2 On 1 April 1995, HM Prisons Thorp Arch and Rudgate amalgamated to form HMP Wealstun. This created a category C (closed) side and category D (open) side within one establishment. In 2008, the open prison closed and the prison underwent a conversion to an entirely category C prison, which was fully operational in May 2010. Since May 2015, it has served a resettlement function for the West Yorkshire area.

3.3 There are 10 residential units and a segregation unit. A and B wings are the original 1960 remand centre buildings. A wing is the first night centre and induction area. C wing accommodates the majority of prisoners on the integrated drug treatment system programme. D wing is a pre-fabricated single-cell accommodation unit. E, F. G, H, I and J wings were converted from open category D accommodation to closed category C accommodation. G wing is the drug recovery wing. I wing holds some of the older population, alongside some category D prisoners. H wing is mainly for prison kitchen workers.

3.4 The site also comprises a kitchen, visitors' centre, Chaplaincy, gym, library, healthcare centre and a number of workshops. A reception area for prisoners' visitors is located outside the main gate.

3.5 The prison is part of the public sector, and although HM Prison Service is responsible for the operation of the establishment, the main service providers are:

- NOVUS (previously named City of Manchester College), for Learning and Skills.
- CAREUK, for the provision of healthcare/mental health since 1 April 2016. The previous provider was Leeds Community Healthcare NHS Trust.
- GeoAMEY, for escort provision.
- AMEY, for provision of facilities management and site maintenance.

Section 4

Executive Summary

Because of a shortage of Members there has not been an IMB Annual Report for several years so the Board is unable to make comparisons with performance in previous years.

In the opinion of the IMB, HMP Wealstun is a well-managed prison that takes a proactive approach to the problems it faces. Like many other prisons in England, reduced budgets mean fewer resources are available to maintain good discipline and ensure the safety of prisoners and staff. That said, the new No. 1 Governor has achieved good results in all areas of the regime and the prison attained level three in the latest ratings

4.1. Main Concerns

- The increased number of receptions each week
    - Prisoners arriving without complete OASys
    - OMU Offender Supervisors being cross-deployed at short notice to assist the prison operationally
- NPS getting into the prison and the problems that causes
    - Increased violence on the wings
- Reduced access for prisoners to the Library Services
- Lack of investment in the infrastructure of the prison
    - The poor state of the Segregation Unit facilities
    - The poor state of the flooring in the kitchens
    - Inadequate seating on the wings for prisoners to eat their meals, thus forcing them to eat in their cells near open lavatories

4.2. Issues requiring a response from the Prison Service:

- HMP Wealstun has had considerable success in monitoring and reducing levels of NPS getting into the prison. Temporary funding has been obtained to fund the resources to do this. Will the Prison Service extend this funding or, preferably, make it permanent? This would not only benefit HMP Wealstun but other prisons facing the NPS problem. (Para 6.1 refers)
- Whilst HMP Wealstun has been benchmarked, the report highlights a number of problems which are caused, or compounded, by inadequate staffing levels, including cancellation of workshops due to a lack of workshop instructors (para 5.4 refers), incomplete ACCTs as staff are managing difficult situations (para 5.6 refers), OMU Offender Supervisors being cross deployed at short notice (para 5.5 refers) and outpatient appointments being missed because of insufficient escorts (para 5.3 refers). It is obvious that the funding for the HM Prison Service has reduced to a critical level where the safety of prisoners and staff are at risk. What representations are being made to the Government to ensure these issues are understood and to secure additional funding?

Section 5

5.1 Equality, Inclusion and Chaplaincy

5.1.1 There are regular (quarterly) meetings of the Diversity Equality Action Team (DEAT) which is attended by an external representative from a local university. Amongst other things, DEAT monitors the pattern and progression of Discrimination Incident Report Forms (DIRF). DIRF cases averaged just under three per month during the reporting period. All DIRF cases were thoroughly investigated in a timely manner. The overwhelming majority of cases related to either religion/belief or race. The low level of IMB Applications relating to race or religion suggests that relationships in the prison in these areas are good. The evidence for such good relationships is supported by informal conversations with prisoners. It is the prison's policy to match the demographic characteristics of each wing with that of the prison overall, and the Governor and her team work proactively to ensure that the prison population is balanced ethnically and culturally across the wings.

5.1.2 There is a Gay Forum which last met in January 2016. Continuity here was secured by the lead officer keeping this responsibility when she transferred to a civilian role in Safer Custody during the year. Catering and other arrangements during the Ramadan period went well. A range of events was organised for Black History Week.

5.1.3 There were significant staffing changes towards the end of the year including the departure of the experienced Custodial Manager to another prison. The Board will monitor how the new staffing arrangements impact on the service over the coming year.

5.1.4 The Chaplaincy Team consists of chaplains from the following denominations: Anglican (1 full time); Roman Catholic (1 x 30 hours plus 1 sessional); Free Church (1 sessional plus a volunteer); Sikh (1 sessional); Muslim (2 x 18 hours plus 1 x 4 hours) and Buddhist (1 sessional). Jewish, Jehovah's Witness and Pagan chaplains are also available, on request. Awaiting appointment are Quaker and Mormon chaplains (on a request basis). The team is supported by a volunteer Chaplaincy Assistant. All members of the Chaplaincy Team work well together and prisoners have reasonable access to both one-to-one chaplaincy support and religious group activity.

5.2 Education, Learning and Skills

5.2.1 Education is a core element in the provision for prisoners at Wealstun. It gives them the opportunity to gain nationally accredited qualifications which aims to smooth their release into the community. NOVUS (previously Manchester College) continues to deliver Education and Skills elements. In the academic year 2015/16 there were 2691 enrolments, with an overall success rate of 87%. The forecast final success rate is 93%, once all accreditation has been claimed.

5.2.2 The courses currently on the curriculum are: Functional Skills English; Maths Entry to level 2; ITQ Entry level to level 3; Creative i-media; Business Enterprise; Employability at level 1; Information, Advice and Guidance course; NVQs in Professional Cookery; Plastering; Interior Fittings; Tiling; Multi-skills; Painting and Decorating; Industrial Cleaning; Rail Maintenance; and Open University support. All qualifications are at level 2 unless otherwise stated.

5.2.3 After a review, an extended curriculum has been agreed with the addition of: NVQ in food preparation, to complement the current Professional Cookery Course; Health and Safety; Food Hygiene; and Barbering.

5.2.4 NOVUS has recently taken over the contract for library services. There had been some concerns with library provision, with some wings not having access to library services on a regular basis due to HM Prison Service staff shortages. The Board will monitor whether this is remedied under the new proposals.

5.3 Healthcare & Mental Health

5.3.1 Care UK was awarded the contract to provide primary health, mental health, substance misuse, clinical and psycho-social services for HMP Wealstun from 1 April 2016. Staff generally work 12 hour shifts from 7am to 7pm but one healthcare assistant covers from 7pm to 7am for the whole service. This is currently under review by the Public Health England Commissioners. GP services are provided by a practice in nearby Wetherby, including on-call for out-of-hours, Saturdays and Sundays.

5.3.2 Requests for appointments through healthcare applications are assessed on the same day they are received and the waiting time is 7/8 days for a GP appointment. Urgent problems, including mental health issues, are seen on the same day. Inappropriate requests for appointments are being dealt with by introducing nurse triage. Medicines are dispensed three times daily by pharmacy technicians and nursing staff.

5.3.3 Care UK inherited a large dental waiting list, which is a matter for concern. Urgent appointments for dental care are held within 72 hours but if a patient presents on a Friday they have to wait until the following Tuesday to be seen. Good progress is being made by Care UK to improve the service and reduce the waiting list, and the Board will continue to monitor the situation.

5.3.4 There is a reliance on bank and agency staff to cover gaps in staffing. There is a noticeable impact on staffing levels from the requirement to cover outside medical appointments, escorts, bedwatch, planned removals and other incidents where healthcare staff need to be in attendance. Shortage of staff can result in missed outpatient appointments. Tele-health linked to Airedale Hospital was introduced in August 2016, and this should reduce the need for escort to some medical appointments.

5.3.5 The service is working well and good progress has been made in the short time that Care UK has been the provider. The relationship between the prison and the provider is extremely positive.

5.4 Purposeful Activity (includes work)

5.4.1 This area consists of: Contract Services, assembling small kits through TATRA for BT; Tailors, current making boxer shorts, and an internal prison industry; Contract Services, supplying Nissan car components; Gardens, including site garden maintenance, supplying plants to enhance the prison grounds and growing vegetables for the kitchen; Logistics, transferring deliveries between stores and workshops etc. (this was established when AMEY took over but no longer facilitated these moves under the new contract); Sewing Machine Repairs, an internal prison industry; Beverage Packing, assembling tea and breakfast packs, also an internal prison industry; Laundry, including laundry for other prison establishments and commercial laundry; and Waste Management, dealing with all the waste generated at the establishment. Finally, as well as providing prisoner meals the Kitchen produces quality bread, pies and cakes, some of which is sold to visiting families and friends. Unfortunately, the Fork Lift Truck training ceased during the year due to the instructor leaving and not being replaced.

5.4.2 Under the performance metric CU095A Hours Worked in Industry HMP Wealstun reported a YTD March 2016 total of 76.7% versus an objective of 80%. This covered all industries except Logistics and Waste Management. This metric is designed to ensure that prisoners work the required number of hours compared to scheduled hours. The overriding factor for the shortfall was the lack of workshop instructors due to illness and other temporary factors.

5.4.3 During the Board rota visits over the past year it has occasionally been noted that some prisoners were on the wings during working hours through lack of work. The Board is aware that the prison is making great efforts to widen the range of work and purposeful activity offered to the prisoners and it is hoped that this new focus will reduce the numbers without employment.

5.4.4 The Board carried out fewer visits to workshops over the period of this report than it would have wished, due to lack of members. However, when visits were conducted a good level of instruction was noted and good relationships between prisoners and staff were observed.

5.5 Resettlement

5.5.1 The Offender Management Unit (OMU) is responsible for managing prisoners throughout their sentence and providing them with the support they need to reduce their risk of re-offending. A key aspect of this process is the completion of the Offender Assessment System (OASys) for each prisoner; this identifies the key issues that a prisoner needs to address in order to reduce their risk of re-offending and provides them with a clear sentence plan. Completing the initial prisoner assessment is time-consuming and HMP Leeds struggles to allocate resources to ensure its completion for all new receptions. As Leeds is the main local feeder prison for Wealstun many new receptions arrive without a completed OASys. This is problematic as the OMU is only resourced to complete OASys reviews, not the initial assessment. To add to these challenges, the OMU has recently reported a significant increase in the number of weekly receptions, from approximately 15-18 per week to more than 30. Many of these receptions have a relatively short time left in custody, which has further implications as there is less time for an assessment to be completed and for the prisoner to address any concerns/behaviours before they are released.

5.5.2 Furthermore, a number of the OMU Offender Supervisors are cross-deployed at short notice to assist the prison operationally, leaving OMU resources further depleted. This makes it less likely that an Offender Supervisor will meet their prisoners, which accords with feedback from some prisoners that it is difficult to contact their Offender Supervisor. This is of particular concern when decisions on categorisation are pending. The situation is better for prisoners defined as high tier offenders as they are supervised by the probation team which is a dedicated resource that is not cross-deployed to operations.

5.5.3 In spite of these challenges, the OMU team does its best with the resources it has, but it must be noted that there is much more that could be done if there were more support on offer. In recognition of the difficulties that low and medium risk prisoners face in contacting their Offender Supervisor and having their OASys report completed, a Governor's notice was published which identified ways in which prisoners could evidence a reduction in their risk of re-offending. This method of communication is not ideal, although it can only be taken as a positive that the inadequacy of the current process has been recognised.

5.5.4 Also, as part of the Through the Gates initiative, St Giles Trust provides support to offenders when they are reaching the end of their sentence and soon to be released. They assist prisoners with resettlement plans and accessing services such as health, substance

misuse, employment, education, training, housing, finance, benefits and debts. On the whole this service has great success, although there are a small number of cases where prisoners slip through the net.

5.6 Safer Custody

5.6.1 The prisoner population at Wealstun contains a high proportion of vulnerable individuals, many of whom have experienced negative life events including drug and alcohol abuse, mental health problems, family background and relationship problems, social disadvantage or isolation and previous sexual or physical abuse. These problems are exacerbated by the use of New Psychotic Substances (NPS). Currently there are 10 listeners and the Samaritans attend the prison on a regular basis. The Governor and her team work proactively to ensure that the prison population is balanced ethnically and culturally across the wings to ensure that no single element of the prison population dominates a wing.

5.6.2 NPS continues to be a major problem at the prison as it increases the level of violence on the wings and can result in the hospitalisation of prisoners and officers. Much of the NPS comes over the wall and is a difficult problem to resolve due the length of the perimeter. The Governor and her team have focussed on the NPS problem and she has been very successful in obtaining extra funding and resources to address it.

5.6.3 Safer Prison Meetings are held monthly and the Board has been represented occasionally.

5.6.4 The number of prisoners on open assessment care in custody teamwork (ACCTs) files remains high. In May 2016, 30 ACCTs were initiated compared to 18 in the same period last year and this is of concern to the Board members who thoroughly check the open ACCTs on the wings and in the segregation unit every week. Recording and monitoring of ACCTs by staff has greatly improved over the reporting period.

5.6.5 There were no Deaths in Custody during the reporting period.

5.7 Segregation, Care & Separation, Close Supervision

5.7.1 The Segregation Unit (SEG) is a purpose-built building with cells for 14 prisoners and short term holding cells for prisoners awaiting adjudication. Prisoners are removed from the mainstream prison either for their own safety, having received threats from other prisoners, or because they need to be kept separate from the main population due to their behaviour or risk level. In addition, cellular confinement is given as a punishment for infringements of the Prison Discipline procedures.

5.7.2 The IMB has not previously been notified immediately of prisoners being removed to SEG, except where restraint was required, as the Board was very small and it was known that SEG would receive a weekly rota visit anyway, when all prisoners would be seen. Following an increase in the size of the Board, a process has now been agreed so that IMB members are notified daily of removals to SEG.

5.7.3 The SEG building is in a poor state of repair/decoration and would benefit from upgrading and improvement, especially the cells, which lack privacy screens and in-cell electricity. The regime in the unit is reasonable, with daily exercise (up to 2 hours a day), phone calls and showers (on request). The unit has two exercise yards and prisoners exercise in groups, if appropriate. Prisoners have access to radios and books and can access listeners and Samaritans if required. However, the regime could be improved to allow

access to other in-cell activities. These points were made by the unannounced HMIP visit in 2015 and capital bids have been submitted to upgrade the unit and to provide in-cell electricity.

5.7.4 Whilst it should only occur exceptionally, a number of prisoners on open assessment care in custody teamwork (ACCT) files are placed in SEG. The increase in NPS in the prison has meant a significant increase in open ACCTs. The necessary approval from Healthcare has been given and the Board is satisfied that removal to SEG for those prisoners with open ACCTs is appropriate.

5.7.5 Staff/prisoner relationships are good. Staff know the prisoners and treat them with respect, compassion and professionalism. A number of prisoners spoken to by Board members have said how good the SEG staff are.

5.7.6 The prison reviews continuing stays in SEG as required. SEG Review Board meetings are held at the same time each week (Tuesdays at 2.00pm), however, to accommodate the shortage of IMB members the prison tries to review the majority of cases at the same meeting, fortnightly. Whilst IMB attendance at review meetings was not possible when there were so few members, attendance is now regular.

5.7.7 The meetings are attended by a member of the Healthcare Unit and usually someone from the Chaplaincy, and run smoothly. The Governor introduces attendees to the prisoner, ensures that the prisoner understands the purpose of the meeting, allows them to speak and ask questions, and discusses next steps. It is obvious that the Governor has recently spoken to the prisoners in SEG, which helps communication. It is also clear that the prison officers in attendance are respected by the prisoners, and they treat the prisoners well. At all times, the focus is on going forward, either by getting the prisoner back to their normal location or moved to another establishment.

5.7.8 The Segregation Monitoring and Review Group (SMARG) meets quarterly and the IMB is notified of the date and attends.

5.7.9 Prisoners in SEG are seen weekly by the IMB member on rota. They can ask to speak privately if necessary.

5.8 Residential Services (includes accommodation, food, catering and kitchens)

5.8.1 The prison, whilst not historically old, presents a rather tired look, particularly Wings, A, B, C and D. With budget cuts, it is not likely there will be much substantial improvement. For example, there is inadequate seating on the wings for prisoners to eat their meals, thus forcing them to eat in their cells near open lavatories.

5.8.2 Works around the prison were carried out by the prison's own works department, staffed by directly employed prison staff. A couple of years ago, as part of the Government's policy of contracting out, a contract was let to AMEY to provide works services, and the prison works staff were TUPED across. Understandably, this was of concern to the staff.

5.8.3 The contractual arrangements are somewhat cumbersome. Moving to a contracted out service was always going to impose more administration, but it does seem both burdensome and inflexible. Recent delays in the repair of important kitchen equipment are a good example: the prison had to spend thousands of pounds on bread until an important mixer was repaired, which took weeks. Understandably, AMEY want to be paid extra for "new" work, whilst the prison may take the view that it is "maintenance" and already paid for under the contract. This gives grounds for debate. More flexibility, with the Governor having more "handyman" hours, would be helpful.

5.8.4 Three expensive works items need special attention: the prison heating system, which is old and inefficient, a worn kitchen floor, which is a health and safety risk, and the

prisoners' showers. The showers are a long standing recurrent problem which is raised weekly during IMB rota visits. Often there are not enough working showers and the pressure is low, and they can look dirty and squalid. The problem cannot be resolved by simply patching them up; in the Board's view, whilst funding has been agreed for replacement showers in two wings, a proper plan of funded work across the prison is necessary. Work also needs to be done to improve the Segregation Unit; this is covered in part 5.7 of the report.

5.8.5 A real asset to the prison is its kitchen, which is well led and managed and provides excellent job opportunities for prisoners, who prize working there. The Board thinks the kitchen deserves special praise. Unlike some prisons, the Board receives very few complaints about the food. Diversity issues, like Ramadan are handled well and sensitively.

Section 6

6.1 Drugs/Substance Abuse

6.1.1 New Psychotic Substances (NPS) is a problem that appears to affect every department and function of the prison. Not only does NPS affect the health and safety of prisoners, but it also affects the prison staff that ultimately have to care for prisoners who abuse psychoactive drugs. The Board also needs to recognise that the communities outside the prison are indirectly affected by what happens in the prison.

6.1.2 Wealstun has been extremely proactive and committed in eradicating NPS, with engagement from the Management Team and staff group. The prison has recently secured a Psychoactive Substances Disruption and Prevention Lead to address supply and demand of NPS in the prison.

6.1.3 The Lead has been in HM Prison Service for many years and has seen the service face many challenges, but recognises that this is probably one of the biggest it has had to address. He is currently working on supply and demand, trying to prevent supplies entering the prison and using education to address demand. There are several initiatives on-going at the moment to tackle the problem:

- A full review of Incentives and Earned Privileges (IEP) is underway to ensure it is fit for purpose in managing NPS abuse.
- Half-day awareness courses for prisoners who have been caught abusing NPS. Prisoners will still go on Adjudication (Rule 51 para 5) and be given the appropriate award according to the tariff, but the Adjudicator has the option to suspend the punishment if the prisoner is prepared to attend an NPS awareness course and engage in it fully. The principle is similar to speeding and being offered a speed awareness course.
- An NPS awareness campaign was run in the Visitors' Centre over a 2-week period. Staff from the Drug and Alcohol Recovery Service (DARS), along with the Lead, were available to hand out leaflets and chat to visitors. Many posters were displayed informing visitors of the dangers of NPS and also the new Psychoactive Substances Act. Over 100 visitors were engaged within the 2-week period.
- Work is on-going with Safeguarding in the Community to define how safeguarding can be used to deter prisoners from using NPS. If prisoners abusing NPS pose a danger to children and vulnerable adults in the community, there would be a duty to refer that individual to the safeguarding team in their community. Prisoners and their families will hopefully realise the impact this may have on family life.
- Silicone wristbands stating simply 'SAY NO TO SPICE AT WEALSTUN' are available and all staff are encouraged to wear them. Prisoners too are encouraged to support the initiative by wearing the band. The wristbands seem to have had a positive impact around the prison; a small but important contribution to the overall strategy.
- Working closely with the Security and Intelligence Team to improve data collection, as it is vital the prison understands the benefits of good dynamic security and the need to be intelligence-led.
- Excellent contacts have been established with the Yorkshire Area Search Team (YAST), which is an important resource, and it is planned to start using them for tactical support as there are many tasks they could perform, from perimeter checks to assisting with line routes and much more.

- The prison has procured a drone which will be useful for a variety of tasks, for example checking perimeters and flat roofs for throw overs. Signage will be displayed and it is hoped its use will act as a deterrent. Use could also extend to surveillance during incidents.
- New warning signs will be erected around the perimeter to inform people that throwing anything over the wall/fence is an offence that could result in prosecution. About 50 signs will be placed at approximately 50 metre intervals.
- It is intended to increase the number of patrols around the external perimeter at key times. Staffing isn't currently readily available for this task but it is planned to utilise staff on restricted duties and other staff groups to be placed around vulnerable areas of the perimeter where they will be highly visible during line route and exercise times.
- The local Police and Crime Commissioner has recently been invited to the prison for a meeting with the Lead and the No. 1 Governor. They will show him the work being done in the prison to combat NPS and invite his support in helping address the supply of NPS from outside the prison.

6.1.4 The Board is encouraged by the Lead's drive and dedication, the commitment from the No 1 Governor and the support of colleagues in addressing the issue and formulating the initiatives outlined in this report. It is apparent the prison is doing its utmost to improve the situation and there is great confidence that the on-going work and incentives will go a long way in helping to resolve the NPS problem at Wealstun.

6.1.5 However, the Board does not wish to be complacent and is under no illusions about the seriousness of the NPS problem in the prison, and the difficulties in tackling it. The Board is also indirectly concerned about the knock-on effects of NPS abuse in the prison, particularly the demands on local NHS services. The Daily Mail published an article on 2 January 2016 which quoted Nick Hardwick, the then Chief Inspector of Prisons, as saying that ambulance services were "depleted" because so many crews had to deal with prisoners who had taken NPS, and citing one occasion when all available ambulances were sent to Wealstun prison. Using figures obtained under the Freedom of Information Act for the number of ambulance callouts, the Mail on Sunday estimated the cost to the NHS of callouts alone, so excluding treatment, at over £2.3m in 2014-15.

Section 7

The Work of the Independent Monitoring Board

7.1 The Board currently comprises 9 members, with a significant increase in membership from December 2015. Despite the small number of members and no chair for the first 6 months of the year, the core duties were performed: weekly rota visits, applications and monthly Board meetings.

7.2 With the arrival of 4 new members from January 2016, including an experienced Chair, things have become easier. Weekly rota visits continue to take place, following a system which reflects the scale and variety of the areas visited and the need to record members' findings effectively and objectively. All prisoners in the Segregation Unit are spoken to and the Healthcare Unit and kitchen visited. During the rota visit prisoner Applications are answered, speaking to the prisoner themselves where possible. In addition, open assessment care in custody teamwork (ACCT) documents on the wings visited are checked for completeness and accuracy to ensure that the process is being followed. Such activities brought members of the Board into direct contact with both prisoners and staff.

7.3 A Board meeting is held each month, which the No. 1 Governor or a member of the Senior Management Team attends, and serious concerns identified during visits are raised

7.4 Following the increase in the number of Board members, members were assigned "Special Interest" areas in line with the Annual Report headings in Section 5 and other specific areas of concern, and they also attend selected prison committees as observers. Concerns and observations are noted and discussed at Board meetings. The increase in Board membership has also enabled members to attend Segregation reviews on a regular basis.

7.5 Board members were informed during the reporting year when serious incidents took place and attended when necessary.

BOARD STATISTICS	
Recommended Complement of Board Members	16
Number of Board members at the start of the reporting period	6
Number of Board members at the end of the reporting period	9
Number of new members joining within the reporting period	4
Number of members leaving within reporting period	1
Total number of Board meetings during reporting period	11
Total number of visits to the Establishment	146
Total number of segregation reviews held	Not available
Total number of segregation reviews attended	20
Date of Annual Team Performance Review	April 2016

Applications

Code	Subject	Year 15/16
A	Accommodation	1
B	Adjudications	1
C	Equality & Diversity (inc religion)	
D	Education/employment/training inc IEP	23
E 1	Family/visits inc mail & phone	10
E 2	Finance/pay	12
F	Food/kitchen related	
G	Health related	11
H 1	Property (within current establishment)	15
H 2	Property (during transfer/in another establishment)	2
H 3	Canteen, facilities, Catalogue shopping, Argos	1
I	Sentence related (inc. HDC, ROTL, parole, release dates, re-cat etc)	11
J	Staff/prisoner/detainee concerns inc bullying	19
K	Transfers	5
L	Miscellaneous	6
	Total number of IMB applications	117
	Of total: number of IMB Confidential Access was:	N/A

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Independent Monitoring Board

HM YOI WETHERBY

ANNUAL REPORT

1st JUNE 2015 - 31st MAY 2016

Date of Publication September 2016

SECTION 1

1.1 STATUTORY ROLE OF THE IMB

1.1.1 The Prison Act 1952 and the Immigration and Asylum Act 1999 require every prison and IRC to be monitored by an independent Board appointed by the Secretary of State from members of the community in which the prison or centre is situated.
1.1.2 The Board is specifically charged to:
• Satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release.

• Inform promptly the Secretary of State, or any official to whom he has delegated authority as it judges appropriate, any concern it has.

• Report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

• To enable the Board to carry out these duties effectively its members have right of access to every prisoner and every part of the prison and also to the prison's records

CONTENTS

Section 2

Description of the Establishment

Accommodation

a) Wetherby Young Offenders Institute (YOI) is a dedicated 15- to17-year-old male establishment accommodating up to a maximum of 336 young people (YP). During the reporting year Wetherby has not been fully occupied.

b) Living accommodation is in single-occupancy rooms.

c) Main site accommodation is split into four units, each with the capacity to house sixty young people. One of the units was built in the 1970s and is built from brick and the remaining four units are 'quick build' ready-to-use buildings which were erected in 1997.In addition, the high-dependency unit, Keppel, accommodates 48 young people in a purpose-built structure completed in 2008. Benbow is a dedicated unit to longer-sentence young people with a capacity of 48. Anson is now the designated care and separation unit (CSU) with a capacity of 15 cells capped at 9.

Rating

Throughout the reporting period Wetherby's rating was a 3, however as a result of Her Majesty's Inspector of Prisons (HMIP) inspection in March 2016 it dropped to a 2.

Healthcare

Healthcare is provided and funded by the NHS with Primary Healthcare nursing services delivered by the Leeds Community Healthcare NHS Trust (LCH). On 1 April 2016 a new healthcare partnership contract commenced with Leeds Community Healthcare continuing to provide primary healthcare services with South West Yorkshire Partnership NHS Foundation Trust (SWYFT) commencing provision of a fully integrated mental health and learning disability service. Lifeline Project is subcontracted to provide psychological interventions within the substance misuse service. GP services are delivered by a local GP surgery.

Education

The outside agency which provides educational services under contract is NOVUS. The curriculum covers a range of literacy, numeracy, personal development, IT, and vocational training courses as well as GCSE and A level courses. In August 2015 the 30 hour new core day was implemented.

Other Agencies

Other organizations involved in catering for the welfare of young people include (not exclusively): voluntary prison visitors, The Prince's Trust, YMCA, Wetherby in Support of the Elderly (WISE trainee voluntary work within the Wetherby area), The Samaritans, Barnado's, and Connexions and In 2 Out.

Chaplaincy

The chaplaincy team comprises three full-time staff (Christian and Muslim) and five sessional workers together with a church link coordinator.

Section 3

Executive Summary

3.1. Questions requiring a response from the Minister.

Violent incidents

3.1.1 Levels of violence have increased during the last 12 months. In addition to an increase in attacks involving multiple young people attacking one young person, there have been 117 assaults towards male and female officers, 19 of which were serious assaults, classified as grievous bodily harm. This continues to pose significant challenges to the running of the prison and maintaining the safety of the young people. What is being done to reduce the level of violence and the number of attacks on both young people and officers? Can the Minister reassure the Board that this matter is being addressed nationally? (4.5.1)

Mental Health Provision

3.1.2. As a matter of urgency is the Minister in a position to reassure the Board that measures are in place to improve mental health care provision for these young people so that their needs can be met within a satisfactory timeframe? (4.6.11) (6.1.7)

Late Arrivals

3.1.3 Late arrivals continue to be of great concern, this an issue upon which all staff and Board members are united in believing to be falling significantly short of humane treatment and good practice even though it may comply with contractual arrangements. Is the Minister able to inform the Board of any steps being undertaken to alleviate this matter? (3.3.10)

3.2 Previous year's concerns

3.2.1 The concerns about the suitability of the CSU have now being addressed. Structural work has been completed to convert the Anson unit to the CSU. More work, such as the provision of reintegration facilities, still needs to be undertaken. There are bids underway to support the group of very challenging young people and the Board awaits the outcome.

3.3
General Report

3.3.1 This report covers the period between 1st June 2015 and May 31st 2016. Yet again this has been a very demanding year at Wetherby. The number of young people within the establishment remains well under 300, at times considerably lower however the needs of many of the young people are complex and challenging.
3.3.2 There is evidence of good work at Wetherby on a daily basis. The Board is aware of the day to day heroic efforts of many staff when dealing with serious incidents or de-escalation. Interventions such as Family Talk, The Admiral's Café, the work of chaplaincy, supporting young people of all faiths and none, and indeed the compassion and care that we observe on our regular visits to the establishment are to be commended.
3.3.3 The introduction of the new core day, including the emphasis on 30 hours education a week, has proved difficult to implement.
3.3.4 Injuries sustained at work, stress and high sickness levels plus the removal of some staff on detached duty elsewhere in the prison estate, has resulted in seemingly reduced staff numbers.
3.3.5 Extreme violence is sadly a common occurrence not only between the young people but directed at male and female officers. Some officers felt sufficiently unsafe and

unsupported by management that in February 2016 the establishment was on lockdown as the officers withdrew to a place of safety.
3.3.6 Keppel Unit has struggled to offer the young people the type of regime that it was established to deliver. This is due to staff being moved to other wings. There is a perception amongst officers that the young people placed on Keppel are different from those that it was originally set up to support.
3.3.7 We, like the young people, have been frustrated and annoyed by the lockdowns, the sudden cancellation of meetings or activities, due to staff shortages.
3.3.8 The inspection from HMIP in March 2016 and the subsequent production of their report of Wetherby YOI seems to have culminated in the management moving on in a more positive and proactive manner and this is welcomed.
3.3.9 Our Rota reports reveal a consistently high standard of treatment of young people by Reception staff. This can be a very difficult time for a young person and it was found that staff always put the young person's physical and emotional needs before the technicalities of the, often lengthy, process of 'booking them in'. Staff frequently work beyond their normal shift time and feel stretched by staff shortages. The difficulty of ensuring adequate coverage by appropriately trained staff alongside the demise of a dedicated national training programme means staff sometimes feel under-prepared for this important role.

3.3.10 A persistent cause of great concern to YOI staff, the Board and, indeed, prison transport staff, is the late arrival times and length of journey which young people sometimes experience. The Board has undertaken an extensive review of this process during the reporting period and a report was submitted to, amongst others, the Minister of Prisons, Probation and Rehabilitation. This is an ongoing matter and Reception staff are producing detailed figures of their own in order for the situation to be monitored

3.3.11 The extent to which staffing levels have been reduced by government policy over recent years continues to create a challenging environment for management, staff and young people at Wetherby. The situation is exacerbated by the need to send officers on detachment to other establishments and other absences such as sick leave. Redeployment of staff within the establishment to cover shortages means that staff may end up doing work for which they are not properly trained and unable to do the role for which they are qualified and appointed. This can compromise the employee's contribution in both spheres, cause stress and weaken the establishment's provision.
3.3.12 Our Rota reports throughout the reporting period consistently record both difficulties in delivering the regime and the challenges faced and stress experienced by individual staff members and staff teams. Specific examples include:

- Managing and Minimising Personal Restraint (MMPR) staff having to work on the wings.
- Keppel – staff feeling extremely stretched due to the number of disruptive young people and high incidence of The Assessment, Care in Custody and Teamwork (ACCTs) to monitor. They have reported difficulties in delivering sessions with the raptors, inductions for new young people, escorts for visits to the library etc. Staff have on occasion been taken off Keppel to plug shortages elsewhere.
- CSU and Keppel staff report that they have less time to work with young people in a tailored way because of the amount of administrative and 'low level' but essential work that needs to be carried out.
- Under-usage of facilities such as carpentry and the cycle repair shop in the construction barn.
- Caseworkers – shortages of uniformed officers have meant caseworkers have on occasion been moved to work on the wings this means they are unable to cover their casework adequately.

- Low levels of staffing in the mental health team has meant they sometimes are only able to undertake initial assessments rather than carrying out ongoing work with young people. A shortage of officers on the wings means that it is harder to get young people unlocked from their cells in order to deliver the regime.
- The establishment has looked untidy. The lavatories in the education building had not been cleaned properly and were unhygienic; this took five months to resolve.

Section 4

Obligatory Areas of Reporting

4.1 Equality and Inclusion

4.1.1 The Board is satisfied that the staff and management at Wetherby continue to be conscious of all aspects of diversity. Young people identified with disabilities are well supported by the management and procedures are in place to support both staff and young people, in line with the Equalities Act (2010).

4.1.2 The Board attendance at the Equality Action Group (EAG) has been poor. This is partly due to meetings being cancelled or rearranged at very short notice; however minutes of the meetings are available. Regular consultation with minority groups has improved with good outcomes

4.1.3 The kitchen staff continue to support the young people by providing food that meets their cultural and religious needs including special provisions made during Ramadan and over the Christmas period.

4.1.4 Foreign languages dictionaries are available and are very useful for the first night in custody. Telephone interpretation service is available on all wings. The Board is satisfied that the needs of the foreign national young people are being met.

4.1.5 The proportion of Black and Minority Ethnic (BME) young people on the long term wing continues to be significantly higher than the rest of the units.

4.1.6 The Board at Wetherby remains satisfied that the management of diversity is good and there has been no evidence of serious discrimination on grounds of age, disability, gender, race, religious beliefs, and sexual orientation during the course of the reporting year. This is supported by the data presented by the Equality Action Group.

4.2 Education, Learning and Skills

4.2.1 Our monitoring is based on Rota visits, direct observation of classes, discussions with NOVUS staff, prison officers and young people. The Board has not been informed of Quality Improvement Group, or any other relevant meetings, neither has it received minutes.

4.2.2 The key issue for this year has been the lack of delivery of education related to the requirements of Transforming Youth Custody, introduced in August 2015. The 30 contractual hours per young person per week have not been delivered. A significant number of classes were cancelled due to significant regime reduction throughout YOI Wetherby, which has had a huge impact on the overall effectiveness of teaching and learning and on the outcomes for the boys in 'Purposeful Activity'. Both teachers and young people have become increasingly disappointed at the unpredictability of the delivery of education.

4.2.3 Permanent teachers appear to deliver well-planned, core skills lessons of English, Maths, IT and Personal Development; the latter including relevant topics which engaged the young people, such as parenthood and drug awareness, and offer entry level to L2

qualifications. Other classes included interesting group discussions and teachers demonstrated good behaviour management skills, offering good support for more able young people and those with additional needs. They have positive relationships with the young people.

4.2.4 However, some temporary cover staff are poorly prepared, with some not preparing lessons at all, they fail to engage young people in learning and they demonstrate poor behaviour management skills, which have resulted in classroom violence Training for those staff unused to the environment is not given.

4.2.5 Outreach lessons on the units are delivered to the young people who are not permitted to attend mainstream education due to behaviour issues or refusals. However, NOVUS have been unable to deliver the contractual model of teaching young people individually, due to more young people needing outreach support so this has necessitated additional small group work

4.2.6 The system introduced last year, of ensuring officers make checks on reasons for non-attendance seems to be largely successful. Learning support provision in classes is not consistent.

4.2.7 Young people in Anson (CSU) are not receiving education regularly.

4.2.8 The Mentoring Scheme is not operating as successfully as last year because few young people are willing to act as mentors. However the Army Cadet course remains very popular and is valued by the young people for the self-discipline and inter-personal skills acquired.

4.2.9 GCSE examination results from June 2015 on main site are high for those who completed their learning. These included passes in English, Law, ICT, Maths (including Foundation, Higher and Pure Maths), Business, Economics and Psychology. The overall success rate is 51%, as compared with 91% in 2013/14. The success rate for Functional Skills in English is 72% as compared to 97% last year, and in Mathematics is 52% this year as compared to 95% last year. Cambridge Progression Awards**,** which are small units of accreditation leading to Functional Skills qualifications, were offered during this period on a monthly basis.

Examination results on Keppel show a 77% success rate, as compared with 96% during the previous year, with passes in English and Mathematics through Cambridge Progression Awards and Functional Skills. Young people on Keppel have also been successful in achieving BTEC Awards in Art and Design and Media Production. It is proposed that they will be able to work for Environmental Studies Group Open Awards when sufficient staff have achieved qualifications in order for the course to become accredited.

4.2.10 Interesting new initiatives this year have included young people working with learning support volunteers from Leeds University. Also Kinetic youth workers are helping those young people with problems, who are not in classes on the main site due to behavioural or attitudinal issues.

4.2.11 NOVUS has taken over responsibility for delivering vocational skills in the Barn. However, our monitoring has, yet again, indicated very disappointing levels of purposeful activity. The range of classes is very limited and only small numbers of young people have participated in those which are on offer. All classes were cancelled for one month in September while new staff were trained and others re-trained. Construction has not been delivered for the last 5 months due to issues related to lack of progress with Amey not undertaking building work in the room. Animal Care and Bicycle Repair are not currently available; neither is Fitted Interiors (including tiling).However, Industrial Cleaning and Carpentry are operating successfully. Teachers are enthusiastic in classes in Performing

Arts, Art and Music Technology and engage young people very well. We are pleased to note that young people are continuing to work for City and Guilds qualifications in Horticulture and Ground Maintenance.

4.2.12 A great success of this year's initiatives, as part of the Hospitality pathway, has been the Admiral's café. It is hugely appreciated by staff and visitors and is where young people develop employability skills in food preparation, health and safety practices, inter-personal and maths skills. We are disappointed, yet again, that the kitchen has not been part of the Hospitality pathway and remains another under-used resource where young people could complete catering qualifications.

4.2.13 We are pleased to note that, since last year's comments on the lack of progress in instigating the Virtual Campus, it has now been successfully installed and is used for initial assessment, job seeking, CV writing and job applications prior to release.

4.2.14 The Library has been relocated and also offers access to the Virtual Campus. It possesses a good range of books, periodicals and newspapers, audio books and music CDs. Unfortunately access is very limited, being open only 2 days per week to young people on the main site, with no delivery to the units, despite the timetable indicating one and a half hours availability in the evenings. It is available to Keppel Unit on Saturday mornings. No data was available to identify the number of young people visiting regularly over the year but it has had 112 visits during April and May.

4.3 Healthcare and Mental Health

4.3.1 Healthcare is provided for and funded by the NHS with Primary Healthcare nursing services delivered by The Leeds Community Healthcare NHS Trust (LCH). On 1 April 2016 a new healthcare partnership contract began with Leeds Community Healthcare continuing to provide Primary Healthcare services, and South West Yorkshire Partnership NHS Foundation Trust (SWYFT) commencing provision of a fully integrated mental health and learning disability service. Lifeline Project is subcontracted to provide psychological interventions within the substance misuse service. GP services were delivered by a local GP practice.

4.3.2 Throughout the reporting period the Board observation of healthcare provision for young people at Wetherby is that it is of a good standard, and that they are well supported and cared for by the healthcare team.

4.3.3 Primary healthcare is delivered by Leeds Community Healthcare NHS Trust. Speech and language therapy is provided, as is occupational health (gardening/cooking/drama) and sexual health. Additional support is provided by a local doctor holding daily clinics six mornings a week and supporting an on-call afternoon service. A substance misuse service is provided by the Lifeline Project.

4.3.4 All young people arriving at Wetherby are assessed using the Child Health Assessment Tool (CHAT). Strict guidelines are in place to ensure that every new arrival is seen in Reception by a primary care nurse within 2 hours of arriving with a follow up involving a doctor and mental health nurse taking place in the Healthcare Unit within 3 days to provide all young people with a detailed assessment of their needs. Substance misuse support is provided by the Lifeline Project within 5 days of arrival. A care plan for each young person is developed.

4.3.5 Formal operational and governance meetings are held at regular intervals to review care planning and services provided. These meetings are attended by and input given from all of the multi-agency teams, safeguarding and staff.

4.3.6 The Healthcare Centre consists of a four-bedded patient assessment and treatment unit and offers no showering facilities; this means young people have to be taken to other areas to access daily showers. There is no opportunity for outdoor exercise. The number of young people admitted to Healthcare as an in-patient over the reporting period remains extremely low.

4.3.7 Where possible some healthcare needs are met on the wing. There is a treatment room on each wing where medication is administered, and each room is large enough to undertake immunisation, ECG and bloods apart from on Benbow wing. The wing treatment room floors are in need of an upgrade to support healthcare requirements.

4.3.8 Dental appointments are offered each Thursday allowing 12 young people to be seen. Optometry services are also provided to meet the needs of the young people, with appointments offered twice a month, again for 12 young people each day. Waiting lists are monitored to ensure a good service is offered and this resulted in the optical provision increasing in January 2016. Appointment slips are sent out to the young people the night before the GP/dental and optical appointments. Unfortunately 17% did not attend (DNA) appointments and an audit of reasons for DNA is required.

4.3.9 On average the young people are sent to external hospitals 10 times per week for routine appointments and emergencies. The communication between hospitals and the YOI can be problematic; the healthcare unit does not always receive the hospital discharge notes as they get sent to the young person's registered GP. The different NHS records systems cannot be used to share patient information. There is a plan to review the regular outpatient appointments and arrange for additional clinics to take place on site. It is also hoped that mobile screening services will be able to visit the site in future.

4.3.10 Mental health services were delivered by Leeds Community Healthcare NHS Trust prior to April 2016. The contract is now covered by a partnership with South West Yorkshire Partnership NHS Foundation Trust with the Endeavour-based employees transfer of public employee (TUPE) to this provider. A wide range of clinicians provide care to young people in Wetherby including Child and Adolescent Mental Health Services (CAMHS), Forensic CAMHS and Harmful Sexual Behaviour Services workers. The contract change in April 2016 resulted in psychiatry hours increasing, with a wing-based approach being followed.

Mental health services follow the national model for children's mental health services with Tiers 1 and 2 provided by the primary health care team, and tier 3 services are provided by CAMHS with a commissioned level of support providing a multi professional team with psychological therapists who are trained in a wide range of approaches. Tier 4 is provided when the young person is referred to an inpatient unit. Between June 2015 and May 2016 nine young people were sectioned under the Mental Health Act 1983 and transferred to an inpatient facility.

During the reporting period the Board has been concerned over the time it takes for some patients to be transferred to a special hospital for more appropriate treatment. There has been an increase in young people presenting with more complex issues which has caused anxiety for the patient and prison staff that could be attributed to multiple clinical assessments and protracted admission processes.

4.3.11 There is now no definition between the mental health services provided for the main site and for the Keppel site, which is a national placement facility for more vulnerable young people. An enhanced service was commissioned for Keppel in the past.

4.4 Reducing re-offending

4.4.1 Over the last 12 months, a 'new intervention model' has been successfully introduced. Through recruitment, the team consists of 5 Facilitators and 4 Programmes Officers. All staff have been fully trained in all courses and are all experienced.

4.4.2 Following the successful recruitment of Intervention staff, this has allowed the team to be able to run all the required interventions i.e. JETS. Using their expert knowledge and understanding of the needs of the young people, they are able to ensure that the provision which supports the young people i.e. LMV (Life Minus Violence) is now delivered on an individual basis, as opposed to the previous group work.

4.4.3 With the shortage of Band 4 officers during the year, Programmes Officers have regularly been redeployed within the prison due to an operational need and this has had an impact upon the work undertaken. However, it has been reported that the situation is improving and that there are plans by the Senior Management Team (SMT) to address this issue.

4.4.4 The 'new intervention model' offered by YOI Wetherby is the same as all the other YOI estates. This will ensure young people are supported appropriately if they are either transferred to or from Wetherby during their sentence. Wetherby's 'new intervention model' is currently the most developed and they have been able to allow staff to support other YOI establishments in developing this provision.

4.4.5 Transforming Youth Custody (TYC) initially had an impact because of the 60:40 split. Concerns were raised as to the difficulty there had been for psychologists and members of the intervention team being able to meet with young people. However, over the year, staff are pleased that access to the young people is much better and that they are able to successfully carry out the work that they need to undertake.

4.4.6 During the year, it was felt by management that young people in Anson (CSU) would benefit from work undertaken by members of the psychology team. This is the first time that this has been formally put in place. Young people, when identified, have been supported by psychologist and the work done has been well received.

4.4.7 The Young People Drug and Support Service (YPDASS) team has a full complement of staff. Initially under TYC they struggled to get access to the young person, although now they are meeting all their needs. The team works closely with Healthcare and this has allowed for dual diagnosis where appropriate. The team is able to offer to support young people regarding legal high substances. In addition to this, one week in three, members of the department attend weekend visits. This allows the young person's families to approach them for information and support. This provision has been very well received. The work undertaken by the YPDASS team was identified as being successful by HMIP.

4.4.8 Family Talk provides young people with the chance to talk with their family about things that are important alongside a therapist who is good at helping families talk together. It can help young people sort out past difficulties, talk about the effects of crime, and discuss ways of staying out of trouble or other important issues. Young people are able to invite partners, boyfriends or girlfriends, mums, dads, brothers, sisters, grandparents or any one they consider as family. Family Talk is continuing to be very successful and is always full. YOI Wetherby is the only juvenile estate to offer this very good provision.

4.4.9. Unfortunately, the Business Engagement Manager (BEM) was not appointed until March due to recruitment issues. However, during the first two months, they have had a positive impact and have been working very hard. Wetherby in Support of the Elderly (WISE) continues to have a strong focus with between 3 and 4 young people being able to benefit from the provision. In addition, a lot of work has been undertaken to try to secure suitable

and appropriate businesses or organisations to support with the Release on Temporary License (ROTL) programme. Considerable care and detailed risk assessments are thoroughly carried out upon any young person ensure that they continue to be a suitable candidate. If anything is identified as a cause for concern, the young person's ROTL is immediately revoked and reviewed. It is clear that safety and risk management is always paramount. Young people from all the main residences are able to apply for ROTL if they feel they meet the requirements. The BEM works closely with Case Workers in order to identify and support suitable ROTL candidates

4.4.10 The BEM is pleased to report that support for the young people opening a bank account has continued to improve with 20% of the young people having managed this.

4.4.11 The BEM has formed a close link with the Job Centre and is currently in the process of developing ways to support the young people applying for jobs and have access to the benefits system.

4.5 Safer Custody

4.5.1 Levels of violence have increased during the last 12 months since the expansion of the catchment area to cover the North West. In addition to an increase in multiple young people attacking one young person, there have been 117 assaults towards staff 19 of these were serious assaults, classified as grievous bodily harm (GBH). This continues to pose significant challenges to the running of the prison and maintaining the safety of the young people.

4.5.2 There have been a number of key periods which occurred in the last year when there was an increase in violence. The first was around the introduction of Transforming Youth Custody in August. This corresponded with the winding down of the old education curriculum to the introduction of 30 hours' education.

4.5.3 In response to the increase in the levels of violence additional resources have been given to the Safeguarding Team. An additional post has been created for a Violence Reduction Manager. The impact of this post has not been fully realised as yet but it has led to the development of a Violence Reduction Policy, and the Violence Diagnostic Tool is being analysed on a monthly basis. The tool looks at when, where and why violent acts are carried out.

4.5.4 The establishment has engaged in a pilot for the introduction of Body Worn Cameras. Take-up of the additional equipment has been mixed and there is still work to do on the use and capture of data from these pieces of equipment. This was noted by HMIP and recommendations for improved usage have been made.

4.5.5 Force is used on a regular basis at Wetherby; however we are informed that its usage is less than that at other establishments for young people. The safeguarding team takes seriously the reviewing of all incidents of use of force above a guiding hold in their weekly MMPR Review Meetings. Invitations to the review panels are open to YJB monitors, Healthcare, Social Worker, Barnardos, and unions. The panel looks at good practice and mis-application of techniques. From the data collected from these panels trends are developed into the training scenarios to keep the refresher training live and relevant. Staff who mis-apply techniques receive guidance on the findings and in some cases staff have individual personal training plans developed for them.

4.5.6 HMIP noted that oversight of use of force was weak. This was as a result of MMPR coordinators being redeployed away from their duties on a regular basis. This situation has been addressed with their cross-deployment only happening in exceptional circumstances. The impact of this has been seen with the reintroduction of regular MMPR refresher training sessions and the establishment now meeting its target of 80% staff in ticket being met.

4.5.7 Barnado's advocacy service continues to provide an excellent service to young people at Wetherby. Interventions are both systematic and responsive. The services offered range from offering restraint debriefs to all young people affected to responding to a wide variety of individual requests for support with particular issues. The reporting system is detailed and thorough and is reviewed at a quarterly meeting attended by local management, Barnado's regional staff and usually a member of the Board. Any irregularities or exceptional issues or statistics are always fully investigated and explained.

4.5.8 Wetherby continues to take its responsibilities seriously regarding the safeguarding of the young people placed in its care. Safeguarding policies are reviewed annually or as and when national updates dictate. The weekly safeguarding meeting continues to be delivered by the safeguarding team. The meeting focuses on young people who are struggling to cope in custody. The meeting has representatives from across the establishment to give feedback on the young people and help develop plans for their reintroduction into mainstream activities.

4.5.9 The Board continues to interview a number of randomly selected young people each week in order to get a picture of how they perceive themselves to be looked after. Out of 146 interviews conducted in this reporting year 122 YP said that they felt safe (83.56%) at Wetherby

4.5.10 A new managerial team has been introduced into safeguarding in the last 3 months. The team is working closely with the dedicated social workers to improve the quality and timely completions of Child Protection Referrals. Work has started on a triage process for referrals to ensure that the limited resources are not wasted on matters which can be dealt with more appropriately through alternative arrangements. The team is working with the Local Authority Designated Officer (LADO) on a robust referral process to ensure they are kept in the loop on key issues and that appropriate meetings are held.

4.5.11 Bullying issues are addressed at the weekly Safeguards meeting. Victims and perpetrators attend. Care plans are devised and reviewed. Any new concerns are brought to the meeting. In the interviews conducted by the Board 82.19 % of the young people say that they feel safe from being bullied.

4.5.12 Monthly Safeguards/Restraint Minimisation and quarterly Safeguarding Children Strategy Committee meetings are held. The meetings are well attended. The quarterly safeguarding meeting has been refreshed to provide a greater degree of analysis around the data collected. The new management team recognises the importance of using the data to make improvements to the safety of young people and staff at Wetherby. A Board member observes the monthly and quarterly meetings which are professional and businesslike with effective follow through.

4.5.13 HMIP noted that the underlying principle of the PACT (Positive Attitudes Created Together) strategy is sound. However, work carried out with young people remained inconsistent and the behaviour management strategy is not working as intended. The PACT process has been reviewed this year and management acknowledges that further work is required to get it to be a meaningful behaviour management tool. The violence reduction Custody Manager will be looking at this over the next 12 months.

4.5.14 The ACCT process remains robust and well established. The processes have been tested with an increase in the numbers of constant watches over recent months. The ACCT plans are quality assured through the Custodial Manager's nightly checks and weekly checks from the safeguarding team. Staff training stresses the importance of the document and the need for accurate records to be kept. In December 2015 Safer Custody was audited by the National Offender Management Service (NOMS) national audit team and it received

the highest rating offered with processes described as satisfactory and being robust and sustainable.

4.5.15 As commented on in last year's report, the completion of the Care Mapping process is not in line with best practice. This process addresses serious issues and vulnerabilities fundamental to the safety of young people. The Care Map is often not followed through before the ACCT is closed. More staff training is needed to ensure staff competence.

4.5.16 Peer support is provided by 'The Insiders Scheme'. Designated young people are introduced to new arrivals. The latter are also informed about the scheme at induction. Child Line and Samaritans Phones are available and can be used in private.

4.5.17 Other safer custody strategies include a First Night Unit (Frobisher). There are safer cells on all units. In addition a gated cell is provided on Keppel Unit which can be used in extreme circumstances to ensure the young person's safety. All the safer cells are designed for constant watch to ensure safety. The opaque glass panels can be converted to clear glass.

4.6 Care and Separation Unit (CSU)

4.6.1 The CSU is used primarily under the authority of PSO 1700: YOI rule 49 (GOoD), YOI Rule 58(4) (awaiting adjudication), and YOI Rule 60(g) (RFU).

4.6.2 Between June and December 2015 segregation remained within the existing facility on Benbow. However the Board is pleased to report that the new CSU, known as Anson, finally opened in early December 2015. Anson had originally been the long term wing at Wetherby and required additional building work which took longer than anticipated.

At present only the downstairs area is in use, this comprises 15 cells and two safer cells. Due to staffing levels, the number of functional cells is capped at 9. Unfortunately, the layout, with cells on either side of a narrow corridor, means that the young people are now facing each other; this encourages them not only to call out, making the area much noisier, but also encourages them to attempt to pass items to each other. The officers' hub is further away which inevitably allows for less interaction with the young people. However there are now additional rooms which can be used for meetings/consultations/gym and the provision for GOoD reviews is much improved.

4.6.3 Due to the high number of prison adjudications, which are organised and staffed by CSU, officers can be out of Anson for a significant part of the day which means that the normal daily regime cannot be delivered. We are advised that an increase in staff, additional administrative support and a change in the way adjudications are to be run might improve the situation. Young people were not getting access to showers, phone calls and exercise until well after 3:30pm. Likewise education and psychology programmes were not being delivered. Whilst phone calls, governor, healthcare and chaplaincy visits continue daily, at the time of reporting, showers are not offered to all young people on a daily basis. The Board considers this to be unacceptable.

4.6.4 There has been a lengthy period in 2016, where, due to staffing, security and the highly volatile behaviour of the young people, their needs have not been met. The Board is aware that this is due not only to local but national problems within the prison estate; however a regime that offers nothing is not in anyone's interest.

4.6.5 This continues to be a demanding environment to "home" to some of the most dangerous and vulnerable young people at Wetherby. Frequently they require three or four officers to be available to unlock them. The Board notes the fact that there is a high occupancy rate of the segregation cells. We have been informed that a reintegration unit is

to be created for some of the most challenging young people, using the upper floor of the building. This would be welcomed.

4.6.6 Staff treat the young people well, but are understandably mindful of their safety. We are aware that serious attacks on officers have taken place and it is a fine balance to offer what the young people are entitled to and what officers consider can be safely delivered. This can lead to much debate between Board members and officers. CSU staff are committed but also frustrated that all too frequently they have been unable to fully support the young people or deliver an adequate regime. Dirty protests and the conduct of some young people have meant that officers are often working in appalling conditions. The library service does provide books for Anson but there have been times when these have not been made available due to the way young people have mistreated them

4.6.7 Although we had repeatedly requested that radios be made available to young people in the Anson (CSU), this has not happened. We were led to believe that no safe model could be procured and the Board was extremely disappointed that it took a visit from HMIP in March 2016 for the radios to finally be provided

4.6.8 The Board is immediately informed when a young person moves on to Anson but there are times, such as weekends, when the emails are not forwarded to us. We are invited to GOoD reviews, we try to attend as many as possible, especially when held regularly on a Thursday.

4.6.9 There is lack of consistency in the way that GOoD reviews are run depending on the governor who is chairing them. Some are very well managed, others less so. The prison staff attending these meetings can be generic and represent a provision, such as Psychology or Healthcare, but do not always know the young person and are not always introduced. For a young person to be confronted by a roomful of strangers must indeed be a challenge, some young people may decline to attend for this very reason, this matter needs to be addressed. Weekly multi-disciplinary planning meetings have been initiated but as yet do not seem to occur on a regular basis.

4.6.10 The Board is impressed by the enthusiasm and quality of the outreach educational provision but frequently this cannot be delivered due to the lack of regime.

4.6.11 The major concern of the Board is that of young people being held indefinitely on Anson. The correct procedures and checks are in place, but it would appear that some young people, who are placed on Anson, end up being sectioned under the Mental Health Act and eventually move to a secure hospital, the reason given for their lengthy stay in CSU being the lack of a suitable mental health bed.

It would appear that more young people with seemingly undiagnosed mental health problems are to be found in the segregation cells. One young person was held for a period exceeding six months this is not only unacceptable but inhumane.

Section 5

Residential Services

5.1 Catering and Kitchen

5.1.1 The Board visits the kitchen at Wetherby YOI as part of the unannounced weekly Rota, and in the 12 month reporting period has not found any major issues of concern regarding safety or hygiene.

5.1.2 Outstanding items of maintenance and repair for the floor coverings in the kitchen and storage areas remain a long term problem for the catering staff.

5.1.3 Some of the kitchen equipment and appliances on the residential units are not working properly. Again, this is an ongoing investment problem but the Board is satisfied that this is being addressed.

5.1.4 Staffing levels continue to be challenging for the Catering Manager. The Kitchen has not been fully staffed for nearly 2 years and is heavily reliant on agency staff. It is reportedly difficult to find staff with the relevant skills and qualifications.

5.1.5 The kitchen staff are able to use the services of two young people at the weekends which works well for everyone.

5.1.6 The new standardised menu was introduced in September and has been well received.

5.1.7 Each week the Board interviews a number of young people at Wetherby YOI. In general, their views on the food are positive.

5.1.8The last visit by the Environmental Health Department to inspect the kitchens was in July 2014. An unannounced inspection is due.

Section 6

Residential Units

6.1 Keppel Unit

6.1.1 Keppel Unit is a separate unit to the main prison site. It is designed to accommodate up to 48 of the most vulnerable young people in the secure estate. In the HMIP Report of March 2016, the areas of Safety, Respect and Resettlement were deemed to be 'reasonably good.' The unit was graded as 'poor' in the area of Purposeful Activity. The evidence collected by the Board in our observations throughout the year supports these findings.

6.1.2 There have been two unavoidable changes to the post of Head of Keppel during the past year and very few planned 'Management Meetings' have taken place, which a member of the Board would normally attend. This makes it more challenging for the Board to gather the information required and to obtain a sufficient 'overall' picture of daily life for the residents of Keppel.

6.1.3 The establishment pressures on staffing (due to sickness, detached duty and recruitment) have had an impact on Keppel. Staff and young people report inconsistencies in the Induction Process taking place, an often restricted regime, regular changes to 'Personal Officers' and delays to complaints being dealt with.

6.1.4 The unit is normally full or almost full and each young person is referred directly by the Youth Justice Board (YJB). The staff are highly trained in working with these vulnerable trainees, and the Board has been impressed this year with the dedication and professionalism shown by the Keppel staff in often challenging and difficult circumstances. The young people continue to report to us that they feel safe and that the staff are respectful, caring and approachable.

6.1.5 The unit is nearly always clean, tidy and inviting, this is testament to the staff who ensure that the young people keep it this way, despite there being no cleaning regime provided by Amey.

6.1.6 Approximately 25% of the young people are on an open ACCT at any one time, and the Board would concur with HMIP that there remains good support for these young people, despite some placing an enormous strain on a staff team already under pressure.

6.1.7 The Board has witnessed the dedication and warmth shown to a number of young people suffering with extreme mental health difficulties. Staff feel strongly that the mental

health needs and behaviours of those referred to the unit are becoming increasingly more challenging and disruptive, and whilst they are able to deal with these, it often detracts from their main focus of supporting the most vulnerable young people, and spending time on relationship-building and individual interventions.
6.1.8 Whilst the personal care plans for each young person are formulated well, it is frustrating that many interventions are not able to be carried out, due to low staffing levels. The unit activities the Board has witnessed in previous years, which are adapted to the changing needs of the young people, have decreased substantially. An example is the successful 'Family Days' which have again not taken place this year.
6.1.9 In terms of Purposeful Activity HMIP reported that 31% of boys were locked in their cells during key work periods (up from 0% at the previous inspection.) The introduction this year of a new core day has been a huge challenge for Wetherby as a whole, and there have been particular effects on Keppel. There is a lack of appropriate learning areas on the unit, and officers can no longer be present at each educational activity, which previously helped to ensure these sessions were calm, effective and engaging. The increase in challenging behaviour shown by the young people on Keppel has also contributed to this
6.1.10 The observations of the Board are that the staff on Keppel deal extremely effectively with increasingly challenging and quite often violent and upsetting situations, despite huge pressures on the level and consistency of staffing.

6.2 Benbow (The Long-Term Unit LTU*)*

6.2.1 The Board has been aware of ongoing staffing issues in the Long-Term Unit (LTU) over the reporting period. It is noted that the core staff on the unit has consisted of 12 Prison Officer Entry Level Training (POELT) in their probationary period. Continued sickness absences, some of which have been longer term, have impacted on the unit, however it has benefited from a designated Governor grade to manage it.

6.2.2 The Restricted Status (RS) leg of the unit is visited each week as part of the Rota by the Board. The management of RS individuals obviously requires more 1:1 staff time and has at times been challenging. The Board continues to monitor these young people closely.

6.2.3 Casework and Psychology staff have become more actively involved with the day to day activities on the unit.

6.2.4 There have been a number of changes to the regime during the course of the year. Also, the core day timetable has been amended on occasions, sometimes at very short notice, and this is usually due to staffing levels. The Board is aware that this can have a negative impact by increasing the time the young people spend alone in their cells and prevents them from receiving their 30 hours of education.

6.2.5 It is evident from the regular interviews conducted by the Board that, although some young people resist education, many prefer education classes to time alone in their cells.

6.2.6 The Board is pleased to report that the Family Days have been re-introduced this year and are proving to be successful. Facilities and activities have also been improved in the Gold Room.

6.2.7 Last year it was reported that a young person in the long term unit was 'self-isolating '. The Board has noted that this is a recurring theme. A number of young people are now choosing to self -isolate due to concerns for their own personal safety. Although the Board acknowledges the significant steps taken by staff to encourage this group of individuals to re -integrate, it remains an area of great concern.

6.2.8 Staff in the LTU have been vigilant in identifying gang culture and intimidation issues when they arise. Whilst the Board recognises that efforts have been made to alleviate these problems, a certain level of intimidation has occurred on the unit which has led to self-isolation. The Board must conclude that these individuals do not feel safe.

6.2.9 The Offending Behaviour courses and the Life Minus Violence courses continue to be some of the successes of the LTU.

6.2.10 A number of serious incidents have occurred in the reporting period involving high levels of violence to staff and young people.

6.2.11 The use and range of homemade weapons has increased and incidents of racial tension have resulted in the Muslim population being isolated for a short period of time.

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Section 7 Wetherby IMB Statistics

Recommended complement of Board members	**15**
Number of board members at start of reporting period	**10**
Number of board members at end of reporting period	**11**
Number of new members joining within the reporting period	**2**
Number of members leaving during the reporting period	**1**
Total number of board meetings during the reporting period	**12**
Average number of board meeting attendances per member	**9**
Number of attendances at formal meetings, including GOoD reviews, but excluding IMB board meetings	**170**
Total number of visits to the establishment (including all meetings)	**417**
Number of applications processed	**11**

Health and Justice Commissioning Intentions 2017/18

NHS England INFORMATION READER BOX		
Directorate		
Medical	Operations and Information	Specialised Commissioning
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

Publications Gateway Reference:	**05971**
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Publication Date	17 October 2016
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Additional Circulation List	
Description	This document sets out NHS England's national commissioning intentions for healthcare services in secure and detained settings, sexual assault referral centres and liaison and diversion for 2017/18.
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Timing / Deadlines (if applicable)	**N/A**
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Classification: OFFICIAL

Contents

1 Executive summary

NHS England commissions health care services in prisons, immigration removal centres and other secure and detained settings in England. NHS England's national and regional teams are responsible for the overarching policy and strategy for commissioning these services; but also, for the local commissioning of services for the populations in these settings.

NHS England's Health and Justice commissioning intentions for 2017/18 outline the priorities for the commissioning of services in secure and detained settings in England. They also set out those priorities for liaison and diversion services, sexual assault referral centres and major national programmes (such as, smoke free prisons, the Health and Justice Information System, children and young people (CYP) mental health transformation work stream and substance misuse services).

The intentions are intended to support commissioners, providers and the management of the secure and detained estate, to make preparations for health care services in 2017/2018 and have been developed to support NHS England's overarching strategy, the *Health and Justice Strategic Direction: 2016-2020.*

These annual commissioning intentions reflect NHS England's ambition to commission services that are live to the current deliverables across the estate. Whilst these are annual intentions they are aligned to NHS England's two-year business planning cycle.

This document sets out the purpose of the document and context of commissioning in a fast changing environment. It details the strategic context within which commissioners are operating, sets out our commissioning intentions and enabling actions and, lastly, provides a brief summary of contractual requirements for 2017/18.

2 Introduction

2.1 Purpose

This document sets out NHS England's commissioning intentions for 2017/18. It is intended to provide advanced notice to providers about the changes and planned developments in the commissioning and delivery of health services by NHS England.

Together with the planning guidance, the NHS standard contract, national tariff and CQUIN guidance, they form a plan to be reflected in contracts, developments, service reviews and procurement opportunities for 2017/18.

The commissioning intentions are intended to enable healthcare providers to make early preparations to engage with clinical leaders and to make changes that benefit patients and improve outcomes for them. These intentions should inform providers' plans at all levels.

They provide the context for constructive engagement with providers, to achieve shared goals, be patient centred, and reduce health inequalities, one of the core duties set out in the Health and Social Care Act 2012.

NHS England is committed to securing alignment across all aspects of NHS commissioning and will work with Government departments and agencies, clinical commissioning groups (CCGs), partner NHS bodies and local government in order to secure the best possible outcomes for patients and services users within available resources.

This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities it is responsible for, including policy development, review and implementation.

2.2 Equality and Health Inequalities

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as set out in the Equality Act 2010) and those who do not share it; and

- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

3 Context

3.1 NHS England's responsibilities

NHS England was established in April 2013 as part of the changes introduced by the Health and Social Care Act 2012. As part of its mandate, it is responsible for directly commissioning a number of health services, including those for people in a range of custodial and secure settings.

Our vision is to obtain the best health benefit within available resources by commissioning high quality, safe and effective care in secure and detained settings in accordance with the NHS Mandate.

NHS England has commissioning responsibility for health care services including a described set of public health section 7a services which constitute: stop smoking services; substance misuse services; cancer and blood-borne virus screening services; and immunisation services. Our commissioning responsibility includes services in the following settings:

Residential settings

- Prisons;
- Young Offender Institutions;
- Secure Children's Homes (welfare and youth justice);
- Secure Training Centres;
- Immigration Removal Centres and Short-term Holding Facilities.

Non-residential settings

- Liaison and diversion services working with police custody suites, courts and Sexual Assault Referral Centres (SARCs).

Therefore, NHS England is responsible for commissioning care for individuals at a particular point in their life which is solely defined by the setting they are in, not by their need or the nature of the service. This makes improving the pathways of care in and out of these settings a priority for our work (for example, 74% of the prison population will be released within 12 months from the start of their sentence).

This patient population experience a disproportionately higher burden of illness (including infectious diseases, long term conditions and mental health problems) and poorer access to treatment and prevention programmes and problems with substance misuse (drugs, alcohol and tobacco). For example, liaison and diversion trials have shown that over 50% of cases have comorbidities of mental health, drugs or alcohol with 11 % presenting with all three.

Higher rates of hepatitis B and C, tuberculosis, HIV and sexually transmitted infections impact physical health: over a quarter of young men and a third of young women have a long standing physical complaint. In managing the care of this patient population, a decade is generally added to their chronological age to address their physical presentation caused by poor diet, poverty, dependencies and lifestyles including homelessness and long-term unemployment.

This population also disproportionally suffers mental ill-health, with 72% male and 70% female sentenced prisoners suffering from two or more mental health disorders. 50% of adult prisoners present with levels of anxiety or depression compared to 15% amongst the general population. 31% of children and young people in youth justice system have a diagnosed mental health condition. Approximately 7% of the prison population have a learning disability, compared with 3% of the population. However, it is estimated that up to 30% of prisoners have a learning disability or learning difficulty.

77% of sentenced men and 82% of sentenced women smoke. 81% of those entering prison report they have taken drugs (40% report injecting within 28 days before custody). A high proportion of people in prison are dependent on over the counter medicines and there is a high level of alcohol use and dependency with 64% of young people in detention self-reporting they drank alcohol daily and 77% of adults reporting the use of illegal drugs or excessive alcohol use in the past 12 months.

We continue to see a rise in the numbers of older prisoners. The number of prisoners who are over the age of 50 rose to 12,577 in March 2016. This brings its own unique set of challenges for this cohort of patients, as whilst (for example) older prisoners report lower levels of drug use, there is likely to be increased reliance on primary care, higher rates of long term conditions, social care needs and disability, and greater need for palliative care provision when compared to younger patients.

The following services are commissioned by NHS England across the secure and detained estate:

- GP services
- Dentistry services
- Nursing services
- Mental health services
- Learning disability services
- Integrated substance misuse services
- Optometry
- Podiatry
- Pharmacy and medicines management
- Smoking cessation

- Information Management, Technology and Information Governance

3.2 Developments in Health and Justice

3.2.1 Prison reform

In February 2016, the Prime Minister David Cameron announced major reforms to prisons, including naming six autonomous reform prisons: HMP Wandsworth, HMP Holme House, HMP Kirklevington Grange; HMP Coldingley; HMP High Down and HMP Ranby. The Governors at these prisons will have control over how their budget is spent and have operational control over much of the prison's activities (for example, education, visits, prison work and rehabilitation), representing a significant increase in the powers of the prison authorities. The Government announced that it would also be investing £1.3 billion in building nine new prisons across the country. NHS England's national team is working with partners, including the Ministry of Justice and National Offender Management Service, on these changes and what they are likely to mean for commissioners of healthcare.

3.2.2 Mental health

NHS England is also working on a significant review of mental health provision for the secure and detained estate which will result in revised specifications for mental health services, more efficient hospital transfers and effective mental health pathways across the estate and into community provision. The Stephen Shaw review into the welfare of vulnerable persons in detention described six recommendations for NHS England, four of which were around the improvement of mental health provision for this patient population. The resolution of these recommendations is reflected within these commissioning intentions.

3.2.3 Reconfiguration of the women's estate

During the summer of 2016, the National Offender Management Service (NOMS) closed HMP/YOI Holloway (London), part of the women's estate. In May 2016, HMP/YOI Downview (Surrey) was reopened and it is planned that it will take most of the population that would have been held at HMP/YOI Holloway. NOMS also announced that all women's prisons will be resettlement prisons, which is intended to allow women to be closer to their families and prepare them for life after prison.

Whilst the overall changes will be positive in the longer term, the immediacy of the changes required NHS England to re-plan the commissioning of healthcare, compensating for the closure of HMP/YOI Holloway and the movement of women to other prisons across the South. Our planning has taken account of the reopening of HMP/YOI Downview; but also, the reallocation of prisons to become resettlement prisons across the women's estate.

3.2.4 Reconfiguration of the adult male estate

Similarly, NOMS is leading a reconfiguration of the adult male estate. Over the next five years, this will see a change in prisoner population management, including changes to prison purposes and categories, with greater focus on rehabilitation and preparation for release. As this work develops, this will have an impact on commissioning of health services and the provision required for each population.

3.2.5 Youth Justice Reforms

The departmental review of the youth justice system being led by Charlie Taylor was commissioned by the Ministry of Justice in September 2015 and was due to be published in July 2016. Although publication has been delayed, we anticipate that this report and the Government's response to this review will be published in the Autumn of 2016.

These commissioning intentions reflect the significant developments relating to the potential redesign of the young people's estate. Further, they reflect the expectation that we will commission services to support the child and adolescent mental health services transformation agenda where this aligns to the services across CYP secure settings.

3.2.6 Adult substance misuse services

In 2013, in preparedness for NHS England taking forward their procurement planning programme, national specifications were developed which presented a framework for service delivery across all NHS England's health and justice commissioning responsibilities. The national substance misuse specification was part of this suite of specifications, and current activity is to ensure that this specification is reviewed and revised to take account of the changing face of substance misuse across the secure estate, an opportunity to re-visit the Patel Report 2010 (Prison Drug Treatment Strategy Review), the emerging findings in relation to the growing use of new psycho-active substances (NPS) and the reports from NPS service users that the current services being delivered across the secure estate do not meet their needs.

In addition, there is a need to take account of the revised NICE 'Orange Book' clinical guidelines update which includes prison based substance misuse service delivery and a significant focus on the management of NPS.

The Government's reform agenda has placed a significant focus on abstinence oriented services. We need to ensure that the review of our service specification instils confidence across the secure estate that, in delivering patient centred services, progress towards abstinence is available on the menu of interventions in order to support the best patient outcomes.

From October 2016 to March 2017, we will develop these into a detailed service specification designed to meet a range of outcomes, and will consider the

implementation of the specification between NHS England, national partners, regional commissioners, prison governors and healthcare providers.

3.2.7 Smoke free prisons

There has been a long standing commitment from successive Governments to implement smoke free prisons “in a safe and controlled way”. Alongside this commitment, concerns regarding exposure to second hand smoke featured in two judicial reviews brought by prisoners and trade union concern from the Prison Officers Association. Air quality monitoring (2015) in 10 sites showed significant risk of exposure to second hand smoke at higher levels than World Health Organisation guidance.

The implementation of Smoke Free Prisons began in September 2015, when a number of early adopter sites were announced. Prisons in Wales have already moved to smoke free, as have four sites in the South West of England. The next tranche of 12 Prisons are preparing to go smoke free from October 2016 to March 2017.

Implementation involves reviewing and optimising pre-existing smoking cessation services, extension of voluntary smoke free wings, brief interventions, nicotine replacement therapy (including self-purchase e-cigarettes), individual and group counselling, pharmacotherapy, self-help materials, mass media and communications, and the commissioning of additional provision to enhance pre-existing smoking cessation services.

3.2.8 Sexual Assault Referral Centres (SARCs)

Over the last 12 months, NHS England has continued to commission both paediatric and adult SARCs with partners, including Police and Crime Commissioners. NHS England’s investment in SARCs has increased this year which has allowed further procurement of services, including the successful procurement of a region-wide service for the West Midlands. For those survivors who do not wish to attend a SARC following an assault, we have been engaging with clinical commissioning groups to improve services for these individuals. SARCs remain an important commissioning intention as we seek to build these services and improve pathways for survivors into community services.

4 NHS England's priorities

4.1 Strategic context

NHS England has set out its strategic objectives for the commissioning of health care services in justice settings in its five year plan, *Strategic direction for health services in the justice system: 2016-2020: care not custody; care in custody; care after custody.* Each of our commissioning intentions aligns to one or more of the seven priority areas set out in the *Strategic Direction 2016-2020.* These priority areas are:

1. A drive to improve the health of the most vulnerable and reduce health inequalities;
2. A radical upgrade in early intervention;
3. A decisive shift towards person-centred care that provides the right treatment and support;
4. Strengthening the voice and involvement of those with lived experience;
5. Supporting rehabilitation and the move to a pathway of recovery;
6. Ensuring continuity of care, on reception and post release, by bridging the divide between healthcare services provided in justice, detained and community settings;
7. Greater integration of services driven by better partnerships. Collaboration and delivery.

4.2 Health and Justice Strategic Commissioning Intentions 2017/18

Our 2017/18 commissioning intentions build upon the progress made over the last three years. The emphasis is on addressing the strategic challenges faced by the NHS in delivering improved outcomes for patients in justice settings. For 2017/18, our commissioning intentions are:

1. Commission services in all programme areas which meet the national **patient and quality safety standards.**

2. Commission services to meet the **Intercollegiate Healthcare Standards for Children and Young People** (CYPSS) across the Children and Young People's Secure Estate (CYPSE) and support the work of the **children and young people mental health transformation programme**.

3. Continue to support NHS England's ambition to **reduce the incidence of suicide** as set out in the Mental Health Five Year Forward View, through the ongoing implementation of the agreed recommendations for healthcare from the Harris Review and Prison and Probation Ombudsmen investigations into **deaths in custody.**

4. To improve the **quality assurance** of health care services commissioned across the secure and detained estate.

5. **Engage and involve patients,** families and the public in the planning, commissioning and delivery of healthcare services within the secure and detained estate.

6. Delivering specific pathways within prisons and detained settings to **support stepped care approaches in meeting mental health needs.** We will develop mental health treatment pathways between establishments and into the community and ensure mental health hospital transfers are timely and appropriately managed.

7. We will seek to implement **specialist dementia care services** across appropriate prison settings.

8. Reduce health inequalities by improving delivery and uptake of **national screening and immunisation** programmes.

9. Further develop NHS England's public health section 7a commissioning responsibilities by ensuring the delivery of the phased roll-out of **smoke-free** prisons in England by improving and enhancing the delivery, uptake and effectiveness of smoking cessation programmes.

10. Implementation of our new service specification for **adult substance misuse services** to support and drive improvement and continue to make effective links and care pathways with community provision with a focus on recovery (including new psychoactive substances, alcohol and dual-diagnosis and incorporating stop smoking services).

11. Commission **sexual assault services** in-line with specification 30 of the delegated public health responsibilities ensuring appropriate and qualitative adult and paediatric services and supporting pathways into community based support services.

12. **Liaison and Diversion** services will be further rolled out on an incremental basis across England providing enhanced coverage across courts and police custody suites for individuals in the criminal justice system and supporting their engagement with services for their treatment and contribute to their rehabilitation.

13. Further establish **pathways for those moving through the custodial or detained estate** to better support and manage integrated care, the national "through the gate" programme and CYP transitions agenda. Continue to

establish these pathways during the ongoing reconfiguration of the male and female estate.

14. Embed phase 1 of the **Health and Justice Information System** and complete the phased roll-out during 2017/18.

15. Continue to improve the quality of data and reporting of the **Health and Justice Indicators of Performance,** further extend the dataset to support key strategic programmes. Embed the new performance dashboard for individual establishments to improve transparency and commissioning.

16. Support for the **justice reform agenda** which constitutes reforms to the adult prison estate, children and young people's secure settings, the courts and sentencing guidelines. We will support the development of **local co-production and commissioning arrangements** with prison governors and ensure a focus on reducing health inequalities, strengthening rehabilitation and supporting the contribution healthcare services can make to the reduction of reoffending.

4.3 Service developments

NHS England has a prioritisation framework to guide the work of its direct commissioning functions and a clinical reference group (CRG), which enables decisions to be made regarding investment and if necessary dis-investment in services to best meet healthcare need within available resources. These proposals are assessed by the Health and Justice CRG which advises NHS England on all health commissioned services in secure and detained settings.

Investment in new services and interventions will be prioritised using the prioritisation framework to ensure that the range of services and interventions are optimised to best meet the needs of patients within available resources.

Service developments with a financial impact for existing providers of a given service will only be approved where they were initiated with NHS England's formal agreement. They will need to demonstrate measurable outcome and value improvements and will need to be agreed as part of the national prioritisation process and where resources have been released from elsewhere within an achievable balanced national financial plan. W here development or changes to the clinical eligibility policy for a treatment would warrant new provider entry or revisiting the assessment of existing providers as the most capable to provide a significantly changed service, this will be managed through the service and commissioning review process with existing and potential providers considered for procurement.

For the avoidance of doubt, the regional commissioning teams are unable to give support to cost increasing business case proposals outside of the national process.

Providers should not initiate service changes or developments without prior commissioner approval.

4.4 National Enabling Actions – 2017/18

The following actions support our commissioning intentions and assist in their delivery.

A	We intend to deliver a model for health care services across the secure and detained estate for adults and CYP that promotes sustainability, quality, improved patient outcomes and better value
B	Through our contracting and procurement processes, we will continue to develop the provider market across the secure and detained estate for adults and CYP to ensure our patient groups are receiving sustainable, high quality integrated services.
C	Develop the **workforce model** for health services across the secure and detained estate for adults and CYP.
D	Through partnership agreements with Government departments and agencies, and healthcare, we will promote integrated services across health and social care in all of our programme areas and areas of commissioning responsibility.

5 Our approach to contracting

5.1 Practical arrangements

NHS England expects providers to produce sufficient data and information to allow all invoices to be validated. This includes full transparency of pricing both of providers and also sub-contractors, whose terms and conditions inform pass-through payments. This information needs to be clearly set out in the local pricing schedules.

5.1.1 The NHS Standard Contract

Where a single provider provides both primary medical care and non-primary care services commissioned by NHS England, there is now an option available to use a single hybrid form of contract which will cover both of these. This is an NHS Standard Contract with an additional schedule (Schedule 2L) of provisions relating to primary medical care. (Further detail is available via https://www.england.nhs.uk/nhs-standard-contract/.)

However, where a single provider provides primary care other than primary medical care, alongside non- primary care services commissioned by NHS England, there will still need to be separate commissioning contracts, in the appropriate form, for the different strands of service.

5.1.2 Single Provider Contract

The intention for 2017/18 is that NHS England should normally only hold (or be party to) one NHS Standard Contract with any provider, which includes the five areas of direct commissioning with contract schedules.

Providers will be expected to agree and obtain written approval in advance from the commissioner to enter into any **material sub-contracts**. Existing sub-contract arrangements should be jointly reviewed and documented within the 2017/19 contract.

5.1.3 eContract

The eContract system will continue to be available for 2017/18 as a convenient method for commissioners to produce tailored contract documentation.

5.1.4 Procurement

NHS England will advertise intended contract awards and any market testing or procurement through the Government 'Contracts Finder' website.

In line with the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013, and guidance issued by Monitor entitled 'Substantive guidance on the Procurement, Patient Choice and Competition Regulations', NHS England is committed to ensuring that when it procures health

care services it satisfies the procurement objectives laid down in the regulations, namely to act with a view to: securing the needs of the people who use the services; improving the quality of the services; and improving the efficiency in the provision of services. An integral element of this is ensuring the existence of an improved process to support the timely access of those patients with mental health needs requiring a transfer from prison to secure hospital settings.

5.2 Prior Approvals and Individual Funding Requests

There are a number of clinical commissioning policies that are subject to prior approval. These include the assisted conception policy and a number of policies for procedures that may be considered to be cosmetic. Treatments that have not secured prior approval will not be funded.
www.england.nhs.uk/commissioning/policies/ssp/

Arrangements for Individual Funding Requests (IFRs) will continue in 2017/18. Further details on IFRs, including the application form, are available at:
www.england.nhs.uk/wp-content/uploads/2013/04/cp-03.pdf

5.3. CQUIN

Due to the APEX/APMS contracts we use within the secure and detained estate CQUINs are not routinely being incorporated into contracts, although this is not a consistent approach across Health and Justice commissioned services. Where CQUINs are not included in the contracts there is an expectation that commissioners encourage innovation and service development.

5.4 Quality, Innovation, Productivity and Prevention (QIPP)

The majority of our providers have their own QIPP groups that bring together skilled teams across each pathway to improve health outcomes. In many cases QIPP proposals are discussed with provider clinical teams as they are in the best position to identify local opportunities and should add to the portfolio of planned change, to ensure that the volume growth and efficiency of pathways and episodes of care are addressed in plans.

6 Key contacts

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Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adults and Health)

Date: 5 September 2017

Subject: Work Schedule – September 2017

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

1 Purpose of this report

1.1 The purpose of this report is to consider the Scrutiny Board's work schedule for the remainder of the current municipal year (2017/18).

2 Main issues

2.1 During discussions at the Board's initial meeting in June 2017, the Scrutiny Board discussed a range of matters for possible inclusion within the overall work schedule for 2017/18. The areas discussed included the following matters:

- Partnership working, including development of Leeds' health and care plan and associated cost implications.
- Quality of care affecting all service users, especially focused on social care providers judged as 'requiring improvement'.
- The types of support offered as part of the transforming care agenda – i.e. around the repatriation of patients subject to long-term hospital placements.
- A potential review of care arrangements for offenders in prison.
- GP provision across the city.
- Support available to working age adults.
- Transition from hospital to home (hospital discharge), developing links with housing (specifically in relation to adaptations) and work across localities.
- The development of digital technology to support patient care needs.
- The role of public health, particularly in relation to health inequalities.
- Mental health provision with a particular focus on transition from children to adults.
- NHS performance and workforce issues.

- Progress of the 'One Voice' project
- The role of third sector in the delivery of health and social care services, including but not restricted to the neighbourhood networks, and associated funding arrangements.
- Maintaining an overview of proposed service changes.

2.2 The Board previously acknowledged that, due to the resources directly available to support the Board's work, there would be limitations on the work schedule; and that the Scrutiny Board would need to prioritise its main areas of focus for 2017/18.

2.3 In July 2017, details in the following table were subsequently proposed and agreed as particular priorities for the remained of the current municipal year 2017/18.

Topic / work area	Scope
Quality of Care Services in Leeds	• Quarterly updates on published CQC inspection reports/ outcomes • Leeds Quality Account • Leeds Better Lives Strategy – strategy update and implementation/ progress of previous phases • Re-commissioning of the Residential and Nursing Care Services Contract – overview of progress and outcomes • Leeds Shared Lives service • Hospital discharges
Health and Care Needs of Offenders	• Leeds City Council's care obligations in relation to offenders. • Current commissioning and delivery arrangements of offender health services, particularly focusing on HMP Leeds. • Specific health issues identified by Independent Monitoring Boards. • Outcome of Healthwatch Leeds' work around offender's experience of health and care services.
Leeds Health and Care Plan	• Maintaining an overview on the development of Leeds Health and Care Plan, including any specific service change proposals that result. • Having due regard of activity and any proposals being developed on a wider, West Yorkshire and Harrogate footprint.

Topic / work area	Scope
Current provision of GP services and the future vision	• Current delivery of Primary Care (GP) services across the City. • Current challenges and how these will be addressed in the short and longer-term (specific focus around the South East of the City). • Future vision and system integration proposals. • Patients and public involvement and engagement. • Potential role and implications for the Third Sector.
Health Service Developments Working Group	• Proposed NHS services changes and/or developments. • Quarterly NHS provider updates. • NHS key performance reports. • Adults and Health 2017/18 budget and performance reports.

2.4 These details are reflected in the outline work schedule presented at Appendix 1 for consideration by the Scrutiny Board.

2.5 In order to consider and address matters as they arise during the course of the year, it is important to retain flexibility within the scope of the Board's work and to therefore recognise the work schedule presented may be subject to change. As such, the work schedule should be considered to be indicative rather than precisely definitive.

2.6 In order to deliver the work schedule, the Board has needed to take a flexible approach and undertaken some activities outside the formal schedule of meetings – such as working groups and site visits, where this is deemed appropriate. This flexible approach may also require additional formal meetings of the Scrutiny Board.

3. Recommendations

3.1 Members are asked to consider and agree/ amend the proposals identified in this report and the overall work schedule presented at Appendix 1.

4. Background papers[1]

4.1 None used

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

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APPENDIX 1

SCRUTINY BOARD (ADULTS AND HEALTH)

2017/18 WORK SCHEDULE

Title	Type of Item	Notes	Jun-17	Jul-17	Sep-17	Oct-17
Men's Health	*Scrutiny Inquiry*	Summary of outcomes from 2016/17.			Position statement / summary (TBC)	
Quality of Health & Social Care in Leeds	*Scrutiny Inquiry*	Quarterly report on CQC outcomes for social care regulated services in 2017/18. Reports on health regulated services.			ASC Report: CQC Inspection Outcomes	Leeds CCG Partnership Report: CQC Inspection Outcomes
		Other aspects / update report to include Better Lives Strategy overall; updates on implementation of previous phases; Leeds Quality Account; Re-commissioining of independent sector care homes; Shared Lives service		ASC Report: (1) Outcomes / next steps from the sustainable quality event held in April 2017	ASC Reports: (1) Better Lives Strategy - refresh	ASC Reports: (1) Leeds Quality Account (2) Better Lives Strategy - implementation of previous phases
Health and Social Care Needs of Offenders	*Scrutiny Inquiry*	Scope to be fully determined, but likely to include: (1) LCC's care obligations and implications (2) Current commissioning & delivery arrangements of offender health services (focus on HMP Leeds) (3) Health issues identied in IMB report (21 June 2017) (4) Outcome of HWL work around health and care service experience			Scoping / background report providing: (1) summary of LCC social care responsibilities; how these are currently discharged; and any issues for the future (2) Details of IMB report	Further report presenting (1) Summary of current health service commissioning/ provision arrangements (2) Key performance data (3) Update on scope of HWL activity
Current provision of GP services and the future vision	*Scrutiny Inquiry*	To include: (1) current delivery of GP services across the city, with specific focus on South East Leeds challenges and proposed action (2) System integration / vision for the future (3) public / patient involvement and engagement (4) role/ implications for the Third Sector				Leeds CCG Partnerships reports: Current delivery of GP services across the city, with specific focus on South East Leeds challenges and proposed action in the short term
Leeds Health and Care Plan	*Policy Review*	Further consideration of the Leeds Health and Care Plan. Proposals and engagement.			Health Partnerships Report: Leeds Health and Care Plan - details agreed by Executive Board on 17 July 2017	

APPENDIX 1

SCRUTINY BOARD (ADULTS AND HEALTH)

2017/18 WORK SCHEDULE

Title	Type of Item	Notes	Jun-17	Jul-17	Sep-17	Oct-17
Budget scrutiny		Budget monitoring forms part of the extended remit of the Health Service Developments Working Group.				
Other matters	*Various*	Various issues, including (1) One Voice Project (2) Renal Patient Transport (3) Children's Epilepsy Surgery Services (4) Blood Donor Centre in Seacroft (5) Community Dental Services	Leeds CCG Partnership report: Consultation on proposed changes to prescribing guidance (service change)	Public Health report: Health inequalities	Leeds CCG Partnerships report: One Voice Project Update	
HEALTH SERVICE DEVELOPMENTS WORKING GROUP	*Various*	HSDWG arrangements for 2017/18 confirmed in July. Includes an expanded remit beyond proposed service changes.			***Meeting date: 29 Septmeber 2017***	***Meeting date: 4 October 2017***
	Service change	An opportuntity to identify and discuss any proposed service changes and/or developments			Leeds CCG Partnerships report: Proposed closure of Green Road branch surgery in Meanwood	
					LCH: Community Dental Services	
NHS provider updates	*Performance Review*	Provider updates to include progress against CQC actions, key performance measures, quality account actions and specific matters identied by the Scrutiny Board. Also to include some CCG assurance. Consider inviting updates from Leeds' hospices at future working group meetings.			Details provided by LTHT, LCH, LYPFT and Leeds CCG Partnership	
ASC & PH Performance Monitoring	*Performance Review*	Performance information in relation to ASC and PH.			ASC & PH performance report	
ASC & PH Budget Monitoring	*Performance Review*	Focus on impact of budget decisions on patients / service users			ASC & PH 2017/18 budget monitoring report	

APPENDIX 1

SCRUTINY BOARD (ADULTS AND HEALTH)

2017/18 WORK SCHEDULE

Title	Type of Item	Notes	Jun-17	Jul-17	Sep-17	Oct-17
OTHER MATTERS / WORKING GROUPS / VISITS	*Briefings*	To be identifed as and when required.			Joint session with HWL to discuss Annual Report / future work areas in more detail (Timing TBC)	

APPENDIX 1

SCRUTINY BOARD (ADULTS AND HEALTH)

2017/18 WORK SCHEDULE

Title	Type of Item	Notes	Nov-17	Dec-17	Jan-18	Feb-18
Men's Health	*Scrutiny Inquiry*	Summary of outcomes from 2016/17.				
Quality of Health & Social Care in Leeds	*Scrutiny Inquiry*	Quarterly report on CQC outcomes for social care regulated services in 2017/18. Reports on health regulated services.	LCH Report: Jan 2017 CQC inspection outcome (timing subject to confirmation)	ASC Report: CQC Inspection Outcomes		Leeds CCG Partnership Report: CQC Inspection Outcomes
		Other aspects / update report to include Better Lives Strategy overall; updates on implementation of previous phases; Leeds Quality Account; Re-commissioining of independent sector care homes; Shared Lives service	ASC Report: (1) Progress update on re-commissioning of independent sector care homes	ASC Report: (1) Shared lives service	Health Partnerships Report: (1) Hospital discharges in Leeds	
Health and Social Care Needs of Offenders	*Scrutiny Inquiry*	Scope to be fully determined, but likely to include: (1) LCC's care obligations and implications (2) Current commissioning & delivery arrangements of offender health services (focus on HMP Leeds) (3) Health issues identied in IMB report (21 June 2017) (4) Outcome of HWL work around health and care service experience	To be confirmed	To be confirmed	To be confirmed	Draft Scrutiny Board report/ statement (if required)
Current provision of GP services and the future vision	*Scrutiny Inquiry*	To include: (1) current delivery of GP services across the city, with specific focus on South East Leeds challenges and proposed action (2) System integration / vision for the future (3) public / patient involvement and engagement (4) role/ implications for the Third Sector	Leeds CCG Partnerships reports: System Integration	Leeds CCG Partnerships reports: Public and patient involvement and engagement across the City	Leeds CCG Partnerships reports: Role and implications for the Third Sector	
Leeds Health and Care Plan	*Policy Review*	Further consideration of the Leeds Health and Care Plan. Proposals and engagement.	Health Partnerships Report: Update report & consultation analysis			

APPENDIX 1

SCRUTINY BOARD (ADULTS AND HEALTH)

2017/18 WORK SCHEDULE

Title	Type of Item	Notes	Nov-17	Dec-17	Jan-18	Feb-18
Budget scrutiny		Budget monitoring forms part of the extended remit of the Health Service Developments Working Group.		ASC & PH report: Initial 2018/19 budget proposals	Draft response to 2018/19 budget proposals	
Other matters	*Various*	Various issues, including (1) One Voice Project (2) Renal Patient Transport (3) Children's Epilepsy Surgery Services (4) Blood Donor Centre in Seacroft (5) Community Dental Services	Health Partnerships Report: (1) Health and Social Care Academic Partnership	NHS England Report: Childen's Epilepsy Surgery Services update	NHS Blood and Transplant Report: Update on impact of the closure of the Blood Donor Centre in Seacroft	
			Leeds CCG Partnerships report: Renal Patient Transport Update	ASC Report (1) Leeds Safeguarding Adults Board - Annual Report		
HEALTH SERVICE DEVELOPMENTS WORKING GROUP	*Various*	HSDWG arrangements for 2017/18 confirmed in July. Includes an expanded remit beyond proposed service changes.			***Meeting date: 5 January 2018***	
	Service change	An opportuntity to identify and discuss any proposed service changes and/or developments				
NHS provider updates	*Performance Review*	Provider updates to include progress against CQC actions, key performance measures, quality account actions and specific matters identied by the Scrutiny Board. Also to include some CCG assurance. Consider inviting updates from Leeds' hospices at future working group meetings.			Details provided by LTHT, LCH, LYPFT and Leeds CCG Partnership	
ASC & PH Performance Monitoring	*Performance Review*	Performance information in relation to ASC and PH.			ASC & PH performance report	
ASC & PH Budget Monitoring	*Performance Review*	Focus on impact of budget decisions on patients / service users			ASC & PH 2017/18 budget monitoring report	

APPENDIX 1

SCRUTINY BOARD (ADULTS AND HEALTH)

2017/18 WORK SCHEDULE

Title	Type of Item	Notes	Nov-17	Dec-17	Jan-18	Feb-18
OTHER MATTERS / WORKING GROUPS / VISITS	*Briefings*	To be identifed as and when required.		Joint work with HWL - Quality account (TBC)		

APPENDIX 1

SCRUTINY BOARD (ADULTS AND HEALTH)

2017/18 WORK SCHEDULE

Title	Type of Item	Notes	Mar-18	Apr-18
Men's Health	*Scrutiny Inquiry*	Summary of outcomes from 2016/17.		
Quality of Health & Social Care in Leeds	*Scrutiny Inquiry*	Quarterly report on CQC outcomes for social care regulated services in 2017/18. Reports on health regulated services.	ASC Report: CQC Inspection Outcomes	
		Other aspects / update report to include Better Lives Strategy overall; updates on implementation of previous phases; Leeds Quality Account; Re-commissioining of independent sector care homes; Shared Lives service	Draft Scrutiny Board report/ statement (if required)	
Health and Social Care Needs of Offenders	*Scrutiny Inquiry*	Scope to be fully determined, but likely to include: (1) LCC's care obligations and implications (2) Current commissioning & delivery arrangements of offender health services (focus on HMP Leeds) (3) Health issues identied in IMB report (21 June 2017) (4) Outcome of HWL work around health and care service experience		
Current provision of GP services and the future vision	*Scrutiny Inquiry*	To include: (1) current delivery of GP services across the city, with specific focus on South East Leeds challenges and proposed action (2) System integration / vision for the future (3) public / patient involvement and engagement (4) role/ implications for the Third Sector	Leeds CCG Partnerships reports: Delivery of GP services across the city, including challenges and proposed actions in the longer-term	Draft Scrutiny Board report/ statement (if required)
Leeds Health and Care Plan	*Policy Review*	Further consideration of the Leeds Health and Care Plan. Proposals and engagement.	Health Partnerships Report: Update report	

APPENDIX 1

SCRUTINY BOARD (ADULTS AND HEALTH)

2017/18 WORK SCHEDULE

Title	Type of Item	Notes	Mar-18	Apr-18
Budget scrutiny		Budget monitoring forms part of the extended remit of the Health Service Developments Working Group.		
Other matters	*Various*	Various issues, including (1) One Voice Project (2) Renal Patient Transport (3) Children's Epilepsy Surgery Services (4) Blood Donor Centre in Seacroft (5) Community Dental Services		
HEALTH SERVICE DEVELOPMENTS WORKING GROUP	*Various*	HSDWG arrangements for 2017/18 confirmed in July. Includes an expanded remit beyond proposed service changes.		***Meeting date: 6 April 2018***
	Service change	An opportuntity to identify and discuss any proposed service changes and/or developments		
NHS provider updates	*Performance Review*	Provider updates to include progress against CQC actions, key performance measures, quality account actions and specific matters identied by the Scrutiny Board. Also to include some CCG assurance. Consider inviting updates from Leeds' hospices at future working group meetings.		Details provided by LTHT, LCH, LYPFT and Leeds CCG Partnership
ASC & PH Performance Monitoring	*Performance Review*	Performance information in relation to ASC and PH.		ASC & PH performance report
ASC & PH Budget Monitoring	*Performance Review*	Focus on impact of budget decisions on patients / service users		ASC & PH 2017/18 budget monitoring report

APPENDIX 1

SCRUTINY BOARD (ADULTS AND HEALTH)

2017/18 WORK SCHEDULE

Title	Type of Item	Notes	Mar-18	Apr-18
OTHER MATTERS / WORKING GROUPS / VISITS	*Briefings*	To be identifed as and when required.		Joint work with HWL - Quality account (TBC)

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