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## SCRUTINY BOARD (ADULTS AND HEALTH)

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Meeting to be held in Civic Hall, Leeds, LS1 1UR on  
Tuesday, 14th November, 2017 at 1.00 pm

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*(A pre-meeting will take place for ALL Members of the Board at 12:30pm)*

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### 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	-	Guiselley 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

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

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

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# A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).</p>	
2			<p><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. To consider whether or not to accept the officers recommendation in respect of the above information.</li> <li>3. If so, to formally pass the following resolution:-</li> </ol> <p><b>RESOLVED</b> – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:</p> <p><b>No exempt items have been identified.</b></p>	

3		<p><b>LATE ITEMS</b></p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4		<p><b>DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS</b></p> <p>To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.</p>	
5		<p><b>APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES</b></p> <p>To receive any apologies for absence and notification of substitutes.</p>	
6		<p><b>MINUTES - 10 OCTOBER 2017</b></p> <p>To approve as a correct record the draft minutes of the Scrutiny Board (Adults and Health) meeting held on 10 October 2017.</p>	1 - 8
7		<p><b>EXECUTIVE BOARD MINUTES - 18 OCTOBER 2017</b></p> <p>To consider the draft minutes from the Executive Board meeting held on 18 October 2017, as they relate to the remit of the Scrutiny Board.</p>	9 - 20
8		<p><b>HEALTH AND WELLBEING BOARD MINUTES - 28 SEPTEMBER 2017</b></p> <p>To consider the draft minutes of the Health and Wellbeing Board meeting held on 28 September 2017.</p>	21 - 30

9		<b>LEEDS SAFEGUARDING ADULTS BOARD 2016/17 ANNUAL REPORT AND STRATEGIC PLAN 2016-2019</b>	31 - 190
		<p>To consider a report from the Head of Governance and Scrutiny Support that introduces the Leeds Safeguarding Adults Board 2016/17 Annual Report and Strategic Plan 2016-2019, presented to the Executive Board at its meeting on 18 October 2017.</p>	
10		<b>LEEDS HEALTH AND CARE PLAN, CONVERSATIONS WITH CITIZENS</b>	191 - 202
		<p>To consider a report from the Chief Officer (Health Partnerships) that provides an overview of the progress made in shaping the Leeds Health and Care Plan and presents proposals to progress a conversation with the public.</p>	
11		<b>ONE CITY CARE HOME QUALITY AND SUSTAINABILITY PROJECT UPDATE</b>	203 - 206
		<p>To consider a report from the Director of Adults and Health that presents a progress update against the priority areas that form the One City Care Home Quality and Sustainability Project.</p>	
12		<b>LEEDS HEALTH AND CARE SYSTEM INTEGRATION PROGRAMME</b>	207 - 214
		<p>To consider a report from the Head of Governance and Scrutiny Support that introduces a paper from Leeds Clinical Commissioning Group (CCG) Partnership; setting out details of the System Integration work, which is a core component developed by the Leeds Health and Care system to help deliver the ambitions of the Leeds Health and Care Plan.</p>	
13		<b>REQUEST FOR SCRUTINY: COMMUNITY DENTAL SERVICES AND SEACROFT CLINIC</b>	215 - 224
		<p>To receive a report from the Head of Governance and Scrutiny Support that presents details of a request for scrutiny in relation to Community Dental Services and Seacroft Clinic.</p>	

14		<p><b>CHAIR'S UPDATE</b></p> <p>To consider a report from the Head of Governance and Scrutiny Support that provides an opportunity for the Scrutiny Board to receive an update from the Chair on scrutiny activity since the previous Board meeting, on matters not specifically included elsewhere on the agenda.</p>	225 - 226
15		<p><b>WORK SCHEDULE</b></p> <p>To consider a report from the Head of Governance and Scrutiny Support that sets out the Scrutiny Board's proposed work schedule for the remainder of the current municipal year (2017/18).</p>	227 - 238
16		<p><b>DATE AND TIME OF NEXT MEETING</b></p> <p>Tuesday, 19 December 2017 at 1:30pm (pre-meeting for all Scrutiny Board members at 1:00pm).</p> <p><b>THIRD PARTY RECORDING</b></p> <p>Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda.</p> <p>Use of Recordings by Third Parties – code of practice</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	

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## SCRUTINY BOARD (ADULTS AND HEALTH)

**TUESDAY, 10TH OCTOBER, 2017**

**PRESENT:** Councillor H Hayden in the Chair

Councillors C Anderson, J Chapman,  
B Flynn, A Hussain, J Jarosz, G Latty,  
C Macniven, P Truswell and S Varley

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

### **38 Late Items**

The following late information was submitted to the Board:

- Agenda item 9 – Adults and Health Regulated Services Quality Account – CQC press statement: State of Care Services report.

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

### **39 Declaration of Disclosable Pecuniary Interests**

There were no disclosable pecuniary interests declared to the meeting.

### **40 Apologies for Absence and Notification of Substitutes**

Apologies for absence were submitted by Councillors J Pryor and D Ragan.

### **41 Minutes - 5 September 2017**

**RESOLVED** – That the minutes of the meeting held on 5 September 2017 be approved as a correct record.

### **42 Matters arising from the minutes**

#### **Minute No. 36 – Work Schedule – September 2017**

In relation to the Board's recommendation regarding contributions from the CCG partnership to the future commissioning Neighbourhood Networks, it was noted that a briefing note had been provided to Board Members which advised that due to the separate funding arrangements for 'running costs' and 'programme (commissioning) activity' the CCG partnership would not be in a position to pursue the previous recommendation of the Scrutiny Board.

While accepting the additional information on funding arrangements and the impact this had on the Board's previous recommendation, the Board acknowledged that the Council remained in discussion with the CCG Partnership regarding the funding of Neighbourhood Networks.

Draft minutes to be approved at the meeting  
to be held on Tuesday, 14th November, 2017

The Board noted that as part of this partnership approach to commissioning, funding for Neighbourhood Networks, alongside a range of other third sector funding/ activity, formed part of a 'long list' of funding options/business cases that the CCG Partnership would be considering over the next few months.

The Board expressed its desire to ensure that Neighbourhood Networks were adequately funded to reflect the full range of activity undertaken, with financial contributions from all appropriate partners.

The Board also agreed to invite the CCG Partnership to share details of its long list of funding options/ business cases, to allow the Scrutiny Board an opportunity to consider and comment on outline priorities and help inform CCG Partnership longer-term funding decisions.

#### **43 Executive Board minutes - 20 September 2017**

**RESOLVED** – That the minutes of the Executive Board meeting held on 20 September 2017, be noted.

#### **44 Chair's Update**

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

The key points were:

- An update on working group meetings held on 29 September 2017 and 5 October 2017. It was advised that the next round of working group meetings were planned for January 2018.
- Attendance at Leeds Teaching Hospital Trust (LTHT) AGM on 27 September 2017.
- Involvement with issues associated with the West Yorkshire and Harrogate STP and work of the Joint Health Overview and Scrutiny Committee (West Yorkshire).
- An update on NHS England's consultation on Gender Identity Services, and the approach taken to increase awareness and encourage contributions to the consultation. The Board was reminded that the consultation closed on 16 October 2017.

The Board welcomed the update and expressed its satisfaction with the Chair's approach for dealing with NHS England's consultation on Gender Identity Services.

**RESOLVED** – That the Chair's update be noted.



## **45 Adults and Health Regulated Services Quality Account**

The Head of Governance and Scrutiny Support submitted a report which presented the Adults and Health Regulated Services Quality Account for Leeds, considered by Executive Board at its meeting on 20 September 2017.

The following were in attendance:

- Councillor Rebecca Charwood (Executive Member for Health, Wellbeing and Adults)
- Mick Ward (Interim Deputy Director, Integrated Commissioning – Adults and Health).

The key areas of discussion were:

Members also welcomed (to her first meeting of the Scrutiny Board) Caroline Baria – the recently appointed Deputy Director Integrated Commissioning, Adults and Health.

The Executive Board member and Interim Deputy Director introduced the report and highlighted a number of matters, including:

- Improvement in the proportion (53%) of older people's independent care home providers rated as 'good'.
- Concern regarding the proportion (41%) of older people's nursing care providers rated as 'good'.
- 81% of care homes for working aged adults rated as 'good'.
- Mainly positive feedback (and improvements) identified through the domiciliary care survey undertaken by HealthWatch Leeds.

The Scrutiny Board considered the information presented and discussed a number of areas, including:

- The relative performance of Leeds services rated as 'good' when compared to other local authority areas.
- Areas for improvement in people's experience of care, as evidenced by the survey work undertaken by HealthWatch Leeds.
- Concern that 50% (approx.) of care home providers for older people had failed to improve at the point of re-inspection.
- Concern around the overall ratings of those domiciliary care providers contracted to the Council.
- The complexities around ensuring consistency of high quality care.
- The responsibilities of local authorities to support private sector care providers.
- The number of domiciliary care providers delivering services to 'self-funders' and therefore not reflected in the report.

**RESOLVED** – That the contents of the report and appendices be noted.

## **46 Better Lives Strategy - Phase 3 Implementation**

The Head of Governance and Scrutiny Support submitted a report which introduced an update on the implementation of Phase 3 of the Better Lives Strategy, as presented to the Executive Board on 20 September 2017.

The following were in attendance:

- Councillor Rebecca Charlwood (Executive Member for Health, Wellbeing and Adults)
- Mick Ward (Interim Deputy Director, Integrated Commissioning – Adults and Health).

The Executive Board member and Interim Deputy Director introduced the report and provided a summary of the main issues.

The Scrutiny Board considered the information presented and discussed a number of areas, including:

- Confirmation that the outstanding issues identified in the report had been addressed / resolved.
- The reassurance around mortality levels during the period of decommissioning.
- Acknowledgement that the decommissioning of care homes and day centres had been achieved without any compulsory redundancies; and the positive staff response.
- The planned development and implementation of an intermediate care facility in November 2017 – including recruitment of staff.
- The impact / implications of the Council's 'Early Leavers Initiative' scheme and the current recruitment process (identified above).

**RESOLVED** – That the Board notes the update on the implementation of Phase 3 of the Better Lives Strategy, as presented to the Executive Board on 20 September 2017.

## **47 Delivery of Primary Care (GP) Services in Leeds**

The Head of Governance and Scrutiny Support submitted a report which introduced an update from Leeds CCG Partnerships on the current delivery of primary care (GP) services across the City.

The following were in attendance:

- Kirsty Turner – Associate Director (Primary Care), Leeds Clinical Commissioning Groups Partnership
- Gaynor Connor – Associate Director (Primary Care and New Models of Care), Leeds Clinical Commissioning Groups Partnership.

The Board received a short PowerPoint presentation on the 'NHS England GP Forward View'.

Draft minutes to be approved at the meeting  
to be held on Tuesday, 14th November, 2017

Highlighted that the combined objective of the various workstreams was to ensure resilient and sustainable primary care (GP) services across Leeds, the Associate Directors introduced the report, which included the following details:

- A range of information on the current position / delivery of primary care (GP) services in Leeds.
- Workforce matters.
- GP Access.
- Estate developments.

The report also provided a summary of CQC inspection outcomes.

The Scrutiny Board considered the information presented and discussed a number of areas, including:

- The potential impact on the patient populations of 'smaller' GP surgeries that may be at greater risk of closure.
- The need for more detailed metrics / demographic information around current GP provision and the overall workforce profile across Leeds.
- Development of digital initiatives and associated training / skills enhancement for GPs and allied professionals.
- The implications associated with an increased emphasis on 'self-care'.
- Issues associated with the recruitment and retention of GPs, including flexible working, different employment models and employment practice.
- Concern that workforce and extended access targets may be overly ambitious.

During the discussion it was suggested that the Scrutiny Board should also seek the input from representatives of the Local Medical Committee (LMC) and Local Pharmaceutical Committee (LPC) in order to obtain additional perspectives on the issues outlined in the report and discussed at the meeting.

#### **RESOLVED –**

- (a) That the information presented and discussed at the meeting be noted.
- (b) That more detailed metrics / demographic information be provided to a future meeting of the Board, that expands on the information provided around the current GP provision and the overall workforce profile across Leeds.
- (c) That suitable representatives from the Local Medical Committee (LMC) and the Local Pharmaceutical Committee (LPC) be invited to attend a future meeting of the Board to provide additional perspectives on the issues outlined in the report and discussed at the meeting.

(Councillor J Chapman left the meeting at 2.45pm during the consideration of this item.)

## **48 Closure of the Blood Donor Centre in Seacroft - update**

The Head of Governance and Scrutiny Support submitted a report which introduced the Department of Health response in relation to concerns raised by the Scrutiny Board regarding NHS Blood and Transplant's closure of the Blood Donor Centre in Seacroft.

Details of the Scrutiny Board's letter and associated enclosures together with the Department of Health response (dated 5 September) were appended to the report.

The Scrutiny Board considered the information presented and discussed a number of potential actions, including:

- Seeking confirmation from NHS Blood and Transplant on the specific improvements made to its communications with Health Overview and Scrutiny Committees about planned changes in local areas.
- Requesting details from NHS Blood and Transplant on its work and proposals to attract more blood donors from priority groups;
- Highlighting the Board's concerns regarding the general implications of the Department of Health response in relation to 'Special Health Authorities' to the relevant local Member of Parliament.
- Referring the matter and the Board's concerns to the Parliamentary Select Committee for Health.

### **RESOLVED –**

- (a) That NHS Blood and Transplant be asked to provide details of:
  - i. Proposals to attract more blood donors from priority groups.
  - ii. Improvements made to its communications processes in order to advise Health Overview and Scrutiny Committees about planned changes in local areas.
- (b) That, on behalf of the Scrutiny Board, the Chair highlights the concerns of the Board with the relevant local Member of Parliament; particularly the general implications associated with the Department of Health's comments in relation to 'Special Health Authorities'.
- (c) That the concerns identified by the Board also be referred to the Parliamentary Select Committee for Health.

## **49 Work Schedule**

The Head of Governance and Scrutiny Support submitted a report which invited Members to consider the Board's work schedule for the 2017/18 municipal year.

The Board referred to its earlier discussion around the delivery of GP services in Leeds (minute 47 refers) and agreed an additional working group meeting should be convened to consider the additional information and inputs identified at the meeting.

## **RESOLVED –**

- (a) That, subject to any routine scheduling decisions by the Chair, and the issues detailed above, the Board's outline work schedule be approved.
- (b) That a GP services working group meeting should be convened to consider the additional information and inputs identified at the meeting (minute 47 refers).

### **50 Date and Time of Next Meeting**

Tuesday, 14 November 2017 at 1.00pm (pre-meeting for all members of the Scrutiny Board at 12.30pm).

The earlier start times (from those detailed on the published agenda) were specifically noted and agreed by the Board.

(The meeting concluded at 3.45pm)

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## EXECUTIVE BOARD

WEDNESDAY, 18TH OCTOBER, 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

**73 Late Items**

Although no formal late items of business had been submitted to the Board for consideration, prior to the meeting Board Members had been provided with colour versions of the Leeds Safeguarding Adults Board 2016/17 Annual Report together with colour copies of the 'easy read' version. (Agenda Item 14, and Minute No.84 refers).

**74 Declaration of Disclosable Pecuniary Interests**

There were no Disclosable Pecuniary Interests declared at the meeting, however, in relation to the agenda item entitled, 'Leeds United Football Club's Training Ground Proposals', Councillor Blake drew the Board's attention to her position as a Trustee of the Leeds United Foundation, whilst in relation to the same item, Councillor J Lewis drew the Board's attention to the fact that he was a Leeds United season ticket holder. (Minute No. 80 refers).

**75 Minutes**

**RESOLVED** – That the minutes of the previous meeting held on 20<sup>th</sup> September 2017 be approved as a correct record.

### **ECONOMY AND CULTURE**

**76 Leeds 2023 European Capital of Culture Bid**

Further to Minute No. 35, 17<sup>th</sup> July 2017, the Director of City Development submitted a report which sought approval of the Leeds bid to become European Capital of Culture in 2023 for the purposes of submission to the Department for Digital, Culture, Media & Sport (DCMS) by the 27th October 2017. The bid document was appended to the submitted report.

As part of the introduction to the submitted report, the Board viewed a short film entitled, 'I Am A Spark', which had been produced to accompany and support the city's bid.

In presenting the report, the Chair conveyed her appreciation, on behalf of the Board, for the supportive cross-party approach which had been taken throughout the preparation of the bid, and also to the pivotal role played by the Leeds 2023 Independent Steering Group, which had recently recommended the bid document to Executive Board for approval.

Members noted the wide ranging support and positive attention that the bid had received since its recent publication; noted the commitment that the bid was being submitted on behalf of and reflected the whole city; and highlighted the range of opportunities including the positive legacy and economic benefits that being European Capital of Culture could potentially bring.

In addition, the Board's approval was sought for the Chief Officer (Culture and Sport) to make any minor amendments and clarifications to the bid document which were required, prior to the document's formal submission to the DCMS.

**RESOLVED –**

- (a) That approval be given to the Council submitting the bid for European Capital of Culture, as presented at Appendix 1 to the submitted report, for submission to the DCMS by 27th October 2017;
- (b) That the Board's thanks be expressed to the Independent Steering Group and all of the organisations and individuals in the city who have contributed over the last three years;
- (c) That for the reasons detailed within the 'Legal Implications, Access to Information and Call In' section of the submitted report, the resolutions made by the Board within this minute be exempted from the Call-in process;
- (d) That should Leeds be shortlisted to the second stage, the following be agreed:-
  - (i) It be noted that a second and final application will need to be submitted during 2018, incorporating further developments and feedback from the judging panel;
  - (ii) That the Chief Officer Culture and Sport be requested to support a recruitment process in order to appoint a Chair of Leeds Culture Trust;
  - (iii) That the Chief Officer Culture and Sport be requested to initiate a 'Readiness Board' within the Authority across the different Directorates in order to start to plan for supporting the delivery of the year.
- (e) That the Chief Officer (Culture and Sport) be provided with the necessary authority to make any minor amendments and clarifications to the bid document which were required, prior to the document's formal submission to the DCMS.

(The Council's Executive and Decision Making Procedure Rules state that a decision may be declared as being exempt from the Call In process if it is considered that any delay would seriously prejudice the Council's, or the public's interests. In line with this, the resolutions contained within this minute were exempted from the Call In process for the reasons as stated within the submitted report, namely to enable the submission of the bid by the deadline of 27<sup>th</sup> October 2017, with the implication of not exempting the decision from Call In being that the Council may not be able to submit the bid to become



European Capital of Culture 2023 within the required timescales and would therefore forgo the opportunity that this would bring to the city. In addition, it was also noted that given the competitive nature of the bidding process, it was considered that the bid could not have been submitted to an earlier scheduled Board meeting and therefore enabling it to be made available for Call In, as this could have potentially prejudiced the Council's interests, should the bid have been revealed to competitors at an earlier stage).

## **EMPLOYMENT, SKILLS AND OPPORTUNITY**

### **77 'More Jobs, Better Jobs': Progress Report**

Further to Minute No. 68, 21<sup>st</sup> September 2016, the Director of City Development submitted a report providing an update on the work which had been undertaken, together with the achievements made over the past 12 months in support of the key work streams of the 'More Jobs, Better Jobs' Breakthrough Project.

In presenting the report, the Executive Member for 'Employment, Skills and Opportunities' paid tribute to the recently deceased Professor Mike Campbell OBE for the integral role he had played in the work of the More Jobs, Better Jobs Research Partnership.

Responding to a Member's enquiry, the Board was provided with further detail on the actions which were being taken to ensure that a collaborative approach continued to be developed in order to ensure that the positive results arising from the breakthrough project were being maximised, whilst the Board also considered how the Council's role in the area of job retention and creation would continue to evolve in the future.

With regard to measuring the outputs arising from the breakthrough project and the related supporting data to illustrate performance comparative to other Core Cities and Local Authorities, Members were provided with further detail on this during the consideration of the item. However, it was acknowledged that consideration would be given as to how such data could be communicated more effectively, and what metrics could be used in the future in order to measure the progress that was being made.

**RESOLVED** – That the comments made by the Board be noted, together with the progress which has been made to date in taking forward the 'More Jobs, Better Jobs' Breakthrough Project.

## **RESOURCES AND STRATEGY**

### **78 Financial Health Monitoring 2017/18 - Month 5**

The Chief Officer Financial Services submitted a report which set out the Council's projected financial health position for 2017/18, as at month 5 of the financial year.

Responding to a Member's enquiry, the Board was provided with information regarding the proactive approach being taken to reduce employee sickness

levels in the Council, with it being undertaken that relevant officers would brief the Member in question on such matters.

Members also received clarification with regard to the current level of expenditure in respect of agency staffing.

In addition, responding to an enquiry, it was undertaken that a briefing would be provided to the Member in question regarding the budget forecast variation as detailed within the submitted report in respect of Children's Centres.

**RESOLVED** – That the projected financial health position of the authority, as at month 5 of the financial year, be noted.

**79 Hunslet Rugby League Foundation, John Charles Centre for Sport, Leeds**

The Director of City Development submitted a report which sought approval to the letting of space at the John Charles Centre for Sport to Hunslet Rugby League Football Club, on the terms which were detailed within the submitted report.

**RESOLVED** – That in supporting the principles of the arrangement outlined within the submitted report, the Director of City Development be authorised to agree new lease and licence terms which are in accordance with the Heads of Terms, as outlined within the submitted report.

**REGENERATION, TRANSPORT AND PLANNING**

**80 Leeds United Football Club's Training Ground Proposals**

The Director of City Development submitted a report informing of Leeds United Football Club's proposals to relocate their training, Leeds Community Foundation and Academy facilities closer to Elland Road, at both Fullerton Park and the former Matthew Murray High School site.

In considering the report, the Board noted the potential opportunities arising from the club's proposals; highlighted the club's long term vision; discussed the proposals regarding the Elland Road site at Fullerton Park and considered the issue of car parking provision in the area; and made reference to the implications of the proposals for the Thorp Arch Academy site. In addition, it was emphasised that effective communication between the local community, the Council and the football club would be key to the progression of any such proposals.

Concluding the discussion, it was suggested that at the appropriate time, representatives of the football club be invited to a future Executive Board meeting in order to provide an opportunity for them to address the Board and set out their vision for the club and its contribution towards local communities and also the city as a whole.

Finally, it was brought to the Board's attention that paragraph 2.12 of the submitted report should read: 'Elland Road has recently been listed as an

Asset of Community Value. Nominated by Leeds United Supporters' *Trust...*', rather than stating: 'Leeds United Supporters' *Club*' as detailed within the published report. In noting this correction, it was

**RESOLVED –**

- (a) That, in noting the correction to the submitted report as detailed above, the principle of the Council formally entering into one-to-one negotiations with Leeds United Football Club for the development of new football training facilities at Elland Road and the Matthew Murray site for use by Leeds United Football Club and Leeds United Foundation, be agreed;
- (b) That it be noted that the Director of City Development is responsible for progressing resolution (a) above.

(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)

**81 Transport for The North Regulations: Incorporation as a Sub-National Transport Body**

The Director of City Development submitted a report which sought the Board's consent on behalf of the Council, as Local Highway Authority, to the making of Regulations by the Secretary of State to establish Transport for the North (TfN) as a Sub – National Transport Body under section 102J of the Local Transport Act 2008.

**RESOLVED –**

- (a) That the Board provide formal consent under section 102J of the Local Transport Act 2008 to the making by the Secretary of State of Regulations to establish Transport for the North as a Sub-National Transport Body, whilst also giving TfN concurrent highway powers with Leeds City Council as the local highway authority;
- (b) That the resolutions made within this minute be exempted from the Call In process, for the reasons as detailed within section 4.6.1 of the 'Legal Implications, Access to Information and Call In' section of the submitted report;
- (c) That the City Solicitor be instructed to notify the Department for Transport (DfT) of the decision made in respect of resolution (a) above.

(The Council's Executive and Decision Making Procedure Rules state that a decision may be declared as being exempt from the Call In process if it is considered that any delay would seriously prejudice the Council's, or the public's interests. In line with this, the resolutions contained within this minute were exempted from the Call In process given that, as stated within the submitted report, the DfT has requested that Authorities confirm their decisions no later than the 20<sup>th</sup> October 2017. It was considered that the implication of not exempting such decisions from Call In could jeopardise the

Authority's ability to meet the deadline of 20<sup>th</sup> October 2017, which would prejudice the making of the Regulations and therefore the process for designating TfN as a statutory body. In addition, it was noted that the matter could not have been submitted to an earlier scheduled Board meeting, and therefore enabling it to be made available for Call In, as the DfT only confirmed on 21st September 2017 that the constituent Highway Authorities within those areas covered by a Combined Authority must also give their prior consent to the making of the regulations).

**82 Leeds Integrated Station Masterplan and Leeds City Region HS2 Growth Strategy**

Further to Minute No. 51, 27<sup>th</sup> July 2016, the Director of City Development submitted a report providing an update on the preparations being made for bringing HS2 to the region: including the draft HS2 Growth Strategy and the Leeds Station Integrated Masterplan principles. In addition, the submitted report also sought endorsement of the work which had been undertaken to date and for the relevant approvals for the proposed next steps, which included a public consultation exercise.

Members highlighted the significance and ambitious nature of the project, and emphasised the inextricable link between this project and the South Bank Leeds Framework Plan. In acknowledging the scale of the proposals, the Board noted the range of challenges which would be faced during the development process, with emphasis being placed upon the need for the masterplan to be flexible enough to overcome such challenges. In addition, the key importance of ensuring that Members were kept informed of the progress being made was highlighted.

A concern was raised by a Member regarding the route of HS2 in its approach to the city, and the affect that this could have on local communities, with a suggestion that a report be submitted to a future Board meeting regarding the potential environmental and economic impact that the construction of the HS2 project may have on affected communities.

In conclusion, Members highlighted the whole range of potential opportunities and economic benefits that this development would bring to the city and the wider region, with emphasis being placed upon the need for the Council to continue to be ambitious in respect of such matters, whilst also listening to the views of local communities.

**RESOLVED –**

- (a) That the draft Leeds Integrated Station Masterplan principles, as contained within section 3.1 of the submitted report be endorsed, as a basis for public consultation;
- (b) That the principles of the emerging Leeds City Region HS2 Growth Strategy and proposed next steps, as contained within sections 3.3 and 3.4 of the submitted report, be supported;

- (c) That following resolutions (a) and (b) above, the Director of City Development, in consultation with the Leader of the Council; the Executive Member for 'Regeneration, Transport and Planning'; and the Director of Resources and Housing, be requested to:
- (i) further develop the Council's input into the Leeds City Region HS2 Growth Strategy and to report back to Executive Board with a proposed final version of the Growth Strategy, with such a report to include proposed delivery, funding and implementation plans for projects involving the Council;
  - (ii) undertake consultation with central Government and city partners on the Growth Strategy proposals alongside the West Yorkshire Combined Authority ahead of a final strategy being developed;
  - (iii) continue collaboration with partners in order to bring forward the delivery of the Leeds Integrated Station Masterplan Vision; and
  - (iv) provide an update to Executive Board in 2018 on the progress made on matters contained within the submitted report.

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

### **83 South Bank Leeds Framework Plan**

Further to Minute No. 51, 27<sup>th</sup> July 2016, the Director of City Development submitted a report presenting the outcomes from the public consultation exercise on the draft South Bank Leeds Framework Plan undertaken during Autumn/Winter 2016. The submitted report outlined suggested amendments to the Plan in response to the representations received via the consultation process, and sought approval to undertake a further 6 week consultation on an amended version of the South Bank Leeds Regeneration Framework, with a view to formally adopting the framework as a Supplementary Planning Document (SPD).

Responding to a Member's enquiry, the Board was provided with assurances that the proposed process of adopting the South Bank Leeds Framework Plan as a Supplementary Planning Document would work alongside the proposals regarding the Leeds Integrated Station Masterplan and the Leeds City Region HS2 Growth Strategy.

Members highlighted the ambitious nature of the vision for the South Bank area, with specific reference being made to the plans regarding the creation of a city park.

### **RESOLVED –**

- (a) That the contents of the submitted report, which summarises the feedback from the public consultation exercise, be noted;
- (b) That the Board's agreement be given for the draft South Bank Leeds Framework Plan to be updated in order to reflect representations which have been received through the consultation exercise, as set out at paragraph 3.11.4 and 3.12.2 of the submitted report; and that support

be given to the proposal to amend the Framework Plan, in order for it to become a Supplementary Planning Document;

- (c) That following resolution (b) (above), the Chief Planning Officer be requested to undertake a six week consultation exercise on a revised draft South Bank Leeds Regeneration Framework Supplementary Planning Document;
- (d) That following the consultation period, and subject to any amendments required having regard to the representations received, approval be given for the Chief Planning Officer to adopt the SPD.

## **HEALTH, WELLBEING AND ADULTS**

### **84 Safeguarding Adults Board, Annual Report 2016/17 and Strategic Plan**

Further to Minute No. 100, 16<sup>th</sup> November 2016, the Director of Adults and Health submitted a report presenting the Leeds Safeguarding Adults Board (LSAB) Annual Report for 2016/17, and which summarised the Board's areas of focus and achievements over the past 12 months. The Strategic Plan was also included which presented the ambitions for the next three years.

The Board welcomed Richard Jones CBE, Independent Chair of the Leeds Safeguarding Adults Board to the meeting, who was in attendance in order to introduce the key points of the annual report and to highlight key priorities.

Responding to an enquiry, the Board received information on the approach being taken to further address the issue of social isolation, whilst information was also provided to the Board by the Independent Chair of the LSAB on the key challenges that the Safeguarding Board currently faced. In addition, Members also received information regarding the level of comparative data which was available in order for the Safeguarding Board to assess Leeds' performance against other Core Cities and Local Authorities.

In conclusion, the Chair, on behalf of Executive Board, thanked Richard Jones, together with all other members of the LSAB for the crucial work which they continued to undertake.

**RESOLVED** – That the contents of the Leeds Safeguarding Adults Board 2016/17 Annual Report and the Board's Strategic Plan, as presented within the submitted report and appendices, be noted.

## **CHILDREN AND FAMILIES**

### **85 Cultural Cohesion Quality Mark**

The Director of Children and Families submitted a report which introduced the Cultural Cohesion Quality Mark (CCQM) scheme, and which sought approval for Children and Families directorate to resource, manage and deliver the scheme.

Members welcomed the proposals detailed within the submitted report. However, responding to specific concerns which had been raised by a Board Member, assurances were provided regarding the aims, remit and proposed operation of the scheme.

**RESOLVED –**

- (a) That the Cultural Cohesion Quality Mark be approved, and that Leeds City Council (Children and Families directorate) be enabled to initially resource the scheme, which will include financing, hosting, managing and delivering the CCQM;
- (b) That the following be noted:
  - (i) the next steps required to implement the CCQM, as per paragraph 3.3 of the submitted report;
  - (ii) the proposed timescales of the CCQM, as per paragraph 3.3.3 of the submitted report;
  - (iii) the officer responsible for the implementation of the CCQM shall be the Chief Officer Learning Improvement, Children and Families.
- (c) That Executive Board receive annual reports regarding the CCQM's impact and effectiveness in relation to reducing inequalities and improving outcomes for Leeds citizens.

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

**86 Outcome of School Admissions Arrangements 2017**

The Director of Children and Families submitted a report which presented an overview of, and supporting statistical information regarding the outcome of the Admissions Round for 2017 entry into Reception and Year 7, whilst also providing data relating to the in-year admissions functions.

**RESOLVED –** That the following be noted:-

- The number of applications received for places in Reception and Year 7 for September 2017; and that 87% of Reception children and 85% of Year 7 children were offered a place at their first preference school;
- The number of children receiving an offer at one of their top 3 preferred schools was 95% for Reception and 95% for Year 7;
- That requests for in-year transfers continues to rise, with 7,455 children requesting new school places in Leeds schools between September 2016 and July 2017 – some being new arrivals in the city and some being requests to move within the city;
- That the officer responsible for this area of work is the Lead for the Admissions and Family Information Service.

## **COMMUNITIES**

### **87 Lettings Policy Review and Housing and Planning Act Update**

Further to Minute No. 138, 10<sup>th</sup> February 2016, the Director of Resources and Housing submitted a report setting out proposed amendments to the Council's Lettings Policy, and which also provided an update on the Housing and Planning Act in relation to the Council's Tenancy Agreement and Tenancy Strategy.

With regard to the review of the Policy, Members noted that the initial intention was for this to be co-ordinated with the Housing and Planning Act 2016, and the publication of related guidance and regulations by the Department for Communities and Local Government (DCLG). However, given that currently there were no confirmed timescales for the release of such documents, the proposal was to commence such a review, with any new regulations being taken into consideration once issued.

It was also highlighted that the lobbying of Government would continue with the aim of the Council gaining further resource and freedoms to provide greater housing provision in the city, given the significant demand which existed.

In noting the significantly lower levels of temporary accommodation placements in Leeds when compared with other Core Cities, Members paid tribute to the work undertaken by the Council's Housing Options team for the preventative approach which they took, and which continued to achieve very positive results.

### **RESOLVED –**

- (a) That the proposed amendments to the Council's Lettings Policy, as set out in sections 4.7 – 4.46 of the submitted report, to be implemented from February 2018 by the Chief Officer, Housing Management, be noted;
- (b) That the developments regarding the Tenancy Agreement review, as set out in section 5 of the submitted report be noted; and that the review of the Council's existing Introductory and Secure Tenancy Agreement be delegated to the Director of Resources and Housing, to commence from November 2017;
- (c) That the proposal set out within section 5.6 of the submitted report to extend the Council's current Tenancy Strategy to 30th September 2018 be noted, with it also being noted that a further report will be submitted to the Board by the Director of Resources and Housing in September 2018 on the implications of the Housing and Planning Act along with the proposed changes to the Tenancy Strategy.



## **ENVIRONMENT AND SUSTAINABILITY**

### **88 Potential Government Grant Bid for Lotherton Wildlife World**

Further to Minute No. 84, 19<sup>th</sup> October 2016, the Director of Communities and Environment submitted a report regarding the potential submission of a bid to the Rural Development Programme for England (RDPE) Growth Programme, which was administered via the Local Enterprise Partnership (LEP), with the aim of further developing the tourism offer at Lotherton Wildlife World.

Members paid tribute to the ongoing work of the Parks and Countryside team, with specific reference to all those who had been involved in the recent development and opening of the Leeds Arium.

#### **RESOLVED –**

- (a) That the submission of an expression of interest to the Rural Development Programme for England (RDPE) Growth Programme, be approved;
- (b) That it be noted that the Chief Officer Parks and Countryside will be responsible for the implementation of resolution (a) (above), with a submission ahead of the deadline of 31<sup>st</sup> January 2018.

**DATE OF PUBLICATION:** FRIDAY, 20<sup>TH</sup> OCTOBER 2017

**LAST DATE FOR CALL IN  
OF ELIGIBLE DECISIONS:** FRIDAY, 27<sup>TH</sup> OCTOBER 2017

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## HEALTH AND WELLBEING BOARD

THURSDAY, 28TH SEPTEMBER, 2017

**PRESENT:** Councillor R Charlwood in the Chair

Councillors S Golton, G Latty and  
L Mulherin

### **Representatives of Clinical Commissioning Groups**

Dr Jason Broch	NHS Leeds North CCG
Nigel Gray	NHS Leeds North CCG
Phil Corrigan	NHS Leeds West CCG
Dr Alistair Walling	NHS Leeds South and East CCG

### **Directors of Leeds City Council**

Sharon Yellin – Consultant in Public Health Medicine  
Cath Roff – Director of Adults and Health  
Steve Walker – Director of Children and Families

### **Representative of NHS (England)**

Moirá Dúmma - NHS England

### **Third Sector Representative**

Heather Nelson – Black Health Initiative  
Hannah Howe – Forum Central

### **Representative of Local Health Watch Organisation**

Stuart Morrison – Healthwatch Leeds

### **Representatives of NHS providers**

Philip Wood - Leeds Teaching Hospitals NHS Trust  
Thea Stein - Leeds Community Healthcare NHS Trust

## **14 Welcome and introductions**

Councillor Charlwood welcomed all present and brief introductions were made. The Chair reported the following:

Superintendent Samantha Millar had been appointed to the Board to represent West Yorkshire Police and safer communities.

St Gemma's Hospice – Councillor Charlwood led the Board in congratulating the Hospice for being the first in the UK to be officially recognised as a University teaching hospice, formalising its relationship with the University of Leeds. The Chair also noted Kerry Jackson's apologies for today's meeting and expressed her best wishes to her

Leeds Community Healthcare NHS Trust – A recent CQC inspection had rated LCH as "Good" overall with "outstanding" in caring. The Chair reported that she had written to LCH on behalf of the Health and Wellbeing Board to offer congratulations.

## **15 Appeals against refusal of inspection of documents**

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

Draft minutes to be approved at the meeting  
to be held on Thursday, 23rd November, 2017

- 16 Exempt Information - Possible Exclusion of the Press and Public**  
The agenda contained no exempt information.
- 17 Late Items**  
No formal late items of business were added to the agenda.
- 18 Declarations of Disclosable Pecuniary Interests**  
No declarations of disclosable pecuniary interests were declared.
- 19 Apologies for Absence**  
Apologies for absence were received from Ian Cameron; Sara Munro; Councillor D Coupar; Julian Hartley; Kerry Jackson; Lesley Sterling-Baxter; Tanya Matilainen; Gordon Sinclair and Samantha Millar.
- 20 Open Forum**  
No matters were raised by members of the public under the Open Forum.
- 21 Minutes**  
**RESOLVED** – The minutes of the previous meeting held 20<sup>th</sup> June 2017 were agreed as a correct record
- 22 Continuing a Conversation with Citizens: Leeds Health and Care Plan**  
The Board considered the report of the Interim Executive Lead, Leeds and Care Plan, which provided an overview of the progress made in shaping the Health and Care Plan since the last Board meeting. The report also sought support for proposals to progress a conversation with the public and health and care staff to develop a person centred approach to delivering the desired health improvements for Leeds.

Paul Bollom, Interim Executive Lead, presented the report, highlighting the links between the Plan and the Leeds Health & Wellbeing Strategy 2016-2021 and the 5 Year Forward View. Additionally, the financial impact of not making changes to service provision was noted.

The question “what are we trying to achieve” was put to the Board and the following key themes were highlighted and discussed:

- The ‘left shift’ approach in service provision – moving services from secondary providers (Hospital settings) to the community and/or social prescribing
- The need to design solutions from the bottom, up – to ensure “what this means to me” is implemented and includes a focus on individual responsibility for ‘keeping myself well’
- To achieve this left shift, staff, service users and the general public will need to be fully engaged
- Acknowledged the role of discussions held at Community Committee meetings during the summer 2017
- The framework for further consultation was in place to communicate the revised Plan and the Board identified further matters to consider:

- the involvement of the Third Sector was key to deliver the message of change to people with the greatest health inequalities
- Involvement of young people at this stage was crucial in order to shape the services they will receive in the future
- Targeting people who were hard to reach or usually did not engage was seen as key
- the future role of hospitals in community care
- the role of the public sector more widely to contribute to its ambitions and the changing conversations with staff and citizens

The Board considered whether the expectations of change were advertised widely enough to include all parts of the population/health and social care economy. A query was raised whether providers such as Pharmacists had been included within the initial consultation which was noted for action

The Board acknowledged that the community focus was firmly established within the Leeds Plan and that the work done so far reflected the level of integration the Board would wish to see in future service delivery.

**RESOLVED –**

- a) To note the contents of the report and the comments made during discussions
- b) To endorse and support the consultation plans outlined in the submitted report - to be undertaken by Health Partnership Officers on the Leeds Health & Care Plan draft narrative with Leeds' citizens and health & care staff

## **23 System Integration - A Blueprint for Leeds**

The Board considered the report of the Chief Officer, System Integration, Leeds CCGs Partnership, on the progress made to develop accountable health and care working in the city through a Population Health Management (PHM) approach. This approach is an intrinsic part of the Leeds Health and Care Plan and echoes the ambition of the Leeds Health and Wellbeing Strategy 2016-2021 to make sure that care is personalised and more care is provided in people's own homes whilst making best use of collective resources to ensure sustainability.

The report noted that the perceived current lack of joined-up care is the biggest frustration for patients, service users and carers who want continuity of care, smooth transitions between care settings, and services that are responsive to all their needs together. The report outlined the work done so far to develop and consult on a blueprint for system integration with stakeholders and consultants from BDO. A copy of the final Blueprint was attached as Appendix 1 of the report.

Nigel Gray presented the report and highlighted that a key part of delivering this change is for the system and providers to work together to develop and implement a new model of integrated care where providers are jointly accountable for population outcomes. The PHM approach for commissioning and providing accountable care kept the whole person at its heart and did not differentiate between all age groups.

Key benefits for adopting a PHM approach for Leeds include improved efficiency, reduction of fragmented care, improved health outcomes and:

- Parity of esteem between mental and physical health
- Better partnerships between adult and children's services e.g. work with vulnerable families to support the best start in life.
- A greater focus on the wider determinants of health to deliver outcomes.

Becky Barwick presented supporting information on the proposed new model of care and commissioning, emphasising that where organisations share responsibility for achieving outcomes, the likelihood for successful outcomes are increased. This approach reflected the discussions on the previous agenda item – seeking both system and population change to achieve better care outcomes – as well as bringing parity of esteem in the health and social care system through a “whole family” approach.

Dr Tom Gibbs provided discussion points on what future services *could* look like to service users, such as:

- single integrated teams - provided by 12 neighbourhood teams and other community services
- extended primary teams - provided by GP's and some hospital services/specialists working in localities

The current health care system sees General Practice as first point of contact for most services users, and acting as a buffer between them and hospital care. The new system approach is based on the Primary Care Home principle, of which General Practice is just part of the offer, along with other health/social care/Third Sector provision.

The Boards attention was drawn to para 3.6.2 of the report containing the timescales for implementation, specifically the period of consultation scheduled for Autumn/Winter 2017 and the shadow running of the first segment theme of 'frailty' from June 2018 to March 2019.

Discussion highlighted the following:

- System integration could not occur without a move to commissioning for outcomes due to current contractual restraints, inconsistent payment methods, individual organisational priorities and system pressures.
- The current model of care is medically driven, however the move towards a multi-disciplinary approach will bring better outcomes
- The future model of care may mean that a patient's first point of contact with health and social care may not be their GP
- Acknowledged the need to ensure that the right services are situated within the right community, recognising that each locality has its own local care economy and needs
- The proposal that the 12 neighbourhood teams would serve a population group of approximately 30 - 50,000, depending on locality

- Whilst welcoming the ‘whole family approach’ the Board acknowledged a comment that some families present complex health problems and therefore support is required for both the adult and the child of that family. In response, the role of Children’s Services Cluster partnerships was highlighted – bringing together relevant health and social care providers per case. Further work was needed to clarify how and if the Cluster partnerships progress work with the adults of a family if issues are identified. The intention to report back to Board members on safeguarding and joining up responses to adult and child need was noted.

**RESOLVED -**

- a) To note the report and presentation and contents of the discussions
- b) To endorse the Blueprint for Population Health Management
- c) To continue to provide challenge and feedback on appropriate engagement as we move through the process
- d) To note that Board Members will champion “Population Health Management” principles as a key delivery vehicle for the system to deliver the Leeds Health and Wellbeing Strategy

**24 Leeds Health and Care Local System Delivery Plan 2017-18**

The Director of Commissioning, NHS Leeds, provided an overview of the Leeds Health and Care Local System Delivery Plan 2017-18 - an operational plan that describes the preparation undertaken by the Leeds health and social care system during 2017 to prepare for surges in demand, most frequently seen during winter. A copy of the executive summary and narrative of the Delivery Plan was attached as Appendix 1 of the report.

The report and appendix provided information about key work streams and the next steps to implement the Delivery Plan, as well as what will be different in 2017/18. The report also responded to feedback from the informal Health and Wellbeing Board workshop held on 20<sup>th</sup> July 2017.

In presenting the report and the Delivery Plan narrative, Sue Robins highlighted that work had started earlier this year to develop the Plan and accompanying Communications Plan. Collaborative working amongst health and care providers had included work on the escalation process to clarify and standardise the approach, seeking to provide mutual support across the services. Current projects included the roll out of General Practice provision in an Accident & Emergency Department; Leeds Hospital Trust running a ‘perfect week’ in order to pilot and review how the Plan will work in practice and a review/refresh of provision overall. The anticipated Spring Monies could be used to deliver some of the initiatives to strengthen the offer.

Noting the strategic objectives and system indicators, the Chair commented that winter pressures remained important to patients; and she identified the standard Accident & Emergency Department 4 hour waiting time target as one of the pressures. The Board noted the response that the System Delivery Plan 2017-18 concentrated on system-flow and the health and safety of patients rather than the 4 hour target. However the Secretary for Health however had recently stipulated that the 4 hour target must not be ignored.

Further discussion identified that operations were not cancelled because of the target, but because of patient safety concerns. Although Accident & Emergency Departments dealt with patients very well, the issue remained that they could not be moved on due to a lack of suitable beds elsewhere. The impact of the 5.00pm admission deadline to Care /Residential Homes was also identified as a pressure.

It was also noted that a raft of preventative activity relating to winter is also in place and supports the 'left shift' referenced in the Leeds Health and Care Plan, such as fall prevention, winter friends and a huge amount of activity actively contributed by the Third Sector.

**RESOLVED -**

- a) The Board agreed that the approach taken to plan for winter aligns with the shared city ambitions
- b) To note that the Board and its' partners shared ownership and collective action as 'Team Leeds' is reinforced through the delivery of the Leeds Health and Care Local System Delivery Plan 2017-18

**25 Integrated Better Care Fund (IBCF) Plan 2017-19 and Spring Monies**

The Board considered the joint report of the Director of Commissioning, Strategy & Performance, NHS Leeds CCGs and the Chief Officer, Resources & Strategy, LCC Adults on the Integrated Better Care Fund Plan for 2017-19.

The BCF Plan addressed the sums of money being invested and the types of schemes to be supported - how Leeds will spend Better Care Fund (BCF); Integrated Better Care Fund (iBCF) and Spring Budget monies, amounting to £76.5m in 2017/18 and £83.6m in 2018/19, with iBCF and Spring Budget spending also covering 2019/20. The BCF Plan was submitted to the Board retrospectively for discussion with approval sought for the Narrative Plan (contained as Appendix 1) and the Financial Planning Template (attached as Appendix 2)

Cath Roff, LCC Director of Adults & Health, presented the report and highlighted that the BCF Plan had been submitted to NHS England as required on 11<sup>th</sup> September 2017 for NHS England to undertake their assurance process of plans. It had not been possible to submit the Plan to members of the Board prior to the formal submission due to delays in issuing the BCF Guidance and the submission timetable imposed by NHS England. Although informal positive feedback on the Plan had been received; no formal response from NHS England could be reported.

During their discussions, Board Members noted the following comments:

- Acknowledgement of the partnership working undertaken to complete the process
- The annual challenge of the impact of late publication of the Guidance
- Noted the success of a recent 'Silver command' exercise – testing system resilience in readiness for periods of high demand



Additionally, it was noted that the Delayed Transfer of Care (DTOC) Guidance stated that all Authority DTOC targets would be reviewed in November. Leeds' performance against this target may have an adverse impact on the Spring Monies. DTOC information was currently being collated and it was agreed that the information would be made available to the Board once the process was complete.

**RESOLVED**

- a) To note the contents of this report
- b) To note and give approval to the BCF Narrative Plan 2017-19 as attached as Appendix 1 of the submitted report
- c) To note and approve the BCF Financial Planning Template 2017-19 as attached as Appendix 2 of the submitted report

**26 Leeds Health and Care Quarterly Financial Reporting**

The Board considered the report of the Leeds Health and Care Partnership Executive Group (PEG) which provided an overview of the financial positions of the health and care organisations in Leeds, brought together as one single citywide quarterly financial report.

Kim Gay presented the report which provided a financial 'health check' to clarify where the current and expected financial pressures were in the local health and care system.

**RESOLVED –**

- a) Having reviewed the Leeds health & care quarterly financial report, the Board noted its contents;
- b) To note the work being carried out across West Yorkshire and Harrogate seeking to develop plans for financially sustainable service models

**27 Annual Refresh of the Future in Mind: Leeds Local Transformation Plan for Children and Young People's Mental Health and Wellbeing**

Jane Mischenko presented the report of the Director of Commissioning, NHS Leeds CCGs Partnership and the LCC Director of Children & Families on the refresh of the 'Future in Mind: Leeds Local Transformation Plan'. A copy of the Plan was attached as Appendix 1 of the report. The Plan is required to be refreshed on annual basis by NHS England.

The report set out the achievements to date and the next steps in the delivery of the ambitious strategy to transform; support and improve the emotional and mental health of Leeds' children and young people with the ultimate aim of improving the wellbeing of all the population.

In presenting the report, Jane highlighted that all the progress made had been driven by young people and particularly, the "Quick Guide To" had been written by children and young people themselves. The priorities for 2018/19 were outlined in the report with a key issue being for children and young people in mental health crisis to receive parity of treatment with adults – currently treatment relies on referrals triggered by a young person attending Accident & Emergency, or through police involvement.

Councillor Mulherin, Executive Member with responsibility for Children and Families, reiterated how the work done so far showed the strength of the partnerships in Leeds seeking to improve services for children and young people, it was important to note that half of Leeds schools had signed up to the 'MindMate' wellbeing service and that talking about mental health in school was supported an age appropriate way.

The Board welcomed the report and discussed the following:

- The importance of ensuring parents and siblings of young people with mental health issues were supportive – it was noted that the MindMate website did contain information for adults
- Acknowledged the challenges of engaging with some difficult to reach communities
- Commented that children and young people's mental health was not included in the current HWBS as a specific issue
- Whether the health and care service sector had the equivalent of the "make every contact count" approach
- Acknowledged that the Plan will link to the early life of the child and the "Best Start Plan" – investment in the 0-2 and 0-5 year groups will secure a better future

The Board noted a comment that General Practice dealt with a fair number of adults who received mental health support for the effects of a childhood event; but had little information on Clusters and how they work and what they do. Parents attended GP sessions with their child to discuss mental health issues which had been identified by their school - who had directed the family to their GP, rather than instigating Cluster involvement. The Director of Children & Families commented that work would be done to consider securing GP representation on the Clusters.

#### **RESOLVED –**

- a) To support, approve and champion the Future in Mind: Leeds strategy and underpinning Local Transformation Plan (LTP). The refresh of our LTP has to be published on NHS Leeds CCGs and council websites by the end of October 2017 (NHSE requirement).
- b) To recognise and share the achievements to date (detailed in the plan), progressed in the first years of the Future in Mind LTP funding allocations.
- c) To endorse how the child and young person's voice has been integral in developing the priority work-streams and going forward is embedded in the co-production of their delivery.
- d) To note the discussions on how Members of the Board will support the delivery of the vision, the strategy and underpinning plan.

## **28 Unhealthy Attitudes - A 'one city' approach for Leeds**

The Board considered the report of the Leeds LGBT+Hub outlining a proposal to develop a one city approach to implementing the recommendations from Stonewall's "Unhealthy Attitudes" Report on the treatment of lesbian, gay, bisexual, transgender and gender & sexual minorities (LGBT+) people in Health and Social Care Services.

A copy of the “Unhealthy Attitudes Report” was attached as Appendix 1 of the report and identified some key areas to be addressed to move the Health and Social Care sector towards being fully inclusive for LGBT+ people. The report also proposed the establishment of a Health and Social Care sub group of the LGBT+Hub; seeking nominees from the Health and Wellbeing Board.

Geoff Turnbull, LCC Communities Team; and Josh Willacy, Stonewall; attended the meeting to present the report. They highlighted the following matters:

- Acknowledged the serious challenges in the health and social care sector
- The findings from consultation with approximately 3000 respondents had shaped the proposed approach with issues ranging from abuse; harassment; lack of understanding/knowledge
- The development of a ‘one city’ approach to ensure the LGBT+ community receive a better experience of the health and social care sector
- The potential for Leeds to be a national leader through the establishment of the proposed working group; tasked to look at the 5 key themes of the Stonewall recommendations -
  - Ending LGBT+ bullying and discrimination
  - Improving training and development
  - Supporting LGBT+ staff in the workplace
  - Improving LGBT+ patient experiences
  - Leadership support for LGBT+ equality

It was noted a previous workshop had discussed the Stonewall Unhealthy Attitudes report; and the Board members formally reconfirmed their support for the proposals in the report.

**RESOLVED –**

- i) To support the establishment of a Sub Group of the LGBT+ Hub focusing on Health and Social Care
- ii) To note that nominees from each Health and Wellbeing Board partner organisation will be sought to be appointed to the Sub Group.
- iii) To task the LGBT+ Hub Health & Social Care Sub Group with developing an action plan to deliver the recommendations of the Unhealthy Attitudes Report.
- iv) To task the LGBT+ Hub Health & Social Care Sub Group with identifying any additional actions that may need to be delivered to ensure Health and Social Care services are fully inclusive for LGBT+ people.
- v) To task the LGBT+ Hub Health & Social Care Sub Group with consulting and engaging with the LGBT+ community as required to deliver the action plan.
- vi) To request regular update reports to the Health & Wellbeing Board on progress in delivering the action plan.

**29 For information: Health Protection Board Annual Report**

The Board received a copy of the Health Protection Board Annual Report for information

Draft minutes to be approved at the meeting  
to be held on Thursday, 23rd November, 2017

**RESOLVED** - To note receipt of the Health Protection Board Annual Report

**30 Date and Time of Next Meeting**

**RESOLVED** – To note the date and time of the next formal meeting as Thursday 23<sup>rd</sup> November 2017 at 10.00am (with a pre-meeting at 9.30am for Board members)

## Report of Head of Governance and Scrutiny Support

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

**Date: 14 November 2017**

**Subject: Leeds Safeguarding Adults Board 2016/17 Annual Report and Strategic Plan 2016-2019**

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

## 1 Purpose of this report

- 1.1 The purpose of this report is to introduce details *Better Lives – Phase 3 Implementation* updated presented to and considered by the Executive Board at its meeting on 20 September 2017.

## 2 Main issues

- 2.1 At its meeting on 18 October 2017, Executive Board received and considered a report from the Director of Adults and Health that introduced Leeds Safeguarding Adults Board's 2016/17 Annual Report and Strategic Plan; which summarised the Board's achievements over the previous 12 months. The Executive Board report and associated attachments are appended to this report for consideration by the Scrutiny Board.
- 2.2 To assist the Scrutiny Board's consideration of the details presented, the relevant extract from the draft Executive Board minutes are provided below:

*Further to Minute No. 100, 16<sup>th</sup> November 2016, the Director of Adults and Health submitted a report presenting the Leeds Safeguarding Adults Board (LSAB) Annual Report for 2016/17, and which summarised the Board's areas of focus and achievements over the past 12 months. The Strategic Plan was also included which presented the ambitions for the next three years.*

*The Board welcomed Richard Jones CBE, Independent Chair of the Leeds*

*Safeguarding Adults Board to the meeting, who was in attendance in order to introduce the key points of the annual report and to highlight key priorities.*

*Responding to an enquiry, the Board received information on the approach being taken to further address the issue of social isolation, whilst information was also provided to the Board by the Independent Chair of the LSAB on the key challenges that the Safeguarding Board currently faced. In addition, Members also received information regarding the level of comparative data which was available in order for the Safeguarding Board to assess Leeds' performance against other Core Cities and Local Authorities.*

*In conclusion, the Chair, on behalf of Executive Board, thanked Richard Jones, together with all other members of the LSAB for the crucial work which they continued to undertake.*

**RESOLVED** – *That the contents of the Leeds Safeguarding Adults Board 2016/17 Annual Report and the Board's Strategic Plan, as presented within the submitted report and appendices, be noted.*

- 2.3 The Independent Chair of Leeds Safeguarding Adults Board, alongside appropriate officers from Adults and Health, will be in attendance to present the attached details and address any questions from the Scrutiny Board.

### **3. Recommendations**

- 3.1 The Scrutiny Board (Adults and Health) is asked to consider the information provided at the meeting and determine any further scrutiny actions and/or activity.

### **4. Background papers<sup>1</sup>**

None used

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

## Report of Director of Adults and Health

### Report to Executive Board

**Date: 18 October 2017**

**Subject: Safeguarding Adults Board, Annual Report 2016/17 and Strategic Plan**

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

### Summary of main issues

1. This report introduces members of the Executive Board to the Leeds Safeguarding Adults Board Annual Report for 2016/17 and its Strategic Plan for the next three years.
2. In April 2015, the Safeguarding Adults Board became a statutory body. During 2016/17 the Board seized this as an opportunity to undertake a significant review of its membership, structures, sub-groups and future priorities. This provided the foundations for the Board to take forwards its ambitions in future years. This report provides a backwards look at the year 2016/17 and a forward look through the Strategic Plan.
3. The Annual Report is attached for reference.

### Recommendations

4. Members of the Board are requested to note the contents of the Leeds Safeguarding Adults Board 2016/17 Annual Report and the Board's Strategic Plan.

## **1. Purpose of this report**

- 1.1 This report introduces the Safeguarding Adults Board's Annual Report 2016/17 at Appendix 1 with an 'easy read version' at Appendix 1a, and Strategic Plan at Appendix 2. Together these documents summarise the Board's achievements over the last 12 months and set out its ambitions for the coming year.

## **2. Background information**

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

## **3. Main issues**

- 3.1. Annual Report 2016/17
- 3.2. The Leeds Safeguarding Adult Board Annual Report 2016/17 details the achievements of the Board over the last 12 months.
- 3.3. This year, as in recent years, the Annual Report is accompanied by an Easy Read Version that is intended to make the information accessible to a wider range of people, including those with learning disabilities.
- 3.4. In April 2015 the Board became a statutory body with specific duties and requirements under the Care Act. The report notes that the Board has welcomed this as an opportunity to review and develop how it works to support citizens in Leeds, its sub-groups and specifically how it relates to citizens, to ensure that it hears the voice of people with lived experience.
- 3.5. This has provided an opportunity to restructure the Board with a revised membership, a new constitution, and to develop its work programmes and sub-groups. This restructure which was initiated in 2016 is now complete, with a reduced number of managers and more capacity to support the sub-groups of the Board, providing the baseline and impetus to take forward the Board's work programme.
- 3.6. The Board agreed to establish an Executive Group to support the Board and to coordinate the work of its four sub-groups; Citizen Engagement, Quality Assurance



and Performance, Safeguarding Adults Reviews and Learning and Improvement. Together these work streams provide the focus for supporting the Board to achieve its ambitions.

- 3.7. Over the last 12 months, the Board have been developing its understanding and approaches, building new networks, stronger working relationships with partner Boards and strengthening the support unit. The Partnership Support Unit is jointly funded by the Police, NHS and Local Authority and supports the Board to achieve its ambitions.
- 3.8. Key areas of development and success however have been in relation to developing multi-agency responses and approaches to abuse and neglect. This has involved developing new multi-agency safeguarding adults' policy and procedures, to be compliant with the expectations of the Care Act 2014 and the Care and Support Statutory Guidance.
- 3.9. Our multi-agency safeguarding adults' policy and procedures are shared with West Yorkshire, North Yorkshire and York. This collaborative approach provides for the sharing of knowledge and expertise across the region. The changes within the multi-agency procedures support the Board to take forward its ambitions.
- 3.10. Central to the new approach is a greater focus on a personalised approach to safeguarding through:
- Listening to and working towards the person's desired outcome
  - Ensuring people have the support they need to take part in the safeguarding process
  - More flexible and individually tailored responses
  - Proportional and timely responses.
- 3.11. The Board has also been developing its approach to continuous learning and improvement, thus providing the foundation for ensuring the workforce continually learns from citizen's experiences. Over the last 12 months, this has included a presentation by NHS colleagues of The Learning Disabilities Mortality Review (LeDeR) Programme which aims to make improvements to the lives of people with learning disabilities. This year we held a series of events with partners from statutory, independent and third sectors to understand their experience of safeguarding practice. In Leeds the learning from this has been invaluable in supporting the development and work of the LSAB for the next twelve months.
- 3.12. The Board has been developing its approaches to quality assurance and is in the process of developing multi-agency reflective practice session approaches that will enable us to evaluate our practice across agencies.

### 3.13. Strategic Plan

The Board's vision is for Leeds to be a 'Safe Place for Everyone'.

During 2016/17 the Board set out its strategic plan for the next three years. The plan is based around four key ambitions that together will enable the Board to help safeguard citizens in Leeds. Each year the Board will set out to further its achievements in each key area. In the first year of the plan, much of the work has involved listening to partners about what works well and what needs to improve. The Board have invested in establishing their approach and developing the networks and relationships that will enable continuous improvements. In years two and three, the Board aims to continue listening, put more of its plans into practice and embed its achievements.

#### **Ambition one:**

##### **Seek out the voice of the adult at risk**

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

What we want to achieve for people is:



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

#### **Ambition Two:**

##### **Improve awareness of safeguarding across all out communities**

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

What we want to achieve for people is:



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

### **Ambition Three:**

#### **Improve responses to domestic abuse and violence**

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

What we want to achieve for people is:



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

### **Ambition Four:**

#### **Learn from experience to improve how we work**

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

What we want to achieve for people is:



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

- 3.14. The Board Strategic Plan includes an Annual Plan with more specific objectives for each year.
- 3.15. The Strategic Plan includes an addendum document. This sets out Board Member Organisation commitments to safeguarding adults, at Appendix 3. It identifies what

each agency will do within its organisation and networks to help promote each of these ambitions.

## **4. Corporate Considerations**

### **4.1. Consultation and Engagement**

4.1.1. The Board has sought views on its ambitions in the development of its strategic plan. This included:

- Health and Wellbeing Board
- Domestic Violence Programme Board
- Safer Leeds Executive
- Leeds Safeguarding Children Board

In addition views were sought through the following networks, as well by publication on the Board's website:

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

4.1.2 The LSAB provides an annual report in the same timeframe as the Leeds Children's Safeguarding Board report is provided. There is close working between the two boards to ensure that approaches to vulnerability and risk to all citizens are addressed in a consistent and coherent manner, within the context of separate and distinct legal frameworks.

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

4.2.1. The Leeds Safeguarding Adults Board ambitions recognise the need to promote awareness across Leeds diverse communities. The Board has looked this year at the data it receives in order to understand the impacts on communities. A report was provided to Board to ensure that members were aware of the impact of safeguarding activity on all communities. The headline data from this report includes:

#### **BAME in Safeguarding:**

- 9% of referrals to ASC for all causes based on 2016 full year figures were from BAME communities
- 9% of safeguarding alerts for 2016 full year figures were from BAME communities.
- Trends of BAME in safeguarding. The figures for 2015 and 2016, show that there was an overall increase in numbers from 2015, but overall numbers remain statistically small.

There is a need to ensure that the Citizen Engagement work stream, which has recently been strengthened through the recruitment of a full time Citizen Engagement Worker, really engages with all communities and people with protected characteristics to ensure that there is awareness of adult abuse, that everyone is aware of what to do when it is recognised, and that the process of making people safe and supporting them through the safeguarding process is as sensitive to their needs as possible.

#### **4.3. Council Policies and Best Council Plan**

- 4.3.1. The Leeds Safeguarding Adults Board works together with the Leeds Safeguarding Children Board and the Safer Leeds Executive to support people in Leeds to be safe from abuse and neglect. As such this work contributes to the Best Council Plan priority of 'Keeping people safe from harm' and Breakthrough Project: Tackling Domestic Violence and Abuse. It also links through, from a Leeds City Council perspective to the Best Council Plan ambition for a 'Strong Economy, Compassionate City' which then leads through to the relevant outcome for Leeds citizens to 'be safe and feel safe'.

#### **4.4. Resources and value for money**

- 4.4.1. The Board is funded jointly by Leeds Adult Social Care, Leeds Clinical Commissioning Groups and, from 2016/17, the period that this report covers,, West Yorkshire Police. With this change to funding arrangements the Board has engaged in discussions about how financial decisions will be reached, which will be captured in a new 'memorandum of understanding' later in the year.

#### **4.5. Legal Implications, Access to Information and Call In**

- 4.5.1 None.

#### **4.6. Risk Management**

- 4.6.1. This report is part of the risk management and assurance arrangements for Leeds City Council. As such there is a link through to the corporate risk on 'Safeguarding Adults' "Failure of (a) staff in any Council directorate to recognise and report a risk of abuse or neglect facing an adult with care and support needs in Leeds; (b) staff in Adult Social Care to respond appropriately, in line with national legislation and Safeguarding Adults procedures"

### **5. Conclusions**

- 5.1. The Annual Report provides evidence that the Board has undertaken a significant review of its structures and work programmes so as to be compliant with the Care Act and provide the foundations for driving forward the work programme.
- 5.2. The Strategic Plan sets out a clear focus for the Board's work going forward, and the Member Organisation Commitments help to illustrate how partners have committed to a continuing programme of work designed help us all achieve the Board's ambitions for people in Leeds.

### **6. Recommendations**

- 6.1 Members of the Board are requested to note the contents of the Leeds Safeguarding Adults Board 2016/17 Annual Report and the Board's Strategic Plan.

## **7. Background documents<sup>1</sup>**

- 7.1 None.

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

# LEEDS: A SAFE PLACE FOR EVERYONE

ANNUAL REPORT 2016/17

Page 41



Leeds Safeguarding  
Adults Board



## **To report a crime:**

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

## **To report a safeguarding concern or seek advice:**

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



# Foreword

I am pleased to introduce the Leeds Safeguarding Adults Board's Annual Report for 2016/17.

Last year we set out our three year strategic plan with four clear ambitions that have been the focus of all our work over the last 12 months:

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

This year we have been successful in building important foundations that will help us to make Leeds a safer place for everyone.

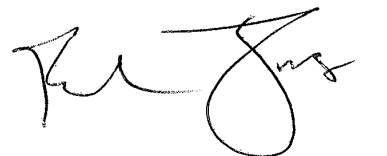
We have been developing our understanding and approaches in each of these areas, whilst building new networks, stronger working relationships with our partner Boards and strengthening our support unit, all of which will help us to move forward with increasing pace.

This year we held a series of events with partners from statutory, independent and third sectors to understand their experience of safeguarding practice. In Leeds the learning from this has been invaluable and directly impacted on our work during the year and our plans for the next.

As we move into 2017/18 we will be seeking to build on this learning by:

- Understanding citizens' expectations and experiences
- Working more closely with independent and third sector organisations
- Taking forward multi-agency approaches to the development of practice, and
- Extending our strategic interests as a Board.

I look forward to working with our partners and citizens over the coming year, to help move forward together with each of our ambitions for Leeds.



**Richard Jones CBE,**  
Independent Chair  
Leeds Safeguarding Adults Board





**“We have been developing our understanding and approaches, building new networks, stronger working relationships with our partner Boards and strengthening our support unit, all of which will help us to move forward with increasing pace.”**

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# 1. Leeds Safeguarding Adults Board 2016/17

## 1.1 Who we are

The Leeds Safeguarding Adults Board is a partnership of organisations that work to both prevent and end abuse of adults with care and support needs in Leeds.

Safeguarding Adults Boards were strengthened by the Care Act 2014 (implemented in 2015), which made them legal requirements in each area, with specific duties and responsibilities as set out in Schedule 2 of the Act.

The Board must include senior representatives from the Local Authority, Police and NHS Clinical Commissioning Groups (CCGs).

In Leeds the Board also includes a much wider range of statutory organisations, and includes representatives from Healthwatch, the voluntary sector and citizen representatives. The Board also includes representation from other strategic Boards that have responsibilities to support people to be safe.

A full list of member organisations is included in the appendix.

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



## 1.2 What we do

### The Board's Vision, is for Leeds to be: **"A Safe Place For Everyone"**

The Board works to help and protect adults with care and support needs to be safe from abuse and neglect.

The Board does this by setting out a strategic plan in response to the needs of citizens in Leeds. The Board's role is to coordinate the work of partners, providing support and challenge; and to gain assurances from member organisations of their work to safeguard citizens.

The Board has a Partnership Support Unit, jointly funded by the Police, NHS and Local Authority, that supports the Board to achieve its ambitions.

It is important to note that the Board does not commission or deliver direct front-line services. Each partner organisation retains its own lines of accountability and responsibility for safeguarding practice.

More information about the work of the Board, including minutes from meetings and the full strategic plan is available on the Board Website:

[www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)



## 1.3 Governance arrangements

The Board is funded jointly by the Local Authority, NHS Clinical Commissioning Groups (CCGs) and, since 2016 West Yorkshire Police.

Funding is made available for the Board to achieve its ambitions, which includes the commissioning of an Independent Chair and a Partnership Support Unit to support the work of the Board.

The Board meets bi-monthly and has held two development sessions during 2016/17. The Board has continued to develop its working arrangements so as to be able to work most effectively in delivering its ambitions.

The Board established an Executive Group in 2016. This is led by the Independent Chair and includes the West Yorkshire Police, the Local Authority, NHS Clinical Commissioning Groups (CCGs) and Healthwatch Leeds. The Executive Group works to drive forward the Board's strategic agenda.

The Board also established an Executive: Safeguarding Adults Review group. It is chaired by Maureen Kelly, Acting Director of Nursing, Quality and Corporate Affairs, South and East Clinical Commissioning Group (CCG). This group has the responsibility for statutory Safeguarding Adults Reviews and other learning lesson reviews that enable the Board to identify multi-agency learning about citizens' experiences of care and support in Leeds.

The Board also has three sub-groups, each chaired by a key member organisation that supports us to take forward work as a partnership.

### **Citizen Engagement Sub-group;**

- Chaired by Tania Matilainen,  
Chief Executive Officer of Healthwatch Leeds

### **Quality Assurance and Performance Sub-group;**

- Chaired by Shona McFarlane,  
Deputy Director, Social Work and Social Care Services, Adults and Health

### **Learning and Improvement Sub-group:**

- Chaired by Maureen Kelly,  
Acting Director of Nursing, Quality and Corporate Affairs, South and East Clinical Commissioning Group

The Board is currently considering including the Mental Capacity Act Local Implementation Network as a sub-group of the Board, linking the Board more directly with the network's important work in relation to mental capacity and deprivation of liberty safeguards (DoLS).

The Board has been working with Leeds Safeguarding Children Board and Safer Leeds to develop increasingly joined-up approaches. The support units for each Board meet regularly to identify shared ambitions, and opportunities to work together towards these. A range of potential opportunities have been identified that can be developed, and will include a joint Board Development Session in 2017.



## 2 Board Ambitions for Leeds

During 2016/17 the Board set out its strategic plan for the next three years. The plan is based around four key ambitions that together will enable us to help safeguard citizens in Leeds. Each year we will set out to further our achievements in each key area.

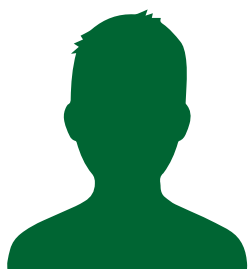
In the first year of our plan, much of our work has involved listening to partners about what works well and what needs to improve. We have invested in establishing our approach and developing the networks and relationships that will enable us to improve experiences of citizens in Leeds.

In years two and three, we aim to continue listening, put more of our plans into practice and embed our achievements.



## 2.1 Seek out the voice of the adult at risk

What we want to achieve for citizens in Leeds:



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

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

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

## 2.1.1 Leeds Safeguarding Adults Board

### Seek out the voice: Summary of achievements

During 2016/17 the Safeguarding Adults Board has been working to ensure that it is focused on the voice and the lived experiences of citizens throughout its work.

The Board seeks to maintain this focus through its membership and its strategic approach. Currently membership includes:

- Citizen representation from the Alliance of Service User Experts
- Healthwatch Leeds, who are independent champions for consumers and users of health and social care
- Advonet; the Leeds advocacy consortium.

In this way, the Board is enabled to maintain a focus on people's lived experiences and the actual outcomes of its work for citizens in Leeds. The Board is currently reviewing how it can extend membership and/or improve established links so that it can hear and learn from the views and experiences of citizens across all parts of the city.

## Seek out the voice: Summary of achievements

During the year, the Board has been developing its focus on individuals and their experiences. This is done both at Board meetings and throughout its work streams:

- Each Board meeting now commences with an insight into lived safeguarding experience, with reflection on how services have sought to respond, and the learning from this.
- The Board undertook a wide-ranging consultation during September and October 2016, which asked all participants to reflect on, as their first consideration, the experience of the adult at risk, and secondly how effectively we are working together to achieve the best possible outcome for that person.
- The Board Development Session in October 2016 included presentations from Leeds People First (Leep1) as to the experience of abuse, responses they would expect from agencies and how they have sought to promote awareness. The Board also sought to include the citizen voice through an invitation to share their experiences via an independent organisation, Healthwatch Leeds.
- The Board Development Session, held in February 2017 was entirely focused on considering how we should as a Board and as member agencies respond to individuals in a variety of circumstances. These included real life scenarios provided by Board member organisations, care providers and third sector organisations.
- The Board's three year plan is based around what outcomes we want to achieve for citizens in Leeds, as illustrated in the 'I-Statements' in relation to the plan's required actions. The plan was finalised following consultation with partners and community representatives

### Multi-agency procedures

The Safeguarding Adults Board adopted new multi-agency policy and procedures in April 2015; these have a much clearer and stronger focus on working with the individual at risk to support them to be safe.

Key elements of this approach is the importance of clearly asking people what outcomes they want to achieve and checking with them throughout and at the end, whether we have achieved this for them.

Work is currently underway regionally to review and update these procedures. These are being further developed to strengthen the focus of our practice around the wishes and needs of the person.

## Seek out the voice: Summary of achievements

### Quality Assurance and Performance

Putting the individual at the centre of all our work has influenced quality assurance and performance work. This has involved setting key performance measures in relation to the person's desired outcomes and whether they are safer as a result of the intervention. This data is routinely captured and monitored through the Board's sub-group.

### Safeguarding Adults Reviews

Safeguarding Adults Reviews are held in situations where a person has either died or experienced serious harm, and there is learning about how agencies worked together to protect them.

In Leeds we have been developing our approach so that the voice of the adult at risk is explicitly at the centre of the review. This includes seeking consent for the review, including their views and that of their family wherever possible and asking agencies how they have considered the adults wishes and views throughout their involvement.

The learning about how we have sought the voice of individuals and acted upon their views is directly captured and feeds into our learning workshops and learning and review activity.

Safeguarding Adults Reviews are outlined in more detail on page 57.

### Community Engagement

We are developing our engagement materials to be clear and accessible for people from diverse communities across the city. We are reviewing our approach, considering first accessibility from citizen perspectives, and the key messages that would be meaningful and understandable to members of the public.

An important priority for us as a Board is to learn directly from citizen experiences of being supported within the Board's multi-agency safeguarding adults procedures. We are currently working with Third Sector Leeds to develop a new approach to gather and learn from people's experiences.

## Seek out the voice: Summary of achievements

### 2.1.2 Adult Social Care

Within the safeguarding adults procedures we aim to establish an individual's desired outcomes as soon as possible and ensure that these are reviewed throughout to reflect any changes in an individual's desired outcome. Where an individual lacks capacity, a representative or advocate is identified at the start to promote and articulate the views of the adult at risk.

At the onset of the safeguarding process, staff ask adults at risk about their 'desired outcomes', i.e. what they want to achieve via the safeguarding process. This information is recorded on their electronic record and at the end of the process the adult at risk is asked whether the outcome has been achieved.

We have undertaken regular audits throughout the year – to ensure that practice is increasingly well embedded. From each audit, action plans have been developed to ensure continual improvement.

Within our Commissioning Services, we have ensured that all contracts with independent sector commissioned services contain relevant clauses relating to safeguarding. These include staff being trained in safeguarding practices, relevant policies being in place, including a safeguarding policy and whistleblowing policy.

We ensure that Quality Standards within contracts reflect best safeguarding practice and these standards are monitored throughout the life of the contract. For example, during 2016 we re-commissioned a major contract for community homecare services. During the procurement process for this contract a range of safeguarding questions were asked which the providers had to pass in order to have their tender considered. Also, the contract documentation contained relevant safeguarding clauses, including the requirement for providers to:

- i. have an up-to-date safeguarding and whistleblowing policy in place.
- ii. familiarise themselves with the Leeds Safeguarding Adults Board's safeguarding policies and procedures.
- iii. periodically review the effectiveness of their policy.
- iv. Report all incidences of safeguarding to contract officers as part of regular returns.
- v. To have a comprehensive training and skills learning programme in place that ensures all staff receive mandatory training as appropriate to their role and the services they are providing, which includes safeguarding.

## Seek out the voice: Summary of achievements

The Quality Standards Assessment document contains numerous quality standards concerning safeguarding and these are monitored by the homecare contracts team in Adult Social Care. Adult Social Care have also commissioned Healthwatch Leeds to conduct a survey of homecare service users to seek their experiences of the homecare services provided.

An agreed pathway has been established between Adult Social Care and Children Services, with a view to safeguarding people aged 16-18 and beyond who are at risk of Child Sexual Exploitation. This will ensure that vulnerable young people who are reaching adulthood are appropriately safeguarded from risk of exploitation and to prevent this group of young people who do not have eligible Care Act needs being left vulnerable.

The Mental Capacity Act Local Implementation Network, Chaired by Adult Social Care works to ensure that across partners, best practice is followed. This includes the principles of ensuring the person is involved in decision making and where they are unable to do so, that decisions are always reached in their best interests.

### 2.1.3 West Yorkshire Police

As part of our drive for Continual Personal Development for police officers and staff, Leeds District police have trained key front line staff on how to recognise issues that affect adults at risk so that they have greater awareness around how best to approach individual reports from and investigations involving adults at risk.

Having appointed a detective link officer working at the Front Door Safeguarding Hub in partnership with key agencies on investigations and reports involving adult at risk investigations, Leeds District has a consistent approach, making early assessments of threat, risk and harm by listening to the adult at risk and using information across the wider Leeds partnership.

Leeds District police recently worked in partnership with the Becklin Centre to raise awareness around the link between mental health and substance misuse. Following complaints from service users, The Action Against Drugs Campaign has raised awareness around these issues and through regular patrols aims to ensure that, as far as possible, the therapeutic environment provided by the Becklin centre is free from illegal substance misuse.

## Seek out the voice: Summary of achievements

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Leeds District police have recently invested in mental health awareness training delivered by MIND. This has been delivered to all officers and police staff and aims to give a better insight into issues around mental health so that front line staff are better able to understand the needs of those with mental health issues and deal with them sympathetically, compassionately and appropriately.

### 2.1.4 Leeds NHS Clinical Commissioning Groups (CCGs)

- The CCGs have supported the Routine Enquiry Project in Primary Care, where GPs are trained to ask every female patient if they are experiencing any violence and abuse.
- All the training we have delivered reflects the need for the voice of the adult to be heard, and promotes making safeguarding personal.

- All expert advice and support given to the commissioning leads across the CCG's as part of the commissioning process, including the commissioning and re-commissioning of services, service reviews and service redesigns, supports the need to seek out the voice of the adult at risk.
- The development of a Mental Capacity and Deprivation of Liberty Safeguards electronic template within patient records that prompts clinicians to gain the views of the adult and record these timely and accurately.
- The CCG Mental Capacity Act / Deprivation of Liberty Safeguards (DOLS) Lead and the Professional Lead/DoLS Manager within Leeds Adult Social Care have worked closely together to identify patients who receive care in their own homes, are funded through continuing healthcare and require a Court of Protection Order to safeguard their interests.

## Seek out the voice: Summary of achievements

### Moorfield House: Routine Enquiry

**Moorfield House** won the Enhancing Safety and Quality Award at the NHS Leeds South and East CCG Annual General Meeting in September 2016.

The award was given for their work leading the way in the Routine Enquiry Project, whereby GPs are trained to ask every female patient if they are experiencing any violence and abuse.

Early indications in GP practices show an increase in disclosures of domestic abuse – many are disclosures of historic domestic and sexual abuse which are still having an impact on the victim's physical and mental health.

Patient feedback suggests that this is a positive approach in tackling domestic violence and abuse. NHS England North is working with the CCG and the Domestic Violence Team at Safer Leeds with a view to rolling out Routine Enquiry throughout the North region.

Moorfield House have been nominated for the British Medical Journal Primary Care Team of Year Award which will be judged on the 4th May 2017.

## Seek out the voice: Summary of achievements

### 2.1.5 Leeds and York Partnership Foundation NHS Trust (LYPFT)

- Making Safeguarding Personal has been embedded within our response to all safeguarding enquiries either within the Trust or via a safeguarding enquiry.
- We have representation on the citizen engagement sub-group. It was decided that the LYPFT representation should be from our involvement specialist. The aim was for a Trust wide response to engaging service users and the public in Safeguarding practice. This is a standing item on our Trustwide Safeguarding Committee to ensure safeguarding engagement is at the forefront of our governance process.
- The Trust have embedded the Safeguarding publicity materials in public areas within key sites. The aim is to encourage service users to recognise safeguarding issues and raise them with practitioners.
- We are training more staff in PREVENT and attend the regional forum.
- Since our CQC inspection in 2016 we are focussed on ensuring all case discussions have evidence of outcomes.

- Embedding of PREVENT training onto safeguarding adults level 3 training for specialist safeguarding practitioners.

### 2.1.6 Leeds Teaching Hospitals NHS Trust (LTHT)

- Leeds Teaching Hospital NHS Trust has, over the past year, been modelling its services around a number of principles which make up the 'Leeds Way' 5 year plan, the first aim of which is to be 'patient centred'.
- Using the latest crowd-sourcing technology, called Wayfinder, we undertook our largest staff engagement programme at the Trust to gather thoughts and feedback on our vision, values and goals.

Staff, patients and stakeholders submitted their comments on the consultation and each of these was invaluable in helping us develop our five year strategy. The consultation showed us that there was very strong support for a values-led strategy and confirmed our belief that patients should always be at the centre of our decision making.



## Seek out the voice: Summary of achievements

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- During this period a significant and new investment was made in its safeguarding team creating an opportunity to embed Making Safeguarding Personal across all our services in line with the Trust vision.
- The Safeguarding team have strong links with the Patient Experience service, since the Mid Staffordshire NHS Trust enquiry all NHS Trusts are obliged to speak directly to service users and their families when errors or mistakes happen to offer an open apology. This practice has had a beneficial effect on the hospitals in Leeds and is regularly used in safeguarding enquiries as evidence of involvement and dialogue with service users and their families.
- All safeguarding enquiries are reviewed to ensure that the voice of the service user is clearly identified within the enquiry.
- A number of our patients experience a lack of capacity in relation to specific decisions, as such the team are allied to the Mental Capacity Act team in the Trust.
- During 2017 the Trust's safeguarding training plan is being introduced to reflect the NHS England adult safeguarding intercollegiate document that was published in draft in 2016. The new 'level 3' training for safeguarding specialists includes a strong emphasis on the voice of the adult. It is expected that all senior clinicians will have access and complete the training over an agreed introductory period. It is hoped that focussing on this staff group will further embed Making Safeguarding Personal. The voice of the adult at risk and direct experience of using safeguarding procedures will be embedded within the training.
- We continue to actively seek the views of people with Learning Disabilities who stay in hospital, surveying all people with Learning Disabilities who are inpatients during the months of May and November. Our Learning Disabilities team and strategy group are using the findings to improve the service we deliver.

## Seek out the voice: Summary of achievements

- Relationships with local stakeholders such as Advocacy Groups, Community Forums, and involvement groups, continue to develop. A joint training session was held between Advonet and the Trust to identify opportunities for learning and ways in which the experience can be improved for people who wish to raise any concerns, including safeguarding concerns.
- We have also been working closely with our colleagues across Leeds to reduce pressure damage in all settings, including the patient's home and care homes. We have a city wide work plan and have had a number of forums where teams have come together to discuss where the risks are and to plan how to reduce them.

### 2.1.7 Leeds Community Healthcare NHS Trust (LCH)

- Every year we look back over some of our records to check we have done what we said we would do. This year we have been checking for "Patient involvement throughout episodes of care, including their experience and feedback". All of our services are on track to tell us how they have got on with this and by the end of April, we will know how we are doing and what we could do better.
- While we are waiting for the outcome of the records review, we have been continuing to make sure our health centres and clinics have good information about staying safe, that is easily seen – we think that if we get this right for people living with dementia, we will be getting it right for everyone.
- At Leeds Community Healthcare we are keen to be Dementia Friendly; one simple way we want to show that is by having tidy notice boards, so people can easily pick out the information they want, including safeguarding information. This not only helps people who are living with dementia, but helps everyone find the information that is most important to them. Please tell our reception staff if you struggle to find what you need from our notice boards – your feedback is important to us.

## Seek out the voice: Summary of achievements

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### 2.1.8 **Leeds City Council: Public Health: Strategy & Commissioning Team**

- We have recently commissioned new visiting and accommodation services which will be operational in Leeds from July 2017 – these contribute to improving outcomes for some of the most vulnerable people in the city.
- We have also recently commissioned the new domestic violence and abuse service which will be operational from April 2017 – this contributes to improving outcomes for some of the most vulnerable people in the city.
- Service users were consulted as part of the commissioning process and their feedback was used to inform the new service specifications.

Examples of commissioned services are highlighted on the following pages. Each of these services are strategically important to the city working with some of the most vulnerable people with multiple support needs who are at risk whilst being street homeless, rough sleeping or vulnerably housed.

All these services will proactively engage with, and be accessible to individuals from a diverse range of ethnic, religious and cultural backgrounds.

## Seek out the voice: Summary of achievements

### Leeds Domestic Violence Service

**Leeds Domestic Violence Services (LDVS)** is a consortium made up of Leeds Women's Aid, HALT (Help, Advice and Law Team), Behind Closed Doors and Women's Health Matters – that will deliver a comprehensive support service for adults, children and families affected by domestic violence and abuse.

With considerable experience of supporting people affected by domestic violence and abuse, LDVS will provide a range of support options including: a 24 hour helpline, Independent Domestic Violence Advocacy support, one-to-one support and group work, drop-ins, training, volunteer and peer support, emergency accommodation and resettlement support.

The service will take a whole family approach and work in partnership with other agencies to ensure a coordinated response for individuals and families who experience domestic violence and abuse.

The service fits into a wider programme of work – the Domestic Violence and Abuse Breakthrough Project - LDVS is a key partner in the development of strategic responses to domestic violence and abuse in the city.

## Seek out the voice: Summary of achievements

### Engage Leeds

**Engage Leeds** is a consortium made up of Gipsil, Barca-Leeds, Riverside and Connect Housing Association.

Engage Leeds will provide a range of support options to enable vulnerable adults and families to live independently, this will include: formal 1-2-1 visiting support with flexibility of intensity and duration, informal drop-in provision that is locally based to enable easy access, peer support, befriending and community engagement opportunities.

The service will develop a focus on recovery and restorative, person centred planning and support.

Working in partnership with a wide range of agencies, service delivery will be focused upon the following themes:

- Prevention of homelessness and early intervention,
- Sustainment and a person's ability to live in safe and suitable accommodation and
- Integration - supporting people to participate and access the services and opportunities available.

## Seek out the voice: Summary of achievements

### Beacon

**Beacon** has been commissioned to provide a new city wide Housing Related Support (HRS) accommodation service for vulnerable adults, couples and families to prevent homelessness and address housing need. Beacon will be delivered by a consortium made up of Leeds Housing Concern, Touchstone and Foundation.

Accommodation will be delivered through a mixture of intensive accommodation with access to staff 24 hours a day, 7 days a week and community dispersed properties with visiting support. Peer support, befriending and volunteering are integral parts of the service.

Working in partnership with a wide range of agencies services delivery will be focused upon the following themes:

- Prevention of homelessness and early intervention,
- Sustainment and a person's ability to live in safe and suitable accommodation and
- Integration - supporting people to participate and access the services and opportunities available

## Seek out the voice: Summary of achievements

### 2.1.9 Her Majesty's Prison Service, Wealstun

- Every prisoner at risk is interviewed and a case manager is appointed where required.
- All incidents that put prisoners at risk are investigated.
- All investigations are discussed at a weekly Safety Interventions Meeting.
- Dependent on the level of risk, resources and support networks are established.
- The risk is managed until it is removed or reduced to an acceptable level.

#### HMP Wealstun: Listener Scheme

A Listener scheme is operating in the establishment.

Listeners are selected prisoners trained and supported by the local Samaritans. They can be called on by those at risk or in crisis at any time of the day or night.

This service supports the work of the Samaritans and allows those at risk to be able to talk to their peer group face to face (when they feel they can't discuss with staff) rather than someone in a remote location.

## Seek out the voice: Summary of achievements

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### 2.1.10 National Probation Service (NPS)

- Identification, Assessment and Management of offenders – NPS staff have contact with offenders who pose a risk of harm to known adults at risk, pose a risk of harm to adults at risk in general, are adults at risk, have care and support needs and/or are carers in need of support. There is consideration of vulnerability in all assessments, placing adult safeguarding on the agenda, and ensuring the above are identified at the earliest opportunity.
- Co-located victim services teams ensure that the voices of victims of crime (who may be vulnerable) are held important in all aspects of offender sentences and release plans.
- Regular staff training is provided to ensure practice is kept up to date.
- Referrals are made to other agencies to access care and support where required.
- We ensure the six key principles of Adult Safeguarding underpin our work and decision making

### 2.1.11 West Yorkshire Community Rehabilitation Company

- Risk assessments and plans are completed at the beginning of sentences for cases managed both in custody and in the community. These assessments are dynamic and are continually developed throughout a person's sentence.
- We work directly with both victims and perpetrators of crime to reduce re-offending and protect the public.
- We work closely with other agencies to manage risks both to and from perpetrators.



## Seek out the voice: Summary of achievements

### 2.1.12 Healthwatch Leeds

Seek out the voice: Summary of achievements

- Reviewed staff and volunteer training to make it connected and relevant to the work we do.
- Worked through information in the Citizen Engagement sub-group and with specialist contributions to describe good practice.
- Developed an on-line and newsletter offer for any person in Leeds to share their safeguarding experience in confidence.

### 2.1.13 Leeds City Council: Housing Leeds

- Annual Home Visits – all tenants are visited annually to review any issues with their tenancy; this includes the review of support needs / arrangements and the identification of safeguarding issues. 95% of tenants were visited by the end of February 2016/17 – this highlighted a number of tenants with additional support needs that the service was previously not aware of.

- Sheltered Support Officer – support plans are reviewed every 6 months to review tenant support needs and identify safeguarding issues. Regular visits / contacts are provided to monitor the well-being of sheltered residents.
- Housing Leeds continues to support the Case Conferencing approach – this involves multi-agency working to wrap services around the tenant / applicant at risk. Housing Leeds attendance at case conferences include bi-weekly Young Persons Move On Group, daily Front Door Safeguarding HUB and the weekly Adaptations Panel meeting.
- The Young Person Move On Group - includes representation from Housing Leeds, Children's Services and Support Agencies. It continues to meet bi-weekly, and follows a case conferencing approach to ensure that the housing and support needs of young people are responded to in a collaborative way.

Agencies bring cases to each meeting involving a young person who has an urgent housing and support need, is at risk of homelessness or is failing in their tenancy. This provides agencies with the opportunity to work together to agree a proactive and collective response. The group has proven extremely successful in ensuring that issues are identified and responded to at an early stage and in a collaborative way.

## 2.2 Improve awareness of safeguarding across all our communities

What we want to achieve for citizens in Leeds:



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

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

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

Ash took his supported employment seriously. But his colleagues thought his mental illness was a joke.

**ABUSE.**  
Doing nothing is not an option

To raise a concern about adult abuse  
**CALL 0113 222 4401.**

[www.leedsadabguardingroute.org.uk](http://www.leedsadabguardingroute.org.uk)

## 2.2.1 Leeds Safeguarding Adults Board

### Improving awareness: Summary of achievements

The Leeds Safeguarding Adults Board has a range of engagement materials to promote awareness of safeguarding adults within the city. These include:

- Posters
- Leaflets for staff/volunteers
- Leaflets for members of the public
- Easy Read (pictorial) leaflets
- Cards with key contact numbers
- A Board website: [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

These are all available from the Board's Partnership Support Unit; who have been proactive in distributing materials during 2016/2017 across a wide range of key community services in the city including:

- Community & Leisure centres
- Places of worship
- Credit unions
- Job centres
- Police stations
- Higher and further education colleges
- Advice centres
- Members of parliament
- Medical services, such as chiropodists, pharmacies

The Unit has also worked to raise awareness of safeguarding within community / practitioner events,

- Leeds Social Care Community Forum: Black Asian Minority Ethnic Conference, April 2016
- Equalities Assembly Conference, November 2016
- Future me event, July 2016
- Leeds Bus Station, January 2017
- Leeds Markets, October 2016
- Leeds Practice Nurse Conference, July 2016
- Leeds City Council Staff Engagement Event, October 2016
- Leeds City Council, Safeguarding Champions Events
- Tenfold, June 2016



## Improving awareness: Summary of achievements

### Engaging with diverse communities

A priority for the Safeguarding Adults Board is to promote awareness of safeguarding services across the city.

The Board is exploring how it can best reach out and engage across diverse communities in Leeds. It wants everyone to know how, and be confident to seek help if they experience abuse.

The Board is currently consulting on:

- its engagement materials,
- the approach required to reach more people,
- how to make the safeguarding message clear and understandable and
- how to overcome any reluctance or concerns people may have about seeking help.

To achieve this, the Board is gathering the view of equalities groups and forums and partners as to the best approach. It will continue to do this as we move into 2017, before revising and re-launching its materials.

### Safeguarding Adults Week

The Leeds Safeguarding Adults Board jointly hosted a Safeguarding Week in October 2016.

The Safeguarding Week took place from the 17-23 October and coincided with similar weeks arranged across the region.

Working with Leeds Safeguarding Children Board, Safer Leeds and Office of the Police and Crime Commissioner the week was an opportunity to promote awareness of safeguarding across the city.

The three Safeguarding Boards in Leeds invited every organisation to consider what they may be able to do





## Improving awareness: Summary of achievements

during that week to promote awareness. A programme of events was compiled and a range of organisations contributed in various ways, from newsletters to use of leaflets and posters, staff briefings, training sessions and public events.

This was the first time the three Safeguarding Boards in Leeds united to jointly promote Leeds being a Safe Place for Everyone. The success of this joint enterprise has influenced our plans for the coming year.

We aim to build on this next year, the three Boards are planning for another Safeguarding Week in October 2017, as part of a revised approach to work together more closely to promote awareness of safeguarding services in the city.



## Improving awareness: Summary of achievements

### Safeguarding for Migrant Communities

Migrant communities may experience greater difficulties accessing support in relation to safeguarding concerns. Differences in language, culture or understanding of available services can act as barriers to people receiving the support they need.

The Safer Communities Project, led by Leeds City Council is being supported by Leeds Safeguarding Adults Board, Leeds Safeguarding Children Board and Safer Leeds.

The project will engage community leaders in learning events about abuse and neglect and available services, with a view to them to be able to pass this information onto other people and groups within their community.

The approach is based around strong communities and promoting human rights approaches to understanding the challenges faced by some within their community.

Voluntary Action Leeds is leading the development work with the Migrant Access Project, Hamara, Domestic Violence Team and Homestart.

The project will be initially piloted with four communities, commencing Spring 2017.

## Improving awareness: Summary of achievements

### 2.2.2 Adult Social Care

- We continue to offer safeguarding training courses that can be accessed by both the statutory and voluntary sectors.
- We ensure that safeguarding training for staff is a key requirement within our Learning and Development Strategy. The strategy sets out that safeguarding refresher training should be undertaken every three years within commissioned services. This is monitored by Contracts Officers.
- We continue to support the work of the Migrant Access Project (MAP) and Voluntary Action Leeds to raise awareness of safeguarding adults within migrant communities.
- We have used our various provider forums to promote awareness of safeguarding adults.

### 2.2.3 West Yorkshire Police

- Leeds District police have recently set up a team responsible for investigating and dealing with Modern Day Slavery in the city and have achieved recent successes with a number of people traffickers arrested and charged with trafficking vulnerable adults into the City. The team works on intelligence gained through working in partnership with a number of key statutory and third sector agencies in Leeds and aims to disrupt and dismantle the organised crime groups that prey on adults at risk. As part of this initiative, the team have conducted a number of training sessions both inside and outside the organisations to raise the profile of Modern Day Slavery and explain how partner agencies can assist.
- Leeds District police have appointed a small cohort of Community engagement Officers who are responsible for engaging with hard to reach communities in order to raise awareness of and obtain information around several challenging issues including 'so called' honour based violence, forced marriage and female genital mutilation. Engagement around these issues is already proving effective and officers continue to work with established partner agencies who are able to provide long term counselling and support.

## Improving awareness: Summary of achievements

### 2.2.4 Leeds NHS Clinical Commissioning Groups (CCGs)

- The Safeguarding Training Programme for GP's has been revised to ensure that it covers all issues relating to safeguarding adults. Topics include:-
  - i. Role of the GP in Safeguarding/Referrals to Adult Social Care
  - ii. Modern Day Slavery
  - iii. Human Trafficking
  - iv. Female Genital Mutilation
  - v. Prevent
  - vi. Mental Capacity Act.
- The awareness of safeguarding adults is promoted throughout the work of the CCGs safeguarding team, including the needs of Black and Asian communities. The team utilise a variety of methods to promote key messages and learning, including training, newsletters and topic specific briefings.
- The quarterly safeguarding lead meetings for primary care now include adult safeguarding leads and are held bi-monthly to support learning and awareness raising.

- The team have developed an informative adult safeguarding repository within Leeds Health pathways which primary care staff can access for information and advice in terms of their practice and support for patients.
- The team have developed and implemented a SystemOne and EMIS compatible template to facilitate the flagging of patients' electronic records if the patient is an adult at risk, or a victim of, or at risk of domestic violence or abuse (DVA) which also provides for recording the outcome of the routine enquiry.

### 2.2.5 Leeds and York Partnership Foundation NHS Trust (LYPFT)

- Links have been made with the LYPFT inclusion lead to attend and advise within the Trustwide Safeguarding Committee.
- We promote safeguarding information through a variety of different means such as training, posters, electronic bulletins.



## Improving awareness: Summary of achievements

- LYPFT have representation on the Mental Health Legislation Operational and Leadership Group, the aim is to link in with work being done to identify patterns of ethnicity of those patients being treated under mental health legislation. Certain groups have longstanding over representation in this area. The aim is for shared learning and opening up dialogues with black and ethnic minority groups.
- We are moving to a datix (electronic incident record system) based reporting method for all safeguarding advice and incidents. We will give consideration as to how we can capture better data around incidents affecting black and minority ethnic groups.
- We have a newly appointed freedom to speak up guardian whose role is to promote whistleblowing and the raising of concerns across the Trust.

### 2.2.6 Leeds Teaching Hospitals NHS Trust (LTHT)

- The Safeguarding team maintain a data base with which to review demographics and involvement. The Trust serves the people of Leeds and this is reflected in the multi-cultural and ethnic makeup of our patients.
- The Trust have a number of engagement groups. Over the next year it is hoped the newly configured Safeguarding team will review how best to engage and use this resource to improve the awareness of safeguarding in the Trust.
- Leeds Teaching Hospitals Trust is one of the largest and busiest NHS trusts in the country. We see about a million patients a year who are drawn from large and evolving local and regional populations. We are proud to be delivering a wide range of health services to the diverse communities in Leeds and across the region. We recognise that diversity and difference are strengths that enrich the work of our organisation and help us to deliver services that meet the needs of our local communities.

## Improving awareness: Summary of achievements

- A number of recent Trust initiatives have been supported through working with partners. These include the development of a Trust Trans policy and associated staff training that has evolved through collaboration with Trans+ve. Safeguarding is embedded within all these initiatives and helps us to raise wider safeguarding awareness.
- We work with our local communities to provide culturally appropriate maternity services with assistance from Doula volunteers. The Haamla project has offered a Doula service since 2011 and to date they have attended 78 births, with a further 38 women offered post-natal support.
- The Haamla team work to raise awareness in safeguarding working closely with community groups.
- LTHT provides education and support regarding Female Genital Mutilation and safeguarding locally, regionally and nationally.

### 2.2.7 Leeds Community Healthcare NHS Trust (LCH)

- Safeguarding Week offered us a great opportunity to talk to people about everybody's right to feel safe and live free from abuse; we set up bright displays in some of our health centres and staff chatted to people passing by about what safeguarding means and how LCH staff can help.
- Leeds Community Healthcare engaged our staff and reached out to people who use our services during Safeguarding Week with poster display boards and leaflet stands set up in health centres around the city – we gave out leaflets and talked to people passing by about what being safe or safeguarding means to them. We also had a “Twiddle Muff” competition – twiddle muffs are knitted, brightly coloured and have bits and pieces attached to occupy the hands of someone living with dementia who might otherwise self-harm. The competition which was judged by one of our partners from the voluntary sector and then the twiddle muffs were shared out with services that help care for people living with dementia. This helped us to make Safeguarding Week fun and encouraged citizens and staff to get involved; it helped us to talk to other agencies about safeguarding; and it strengthened our message about being a Dementia Friendly organisation.

## Improving awareness: Summary of achievements

### 2.2.8 Her Majesty's Prison Service, Wealstun

- The Safer Custody team have completed a leaflet drop explaining the support available from the team and partner agencies.
- A full staff briefing has been completed, highlighting the importance of supporting those at risk and how to report and manage incidents of self-harm, risk from others, risk to others and risk to self.
- Regular 'Learning Bulletins' are disseminated to all those working at HMP Wealstun.

### 2.2.9 Directorate of Public Health, Strategy & Commissioning Team

- We have revised safeguarding inserts which are included in all recent service specifications.
- All services are required to have a nominated safeguarding lead.

- All commissioned service staff and volunteers are trained and supported at a level appropriate to their role.
- Key safeguarding messages are circulated to commissioned services.

### 2.2.10 National Probation Service (NPS)

- Specific work with the victims and perpetrators of hate crime.
- Well-developed partnership work with those identified as being at risk of radicalisation or extremism.
- Report writing and representations in Court.
- Contribution to Oral hearings in prison.

## Improving awareness: Summary of achievements

### 2.2.11 West Yorkshire Community Rehabilitation Company (CRC)

- All staff within the CRC are required to complete Safeguarding training.
- Attending and engaging in multi-agency partnership working.
- Providing specialist commissioned services for: Women, South Asian, 18 - 25 year olds.
- Providing translation services.

### 2.2.12 Healthwatch Leeds

- Chairing the Board's Citizen Engagement Sub-group that works to promote awareness of safeguarding within the city. This has included promoting safeguarding messages through our networks including social media.

### 2.2.13 Leeds City Council: Housing Leeds

- We organised Safeguarding Level 1 training called "Working Together to Safeguard our Children and Young People" for our involved tenants during 2016.
- We have supported Leeds Tenants Federation to develop a Tenants And Residents Associations (TARAs) Guide which includes a section on Safeguarding. Safeguarding is an agenda item at the TARA Panel meeting for June 2017 (a citywide group of TARA members).
- We also offer support to TARAs to ensure that they have appropriate safeguarding arrangements in place, and this is reviewed on an annual basis.
- Safeguarding training is provided for repair operatives and safeguarding lead officers within partner contractors, to ensure that operatives respond appropriately to safeguarding concerns when undertaking repairs.
- We support Council / multi-agency publicity campaigns to promote awareness of particular safeguarding issues, via posters / social media e.g. the White Ribbon campaign in Leeds.

## 2.3 Improve responses to domestic violence and abuse

What we want to achieve for citizens in Leeds:



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

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

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

### What is domestic abuse and violence?

The cross-government definition of domestic violence and abuse is:

“any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality”.

## 2.3.1 Leeds Safeguarding Adults Board

### Domestic violence and abuse: Summary of achievements

In Leeds, 14,414 incidents of domestic violence and abuse were recorded by the police in 2014/15; of these a significant proportion will have been experienced by adults with care and support needs.

Research tells us that disabled women are twice as likely to experience domestic violence and abuse than non-disabled women<sup>1</sup> and that the effect of being both disabled and a woman places disabled women at significant and higher risk than women in the general population. More than 50% of disabled women in the UK may have experienced domestic abuse in their lives, and may be assaulted or raped at a rate that is at least twice that of non-disabled women<sup>2</sup>.

This knowledge, together with learning from Domestic Homicide Reviews in the city have informed the Board's ambition to improve the safeguarding adults response to adults with care and support needs who are experiencing, or at risk of domestic violence and abuse.

During 2016/2017, the Board has worked in a range of ways to develop the city's response to citizens in these circumstances:

- Supporting Safer Leeds with its statutory role in relation to Domestic Homicide Reviews (DHRs) by being a standing member of the DHR sub-group.
- Supporting Safer Leeds to develop domestic violence and abuse training that incorporates safeguarding adults learning for workers in Adult Social Care and Leeds Community Healthcare.
- Developing a domestic violence and abuse / safeguarding adults learning pack that highlights the key domestic violence and abuse and safeguarding adults lessons from Domestic Homicide Reviews concerning adults with care and support needs in Leeds between 2013 and 2016.
- Facilitating, with support from the Leeds Domestic Violence Service, eight learning from practice domestic violence and abuse / safeguarding adults workshops across all care and support sectors in Leeds during 2016.
- Consulting with the Leeds Domestic Violence Consortium and Basis Leeds as part of the Board's review of the Leeds safeguarding adults approach and practice, focusing on learning from their experience of working with adults with care and support needs.

<sup>1</sup> Crime Survey, England and Wales 2016

<sup>2</sup> Magowan, P. (2004). 'The impact of disability on women's experiences of domestic abuse: An empirical study into disabled women's experiences of, and responses to domestic abuse',

## Domestic violence and abuse: Summary of achievements

- Advising on the safeguarding adults element of the specification for the commissioning of the new Leeds Domestic Violence and Abuse Consortium, ensuring that the requirements are commensurate with the duties set out in the Care Act 2014.
- Holding an exceptional Board meeting in April 2016 that focused on learning from Domestic Homicide Reviews in Leeds with Board Members reflecting on the circumstances of a person with dementia and physical disabilities who died whilst being cared for by her informal carer, her husband.
- The Leeds Safeguarding Adults Board is represented in the Leeds City Council: Breakthrough Project, Domestic Violence Board, helping to ensure there are effective links across the strategic Boards.
- The Citizen Engagement Sub-group has reviewed West Yorkshire Police publicity material for people experiencing domestic violence and abuse; and now has representation on the Domestic Violence and Abuse: Breakthrough Project Communications Groups.
- Working jointly with Safer Leeds and the Leeds Safeguarding Children Board, the Board has disseminated material aimed at encouraging citizens to speak out about domestic violence and abuse.
- During 2016, the Leeds Safeguarding Adults Board supported the city-wide White Ribbon Campaign, which formed part of the wider 16 Days of Action campaign in relation to domestic violence and abuse.

Leeds was the first city in England to gain White Ribbon status in 2010. Wearing a white ribbon is a personal pledge by men to never to commit, condone or remain silent about men's violence against women in all its forms.

Over 1,300 men took the pledge on the 25th November 2016, far exceeding expected numbers. There was extensive social media coverage, with domestic violence ambassadors promoting awareness and working to improve responses to domestic violence and abuse.

## Domestic violence and abuse: Summary of achievements



### 2.3.2 Adult Social Care

- Adult Social Care have been awarded the Leeds Domestic Violence and Abuse Quality Mark. Domestic Abuse Ambassadors have now been appointed, who are able to offer help and advice throughout the service.
- Staff within commissioned services have been made aware of the issues relating to domestic violence through organised briefing sessions. This has included lunchtime seminars on domestic violence and abuse.
- With domestic abuse and violence there are potential barriers to accessing safeguarding. As such, solutions need to be tailored to communities.

The Adult Social Care's Equality and Diversity Board is leading on understanding who uses our services, the experience of those services, and what difference our interventions make.

The equality Board recognises that the communities themselves are the best placed to tell us what they need. To support this, the Consultation and Engagement team have excellent links into many communities, including lesbian, gay, bisexual and transgender communities where specific issues exist.



## Domestic violence and abuse: Summary of achievements

By incorporating safeguarding and domestic violence as considerations into this work we can provide more effective and culturally appropriate services through our commissioning processes.

Adult Social Care are part of the Migrant Access Safeguarding Project outlined on page 32, that is working to engage with migrant communities in Leeds.

The District continues to invest in a dedicated domestic abuse team using specialist officers to investigate all crimes involving domestic violence and abuse. This approach has already improved the number of positive outcomes achieved through the courts and links in with a victim support framework which aims to provide long term support for victims of domestic violence and abuse through a network of partner and third sector agencies.

### 2.3.3 West Yorkshire Police

In partnership with a number of statutory and third sector agencies, Leeds District police have invested heavily in a daily Multi Agency Risk Assessment Conference (MARAC) which aims to deal with the threat, risk and harm faced by victims of domestic violence and abuse. With over 15,000 reported incidents of domestic violence and abuse reported in Leeds last year, this initiative aims to protect vulnerable victims by sharing partnership information and developing a coordinated plan to mitigate identified risks while also providing practical support and treatment for those victims with issues around mental health and drug or alcohol misuse.

## Domestic violence and abuse: Summary of achievements

### Front Door Safeguarding Hub (FDSH)

Tackling domestic violence and abuse is a key priority for Leeds City Council and has been identified as one of the Council's 8 breakthrough projects.

The intention behind the breakthrough projects is to bring together council directorates, partner organisations, communities and individuals in new ways to tackle issues that will have the biggest impact on the people of Leeds.

The Domestic Violence Breakthrough Project provides an opportunity to build on significant work that has taken place in the city over a number of years and to identify ways to do things differently for lasting change.

The FDSH is an umbrella term which describes the partnership arrangements at Westgate that include police, Children Social Work Services, health, Adult Social Care and Multi-Agency Risk Assessment Conferences (MARACs).

A key element of the Domestic Violence Breakthrough Project is the development of daily domestic violence meetings (MARAC)

The daily domestic violence meetings were established to improve the safety and support of victims of domestic violence and abuse.

## Domestic violence and abuse: Summary of achievements

The daily meetings provides for a faster, more co-ordinated and consistent response to domestic violence cases. Key features of the arrangements include, improved information sharing, tasking, and accountability with less duplication in responses

Central to the work of the daily domestic violence meeting is the partnership approach, that brings together the support and expertise of a range of organisations, including:

- Police,
- Adult Social Care,
- Children Social Work services,
- Health (LCH and LYPFT and Primary care),
- Substance Misuse services (DISC and CRI),
- LCC Housing Services, third sector housing providers,

- Leeds Domestic Violence Services,
- Probation (CRC and NPS),
- West Yorkshire Fire and Rescue Service,
- Leeds Anti- Social Behaviour Team,
- Youth Offending Service,
- Education and Families First,
- Family Group Conferencing,
- Early Start.

Adult Social Care will often act as the lead agency for MARAC cases where there are safeguarding adults concerns, helping to ensure that all the person's needs are being considered.

## Domestic violence and abuse: Summary of achievements

### 2.3.4 Leeds NHS Clinical Commissioning Groups (CCGs)

- Since September 2016 the CCG Named Nurses work at the Front Door Safeguarding Hub as part of the multi-agency meeting in response to domestic violence and abuse.
- To date (September 2016 to end of February 2017) 1576 victims of high risk domestic violence have been notified to the individuals GP.
- Training Sessions and increased awareness of the Multi-Agency Risk Assessment Conferences (MARAC) process for domestic violence has led to an increase in GP's referring cases in to MARACs.
- The CCG are working closely with Michelle Shepherd (Health and Domestic Violence Co-ordinator, Domestic Violence Team, Safer Leeds) to identify high risk GP areas and offer bespoke training as a priority.
- Implementation of the domestic abuse template within electronic patient records, which clearly identifies to a clinician that a patient is or has been a victim of domestic violence, has been introduced to improve the response provided.

### 2.3.5 Leeds and York Partnership Foundation NHS Trust (LYPFT)

- The LYPFT Safeguarding team attend the daily Front Door Safeguarding Hub. The team act as a link to staff and clinicians supporting both victim and perpetrators with an aim of providing support and sharing information.
- The Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment and management has now been embedded within the LYPFT clinical recording systems in order to better support staff in timely assessment.
- Domestic Violence training is available across the Trust from Autumn 2016 to include routine enquiry and DASH awareness.
- All mandatory safeguarding training now has domestic violence and abuse embedded within presentations.
- The 'Level 3' Safeguarding Training (for safeguarding specialists) has embedded multi-agency discussion and learning.

## Domestic violence and abuse: Summary of achievements

- An internal audit is being planned to benchmark LYPFT practice against NICE guidance – April 2017.

### 2.3.6 Leeds Teaching Hospitals NHS Trust (LTHT)

- The Trust maternity services mandate 'routine enquiry' in ante-natal consultations.
- The Trust have initiated a project within the Accident and Emergency Department (A&E) to use 'routine enquiry' within the initial assessment at A&E.

It is recognised that the urgent care sites at general hospitals are a key ally in engaging victims in accessing help. Throughout 2017 work is underway to introduce a question in A&E assessments which directly asks all patients 'are you suffering from Domestic Violence'. We aim to audit and review the success of this initiative and use that to inform how this may be best rolled out to further clinical services.

- The Trust engaged with the 'White Ribbon' campaign asking men to make the pledge and sign up to 'ending male violence against women'. This was led by our Chief Executive Julian Hartley and our Executive Director Dean Royles. This was a very visible campaign hosted in the main public sites of the Leeds General Infirmary and St James University Hospital.
- The Trust continues to host and value the Women's Aid/Halt drop-in support at the Leeds General Infirmary and St James University Hospital Antenatal clinic service.
- One of the Emergency Department medical consultant's is now the medical lead in the department for domestic violence.
- The Safeguarding team aim in 2017 to embed a stand-alone domestic violence policy which will further embed recognition of domestic violence across all our sites.

***“ I think patients may seek referral here because they feel it is a safe place they can come. They come [saying] ‘I know you have a service’. I don’t think there are many other places... Coming to hospital equals [a] place of safety and expected confidentiality” (A&E Doctor ‘Safe Lives A cry for help’ report)***

## Domestic violence and abuse: Summary of achievements

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- The current safeguarding training plan 'level 3' (for safeguarding specialists) will include lessons learned from Domestic Homicide Reviews and the level 1 and 2 training (for practitioners and managers) will include a dedicated video on domestic violence.
- A new alert process has been introduced to notify clinicians of patients who are identified as high risk victims of domestic violence.
- Leeds Teaching Hospitals will be facilitating a regional domestic violence study day later this year.
- To be able to support the citizens of Leeds who are experiencing domestic abuse or violence we started by making sure that as many staff as possible in Leeds Community Healthcare knew what support they could get if this is something that's happening in their lives. We did this through our Safeguarding Champions meeting, a newsletter, and by joining with partner agencies to learn from the tragic times when someone has died because of domestic abuse (Domestic Homicide Reviews).
- One of the most important lessons that is bringing change to Leeds Community Healthcare is about getting into the habit of asking people if they feel safe at home or in their community (Routine Enquiry) – this is already part of our usual practice for people using Health Visiting, School Nursing and Child and Adolescent Mental Health services – we will keep spreading that message so that it becomes routine for all our services.
- Raising awareness of domestic abuse and violence has been a theme running through our Safeguarding Champions meetings throughout 2016 – 2017.

### 2.3.7 Leeds Community Healthcare (LCH)

## Domestic violence and abuse: Summary of achievements

### 2.3.8 Leeds City Council: Directorate of Public Health: Strategy & Commissioning Team

- A comprehensive review of domestic violence and abuse commissioned services was completed, followed by a successful commissioning exercise. The new commissioned service will be operational from 1st April 2017.
- The five West Yorkshire local authorities (Leeds, Bradford, Kirklees, Calderdale and Wakefield) submitted a successful funding bid to the Department for Local Government and Communities (Leeds City Council will be the lead authority).

The funding will support cross border working and drive up standards in services to victims of domestic violence across the sub-region. The model will deliver consistent, high standard service responses and will improve access and responsiveness through the following three strands of work:

- improving capacity, standard and access to refuge and dispersed accommodation.

- improving responses to women who are high risk, present with complex needs and women from marginalised communities.
- service improvement and workforce development.
- The Domestic Violence Team continues to support organisations to achieve the Domestic Violence Quality Mark, including providers and consortiums which support people with complex needs (e.g. drug and alcohol services and housing services). This support is crucial in ensuring that frontline staff across the city are equipped to respond effectively when a client has support needs relating to domestic violence and abuse.
- The Breakthrough Project continues to identify and develop areas of work which improve responses to domestic violence and abuse:
  - Armley Locality Pilot: a broad based community response which aims to reduce the extent and impact of domestic violence by developing a locality based case discussion process for repeat cases or cases of concern to agencies.

## Domestic violence and abuse: Summary of achievements

- Smart City – Digital Response: looking at how to improve access to quality and consistent advice and support in two areas
  - 1) Making sure that no matter where someone seeks help in the first instance (e.g. the council contact centre, one stop shops etc.), they receive the same standard of advice each and every time.
  - 2) Ensuring that victims of abuse and perpetrators can easily access support where and when they need it. Sometimes, an individual will need to take quick and decisive action to remove themselves from a difficult situation and it is crucial that the best possible information and advice is available to help people make decisions.
- Leeds City Council: Domestic Abuse Ambassadors: volunteers from departments and services across Leeds City Council form part of a network of colleagues committed to improving the lives of people affected by domestic violence for the benefit of both citizens of Leeds and employees of the council.

### 2.3.9 Her Majesty's Prison Service, Wealstun

- A weekly multi-disciplined meeting has now been introduced to respond to all reported incidents and ensure ongoing management of the incident until resolution.
- Behavioural warning letters are sent to all identified perpetrators of abuse/violence.
- Behavioural compacts are issued to those perpetrators that require enhanced monitoring and management.
- Support compacts are being introduced for the victims of abuse/violence should they be required and are appropriate.



## Domestic violence and abuse: Summary of achievements

### 2.3.10 National Probation Service

- We have seconded staff to the Front Door Safeguarding Hub, working in partnership with the Police, Social Care and other partners.
- We have specifically trained staff to prepare pre-sentence reports on perpetrators.
- We ensure the victim perspective is heard in court.
- We provide regular training and updates provided for all staff.
- We work with perpetrators to address domestic abuse and violence, risk assessment tools enable assessors to focus on the victim's particular vulnerabilities.
- Scenario planning is used to allow assessors to consider situations where domestic abuse is more likely to take place – this helps to identify links between adult safeguarding and domestic abuse.

### 2.3.11 West Yorkshire Community Rehabilitation Company (CRC)

- Working with the Front Door Safeguarding Hub we provide a Senior Case Manager (Probation Officer) to attend and contribute to meetings on a daily basis.
- We work with both perpetrators and victims of Domestic Abuse with the aim of protecting victims, reducing re-offending and managing risk.
- We deliver group work accredited intervention aimed at male perpetrators of Domestic Abuse.
- We provide all staff training regarding domestic violence and abuse.
- Attending and engaging in multi-agency partnership working.
- We provide staff working with groups, supervision and counselling support.

## Domestic violence and abuse: Summary of achievements

### 2.3.12 Leeds City Council: Housing Leeds

- Housing Leeds is represented on the Front Door Safeguarding HUB to ensure that housing needs of domestic violence and abuse cases are proactively managed.
- Domestic violence champions have been identified in each housing office, who are responsible for ensuring that we respond appropriately to domestic violence concerns. All champions have been trained to support officers in responding to cases and in the use of Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) risk assessments.
- A programme of domestic violence Training has been planned to be delivered to all front line housing staff from April 2017.
- Leeds Housing Options have secured the Domestic Violence Quality Mark – the rest of Housing Leeds are working towards this quality mark.
- Housing Leeds has a budget available to install additional security measures to properties where the occupant has experienced domestic abuse.

#### Housing Leeds: Domestic Violence Toolkit

Housing Leeds has developed a Domestic Violence Toolkit which supports staff in dealing with domestic abuse and violence.

The toolkit includes guidance on how to identify abusive behaviour and explains different types of abusive behaviour, e.g. forced marriage, female genital mutilation. It also outlines key partnerships and risk assessment processes, and how staff can seek support to respond to suspected incidents of domestic violence and abuse.

The toolkit also outlines how staff should deal with different tenancy management situations where there is evidence of domestic abuse, e.g. applicants fleeing violence, suspected abandonments, support to enable victims to remain in their own home.

The toolkit will complement a domestic violence training programme for all front line housing staff which will support staff and enable the service to respond proactively and consistently to applicants and tenants experiencing domestic violence.

## 2.4 Learn from experience to improve how we work

What we want to achieve for citizens in Leeds:



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

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

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



## 2.4.1 Leeds Safeguarding Adults Board

### Learn from experience: Summary of achievements

The Leeds Safeguarding Adults Board's firm commitment to building on and continually developing a reflective learning culture is at the heart of its ambition to learn from experience to improve how we work.

This has been evident in the approach to:

#### 1. Learning through consultation:

A series of consultation events were held to develop best practice, the learning from which has been used to inform the development of the Board's Plans for 2016/17.

#### 2. Safeguarding Adults Reviews

The Board has adopted an inclusive and reflective approach to Safeguarding Adults Reviews which enable the Board to identify learning and share good practice lessons across the partnership.

#### 3. Developing Learning and Improvement Opportunities

The Board has provided learning and improvement opportunities for partners, providing practical support to agencies in identifying and sharing local and national learning.

#### Learning through consultation

During 2016, the Board decided that the best way of developing safeguarding practice was to learn from people's experience of the support provided.

During September and October 2016, the Board undertook a wide ranging consultation exercise as to the effectiveness of its safeguarding adults practice.

A range of approaches were adopted:

A series of workshops were held to find out views on what works well, areas of challenge and areas of potential improvement from as wide a range of parties as possible. Seven workshop were arranged for a diverse range of stakeholders:

- Front line staff
- 1st Tier Managers
- Safeguarding specialists
- Commissioned providers
- Commissioners
- Community groups – 2 workshops

## Learn from experience: Summary of achievements

The focus of each workshop was to firstly consider what a good response would look like for the adult at risk, and how we can work towards achieving this. Approximately 150 people took part.

All Board members were invited to complete a questionnaire on behalf of their organisation.

Services/organisations with related agendas, for example those responsible for responding to anti-social behaviour, domestic violence, forced marriage and modern slavery were also contacted and their views sought via questionnaires.

All the views and findings from this exercise were collated and members of the workshops were invited to attend the Board's Development Day to discuss the issues experienced.

Healthwatch Leeds developed a flyer offering the opportunity for citizens to tell their story about their experiences. Although it proved difficult in practice to gather personal experiences in this way, Leeds People First (Leep1) a self-advocacy group for people with learning disabilities, attended the Board Development Day in October 2016 providing a presentation and personal accounts of their experiences.

Learning from this event:

### 1. The importance of working more closely and supportively with independent and third sector organisations.

Organisations were committed to safeguarding citizens in Leeds, and many felt that collectively we could achieve better outcomes if we linked and worked more closely together, with mutual support and shared learning.

Our commitment is that we plan to hold more network events during 2017, to engage better and provide opportunities to share and develop best practice.

### 2. The value of adopting multi-agency approaches to the development of practice.

Many organisations wanted to be more involved in how we develop and shape safeguarding practice, and for the process to be fully inclusive of the skills and knowledge that they can bring to safeguarding people in Leeds.

Our commitment is that we plan to develop our multi-agency practice through workshops during 2017, informed by the views and experiences of all parties within the safeguarding procedures.

## Learn from experience: Summary of achievements

### 3. The need to review the extent of our strategic interests as a Board, to ensure we are focused on all the issues that safeguard citizens in the city.

Issues were raised as to the extent of the Board's responsibilities and whether it should extend to consider broader issues of vulnerability in the city.

The Board held a further Development Session to explore these issues on the 7th February 2017. The Board is currently developing a revised approach to its work, adopting a wider strategic focus.

### 4. The need for clarity on what issues amount to safeguarding concerns.

Some organisations reported a lack of agreement / consistency as to what issues should be responded to within the multi-agency policy and procedures.

The Board Development Session on the 7th February 2017, started exploring the need for increased clarity which will be addressed as part of its plans for 2017/18.



Presentation to the Safeguarding Adults Board, led by Susan Hanley, Chief Executive, Leeds People First (Leep1)



## Learn from experience: Summary of achievements

### Safeguarding Adults Reviews

In 2015, the Care Act 2014 was enacted and Boards were given a statutory duty to undertake Safeguarding Adults Reviews when:

‘.....an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. SABs must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect’<sup>3</sup>.

In Leeds, this provided the Board with a statutory basis to an approach to which it had been committed for a number of years. Leeds was therefore well-prepared for this change and has used this opportunity to develop an approach to undertaking reviews that is based on the ‘Learning Together’ model that has been used successfully by Children’s Safeguarding Boards in England Wales.

The Leeds systemic review approach is focused on using a review to ‘open a window on our systems’ and using that learning about what works well and what does not. The aim is to improve the whole system of safeguarding adults, whilst explicitly focusing on the lived experience of the individual.

This approach asks four questions, and these will form the basis of our revised policy for the conduct of Safeguarding Adults Reviews:

- i. Reconstructing the circumstances of the person’s experience: What happened?
- ii. Focusing on the lived experience: What were the person’s wishes?
- iii. Appraising and explaining: Why did it happen?
- iv. Assessing the relevance: What are the implications for future practice?

Consideration of these questions are supported by reflection on the six safeguarding adults principles that were published in 2011 and embedded within the Care and Support Statutory Guidance 2016.

The Board’s Safeguarding Adults Review Policy and Procedures are under review and will be published, incorporating this approach in 2017.

<sup>3</sup> Care and Support Statutory Guidance 2016

## Learn from experience: Summary of achievements

The Board has piloted the Leeds systemic review approach in undertaking a Safeguarding Adults Review during 2016-17 concerning Mrs B. Mrs B was a person with dementia and care and support needs stemming from her physical ill-health. She had experienced significant domestic violence in her life and died as a result of harm that may, the HM Coroner concluded, have been caused by an assault from her carer and husband.

The circumstances of Mrs B's experience have been reviewed using the Leeds systemic review approach, inclusive of reflective learning workshops with all the key agencies involved in Mrs B's life. Having achieved that learning, the Board decided to hold seven further workshops with people working in a range of different safeguarding and support roles in the city. This provided an opportunity to test out that learning and to seek to understand the barriers experienced by frontline staff to supporting, empowering and protecting people in Mrs B's circumstances.

This Safeguarding Adults Review will be published in 2017 and the learning will be disseminated through workshops, via a learning pack and online learning tools, such as audio presentations to share in team meetings and in one-to-one sessions.

In addition, the Board has received referrals for Safeguarding Adults Reviews concerning three people who experienced significant levels of avoidable harm from pressure ulcers that were contributory factors in their deaths. The Board decided to undertake the three Safeguarding Adults Reviews collectively as a thematic review, providing significant learning for the city about the interface between capacity, consent, dignity and choice and the avoidance of this form of harm.

The Board has started this review and will be concluding it using the Leeds systemic review approach in late spring 2017 with specialist advice and expertise from an independent Tissue Viability clinician.

### Developing Learning and Improvement Opportunities

In 2016, the Leeds Safeguarding Adults Board has reviewed its approach to providing learning and improvement opportunities to agencies providing care and support in Leeds.



## Learn from experience: Summary of achievements

The Care Act 2014 states that, “the [Safeguarding Adults Board] should ensure that relevant partners should provide training for staff and volunteers on the policy, procedures and professional practices that are in place locally which reflects their roles and responsibilities in safeguarding adult arrangements’, emphasising the Board’s role as one of assurance rather than delivery of training.

This is consistent with the Board’s wish to provide learning opportunities that are in a flexible format that can be used in a number of different ways in varied settings. The Board decided, therefore, in 2016 to cease direct provision of generic safeguarding adults training, requiring agencies to do so themselves, and to provide the Board with assurance of their activity.

In 2017-18, the Board will therefore develop a set of competencies for safeguarding adults work with required standards and expectations of learning and will then seek assurance against that framework.

The Board is clear, however that it also has an important role in disseminating learning from national and local reviews. It aims to do so in a way that accessible and useful to people working with adults with care and

support needs across all settings in Leeds. Board learning packs have been developed that include a summary of learning for dissemination, provision of more detailed learning, a learning self-assessment tool and a template presentation for use by all agencies in Leeds.

In 2016-17, the following learning packs have been developed through the Board:

- Learning from Savile
- Learning from the Mazars Independent Review of Deaths of People with a Learning Disability or Mental Health Problems in Contact with Southern Health NHS Foundation Trust.
- Learning from Domestic Homicide Reviews of People with Care and Support Needs in Leeds

In addition, the Board provided a number of two-hour briefings explaining the local multi-agency safeguarding adults policy and procedures and the associated safeguarding adults duties that are set out in the Care Act 2014. These were delivered to over 300 people employed within Health and Social Care in Leeds.

## Learn from experience: Summary of achievements

### 2.4.2 Adult Social Care

- Adult Social Care actively participates in Domestic Homicide Reviews (DHRs) to ensure that all lessons learnt are cascaded to relevant colleagues and other professionals and robustly implemented and reviewed. A Head of Service is the nominated DHR panel member.
- A Continuous Improvement Framework has been developed and is being implemented to record priorities, evidence achievements and to provide a clear and transparent framework to govern and drive excellent practice.
- A range of information about safeguarding is reported on a monthly and quarterly basis including information about safeguarding concerns and started and concluded enquiries. Data from the safeguarding national return is also used for comparative purposes. This information is shared and discussed throughout the organisation.
- Within commissioning we have sought the views of adults through our commissioning process for homecare to inform decisions on specifications for services and we included service user representation on the Advisory Board for this contract.

### 2.4.3 West Yorkshire Police

- Leeds District police work closely with the West Yorkshire Police Safeguarding Central Governance Unit to ensure that our practices are constantly reviewed, quality assured and developed using local and national good practice working collaboratively with statutory and third sector agencies. In a recent Her Majesty's Inspectorate of Constabulary inspection West Yorkshire Police received a 'Good' rating for protecting the vulnerable and will strive to achieve an 'Outstanding' rating in the next round of inspections.
- Through the Safeguarding Central Governance Unit, lessons learned through domestic homicide reviews (DHR's) and safeguarding adult reviews (SAR's) are used to improve practice with lessons learned disseminated to all front line officers and staff. Through our links with the College of Policing, learning from issues encountered by other forces has also been disseminated to our workforce.
- The force has a commitment to continually review, improve and innovate in relation to the service it provides to adults at risk and all those who call on us for help.

## Learn from experience: Summary of achievements

### 2.4.4 Leeds NHS Clinical Commissioning Groups (CCGs)

- The Implementation of the domestic violence and safeguarding electronic templates originated from learning from Domestic Homicides and Safeguarding Adults Reviews.
- The CCG Mental Capacity Act & DoLS Lead and the Professional Lead/DoLS Manager within Leeds Adult Social have developed and delivered a bespoke training package for GPs to increase their understanding, skills and knowledge in relation to Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS).
- GPs have been advised to use appropriate interpreters who are not family members when English is not the first language of the patient or there are communication/hearing difficulties.
- The CCG has been working closely with Local Authority colleagues to explore the number of safeguarding adults referrals that are made by primary care practitioners and how this information can be utilised to improve practice.



## Learn from experience: Summary of achievements

### CCGs - GP Training

The learning from Domestic Homicide Reviews, Safeguarding Adults Reviews and Learning Lesson Reviews are incorporated within all training delivered by the CCGs safeguarding team.

Some Domestic Homicide Reviews in Leeds have involved victims and/or the perpetrators with complex needs, including domestic violence and abuse, alcohol and/or substance misuse and mental health illness.

In some cases the domestic violence and abuse was not always clearly identified because agencies were focused on addressing, for example, the mental health or substance misuse issues.

The safeguarding training programme for GPs has included guidance on the need to raise awareness and understanding of how best to engage and work with those people with complex needs and to consider where multi-agency intervention would be appropriate.

## Learn from experience: Summary of achievements

### 2.4.5 Leeds and York Partnership Foundation NHS Trust (LYPFT)

- LYPFT have attended a number of Domestic Homicide Reviews, the learning from such reviews has been linked to higher level safeguarding training for safeguarding specialists (level 3).
- Specific Lessons Learned are shared with whole teams (Community Mental Health Teams) to embed and to give teams involved in domestic homicide reviews cases the opportunity to discuss and participate in the learning to better embed change.
- As a response to the MAZARs report (Southern Health), LYPFT have set up a regular review of all deaths, the mortality review group is attended by a LYPFT safeguarding team representative in order to enable learning to be shared and to identify themes which may link with wider multi-agency reviews.
- Our Trust incident review group meets monthly to oversee internal root cause analysis investigations.

Examples of particular projects or initiatives

- We have recently conducted three internal table top exercises Oct-Mar 2016/17 to look at learning from specific cases and to share the lessons.
- In October 2016 we hosted a 'making families count' conference to inform practitioners of the need to involve families in all Trust investigations.

### 2.4.6 Leeds Teaching Hospitals NHS Trust (LTHT)

- LTHT has regular involvement in the LSAB Quality Assurance and Performance sub-group, recently the Trust took part in an audit of decision making in referrals to Social Services taking 25 cases to audit them against the multi-agency policy and procedures.
- The Trust have embedded the learning from Domestic Homicide Reviews using Trust forums and wider communication cascades. The Safeguarding team are actively involved in a number of multi-agency reviews.

## Learn from experience: Summary of achievements

- The learning from Case Conferences is regularly embedded at team level, this process will be further embedded across teams as the increased Safeguarding resource allows for this to become a key aspect of the teams offer, enabling teams to reflect and learn from events.
- The Leeds Way includes the following which the Safeguarding team seeks to mirror in its practice:  
‘Accountable: This means:
  - Acting with integrity and always be true to our word.
  - Being honest with patients, colleagues and our communities at all times.
  - Disclosing results and accept responsibility for our actions’.
- We are committed to identifying, reporting and investigating all levels of safeguarding incidents and ensuring that learning is shared across the organisation and actions are taken to reduce the risk of recurrence and weekly meetings are held within the Trust to ensure these conversations take place.

### Case Study - Ward Health check Boards

These are boards in every ward area which highlight many things, including our staffing levels and whether they are appropriate and the occurrence of infections on the ward making us accountable not only to colleagues, but to our patients and the public.

These Boards were commented on by the CQC in their recent inspection and show our commitment to openness and transparency across everything we do.

## Learn from experience: Summary of achievements

- The new enhanced supervision of the patient's pathway has been introduced throughout the Trust. This pathway ensures that our most vulnerable patients receive the most appropriate level of care for their individual needs.
- Johns Campaign: In response to both carer and patient feedback we have signed up to 'John's Campaign'; a national initiative which encourages hospital staff to work in partnership with carers to ensure that patients receive the care that works best for them. We have simplified visiting times for our general wards and have introduced standard visiting hours (midday - 8pm) on most of our wards. 'John's Campaign' enables discussions to be held as to a friend / relative visiting or staying outside of those set visiting hours.

### 2.4.7 Leeds Community Healthcare NHS Trust (LCH)

In Leeds Community Healthcare we are working hard to recognise signs of abuse or neglect earlier so that we can help people make plans to reduce or remove the risks of harm.

One area of practice where we in Leeds Community Healthcare want to act earlier to reduce avoidable harm is around pressure ulcers. A pressure ulcer (sometimes known as a bed sore or pressure sore) happens when an area of the skin becomes red or infected because the blood supply struggles to get to the patch of skin under pressure – this is usually from sitting or lying in the same position for a long time. People who have reduced mobility either because they are ill or because they have a disability, are at higher risk of getting a pressure ulcer. The risk can be reduced by having the right information, the right equipment and the right treatment plan in place.

Even with the right information, equipment and treatment, it can still happen – we want to make sure that if it does, it's not because of abuse or neglect. When someone gets a bad pressure ulcer we carefully review what we had planned to do and what we actually did to see if there was anything we could have done to prevent it; and to make sure that it didn't happen through abuse or neglect. We talk to our service users and their family or carers to share what we've learned and to agree what can be done to improve the situation. We plan to keep doing these reviews and to get even better at sharing our learning so that each year, we'll see fewer people getting avoidable pressure ulcers and we'll get better at recognising when someone is experiencing abuse or neglect.

## Learn from experience: Summary of achievements

### 2.4.8 Leeds City Council; Public Health: Strategy & Commissioning Team

- The Strategy & Commissioning team's internal safeguarding process continues to be regularly reviewed.
- An internal monthly meeting with senior managers now takes place to look at deaths in services: this highlights any potential lessons that can be learnt and information that can be shared with commissioned service providers.
- Learning from domestic homicide reviews are disseminated to commissioned service providers.
- A number of our commissioned service providers (St George's Crypt, Change, Grow, Learn - Street Outreach service, Carers Leeds, Leeds Housing Concern and FLAGHIP service) have been involved in the LSAB Safeguarding Adults workshops and contributed scenarios to the board's development day.

The providers very much welcomed the opportunity to be involved in this process and to be able to share their experiences of safeguarding. Learning from the providers experience of safeguarding is helping to strengthen and improve how the council and wider agencies can work together to safeguard vulnerable people.

### 2.4.9 Her Majesty's Prison Service, Wealstun

- We have introduced the 'Insider Scheme.' Like the Listener scheme this is a prisoner led assistance scheme. Selected prisoners are trained as meet and greet representatives for all new receptions to HMP Wealstun. They can signpost new receptions to the services and support networks available at the establishment. The Insider is supported by the Safer Custody team and can report any concerns directly to them.
- The Listeners and Insiders attend the monthly Safer Custody meeting where learning, issues and concerns can be raised and any actions can be dealt with.



## Learn from experience: Summary of achievements

- We have recently introduced a unit to house those more vulnerable adults particularly where they are either at risk from others, risk to others or a risk to themselves.
- Suicide and Self Harm training has been revamped and staff are being trained in the new procedures.
- Staff and Prisoner consultation forums have been introduced which include specific safeguarding topics.

### 2.4.10 National Probation Service (NPS)

- Policies regularly reviewed and updated.
- Ensure all learning from case reviews is taken forward.
- Development of new training for all staff.

### 2.4.11 West Yorkshire Community Rehabilitation Company (CRC)

- Implementation of Integrated Quality Assurance Assessment Matrix. This framework builds upon feedback from Her Majesty's Prison Inspectorate reports and audit requirements.
- All staff are required to complete a minimum of level 1 Safeguarding Awareness Training and are encouraged to complete additional training as required.
- All staff completed Child Sexual Exploitation training.
- All staff complete the 'risk of serious harm' training.
- We have embedded learning from all reviews, and inspection.

## Learn from experience: Summary of achievements

### 2.4.12 Leeds City Council: Housing Leeds

- Housing Leeds Safeguarding Lead Officers – all Housing Leeds senior managers are identified as Safeguarding Lead Officers. They attend Council wide and departmental Safeguarding Lead Officer meetings, where good practice and lessons learnt are discussed.
- Safeguarding Lead Officer Meetings – we provide regular opportunities for Safeguarding Lead Officers to come together for training / information sharing opportunities, to review procedural arrangements and consider learning opportunities. These meetings have been extremely useful in ensuring that Safeguarding Lead Officers are supported in their lead officer role and aware of the breadth of services and procedures in place to support “at risk” groups.
- Housing Leeds senior manager co-ordinates Housing Leeds role in Domestic Homicide Reviews, Serious Case Reviews, Safeguarding Adults Reviews and considers learning opportunities for the service.
- Case conferences are used as an opportunity to identify service weaknesses and opportunities for lessons learnt.



## 3. Going Forward

### 3.1 Our Plans

**Our three year plan for 2016-2019 sets out our ambitions for the years ahead.**

**During 2017/18 we will continue to work towards achieving our four ambitions for Leeds:**

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

We have updated our Strategic Plan, with specific objectives for 2017/18. These include:

- Ensure our partners provide opportunities for people to disclose abuse during their initial contacts.

- Ensure our safeguarding practice is always focused around the wishes and desired outcomes of the person at risk.
- We will revise our engagement materials so as to be able to reach out more effectively across a wide range of communities.
- Work with our partners strategic Boards to promote awareness of safeguarding in the city.
- We will develop our guidance for practitioners working with domestic abuse and violence.
- Develop our training for domestic violence and abuse.
- We will commission an independent service to gather feedback from those who have experienced the multi-agency safeguarding adults procedures.
- We will work more closely with third sector / care providers to learn from their experiences, and develop our approaches together.

Our Strategic Plan for 2016/19, together with our Annual Plan for 2017/18 is available to read in full on the Board's website: [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

## 4. Appendix: Board Member Organisations



**Member Organisations:**

Leeds City Council: Adult Social Care

West Yorkshire Police

Leeds Clinical Commissioning Groups

Leeds Teaching Hospital NHS Trust

Leeds and York Partnership NHS Foundation Trust

Leeds Community Healthcare NHS Trust

Healthwatch Leeds

West Yorkshire Fire & Rescue Service

Leeds City Council: Housing

Leeds City Council: Community Safety

Leeds City Council: Public Health

Leeds City Council: Children Services

National Probation Service

West Yorkshire Community Rehabilitation Company

Advonet

The Alliance of Service Experts

HMP Leeds & Wealstun





## **To report a crime:**

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

## **To report a safeguarding concern or seek advice:**

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





Leeds Safeguarding Adults Board



# Annual Report

Leeds – A safe place for everyone

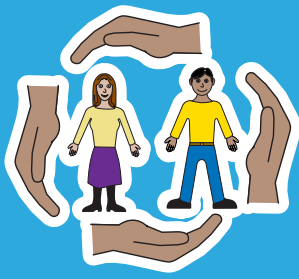
2017



Easy read  
information  
for adults in Leeds



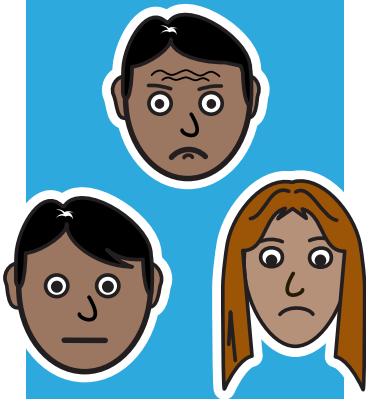




# Introduction



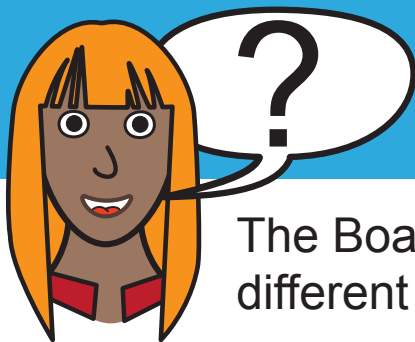
Abuse is when someone does or says things that hurt you, upset you or make you frightened.



This report tells you about what the Leeds Safeguarding Adults Board has been doing to stop abuse in Leeds.



This work is called Safeguarding Adults.



# What is the Leeds Safeguarding Adults Board?

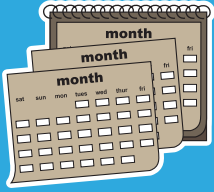
The Board is made up of people from lots of different organisations.

This includes Adult Social Care, health services and the police.

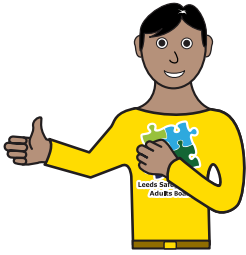


They work together to stop abuse.



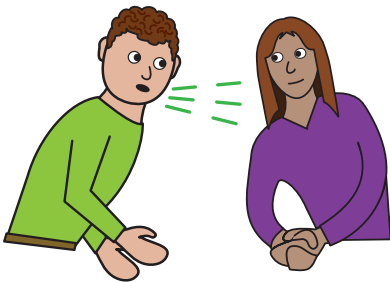


## What the Board has been doing this year



The Board has four ambitions that guide all of its work.

### Ambition One:



**Seek out the voice of the adult at risk**

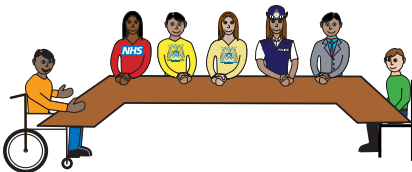


This is what we want to achieve for people:



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

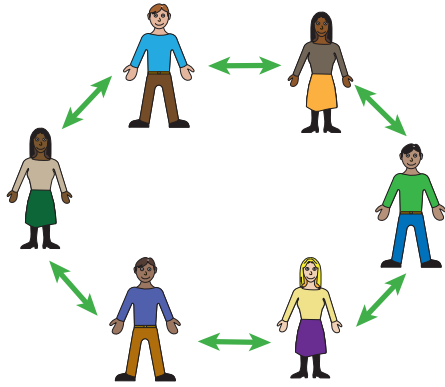
### This is what we have been doing:



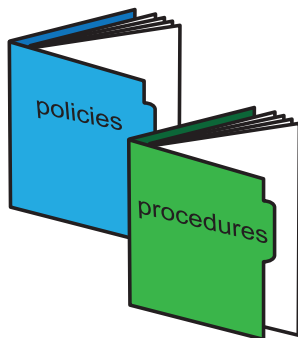
- We have made sure we have organisations on our Board that help us to hear people's actual experiences.



- We start each Board meeting, hearing about someone's experience of safeguarding.



- We held some meetings to hear from lots of different organisations, what works well and where we can improve.



- Our multi-agency policy and procedure is clear that we should always be trying to help the person in the way they would like us to.

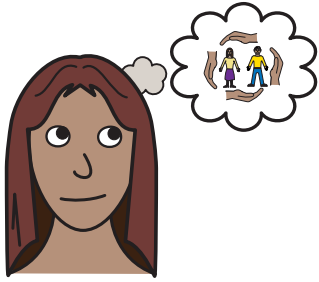


- We have been making sure all the safeguarding work is of a good standard. This includes checking that we have asked people what help they want.



- We hold reviews when someone has died or been seriously harmed to find out how agencies could have worked better together. We make sure that the person's views are an important part of these reviews.

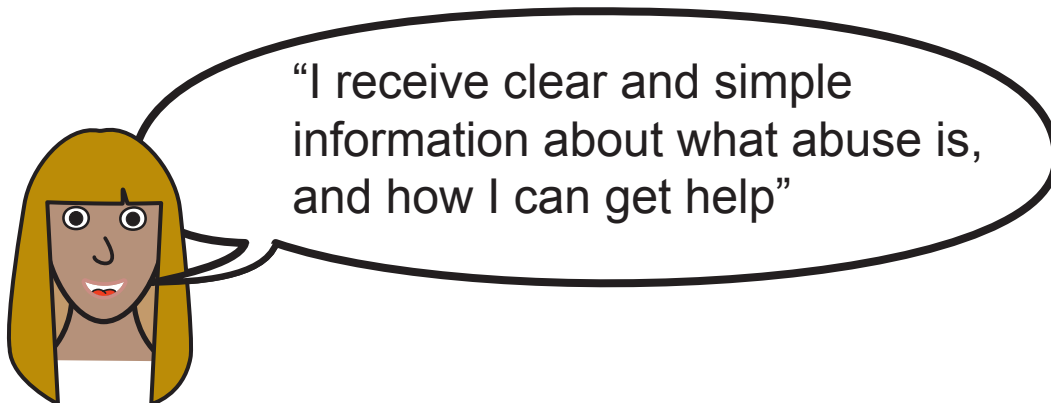
## Ambition Two:



**Improve awareness of  
safeguarding across all  
our communities**



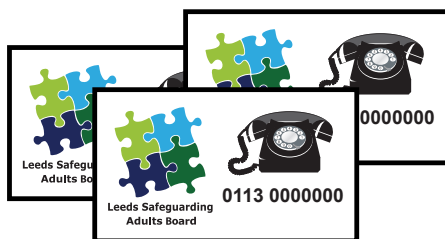
This is what we want to achieve for people:



This is what we have been doing:



- We have leaflets and posters.



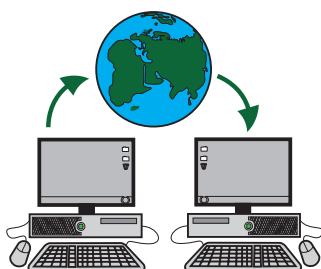
- We have cards with important safeguarding phone numbers on them.



- We have been sending our leaflets, posters and cards to lots of different public places, such as community centres and advice centres, colleges and sports centres so that as many people see them as possible.

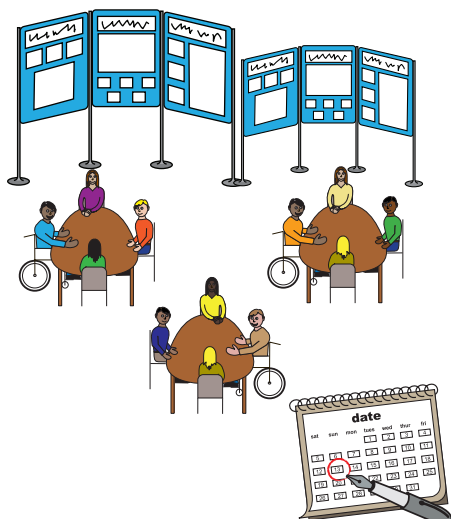


If anyone wants these free leaflets, cards or posters, they just need to ring **0113 37 89 455** and the Board's Support Unit will send you some.

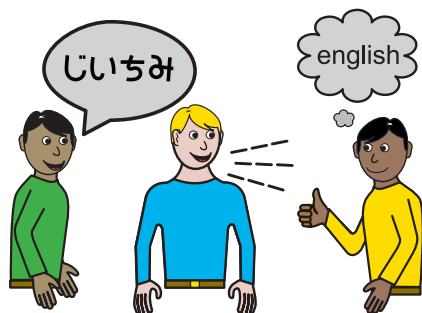


The Board also has a website with lots of information about safeguarding adults:

**[www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)**



- We held a Safeguarding Week in October 2016, this was a chance for organisations to do one extra thing to tell people about safeguarding. Some did newsletters, some did events and others did displays. It worked well. We will do it again in October 2017.



- We have been doing some work to improve awareness of safeguarding for people who are new to this country. This is important, because if English is not your first language and you are new to the country, it can be harder for you to find the help you need.

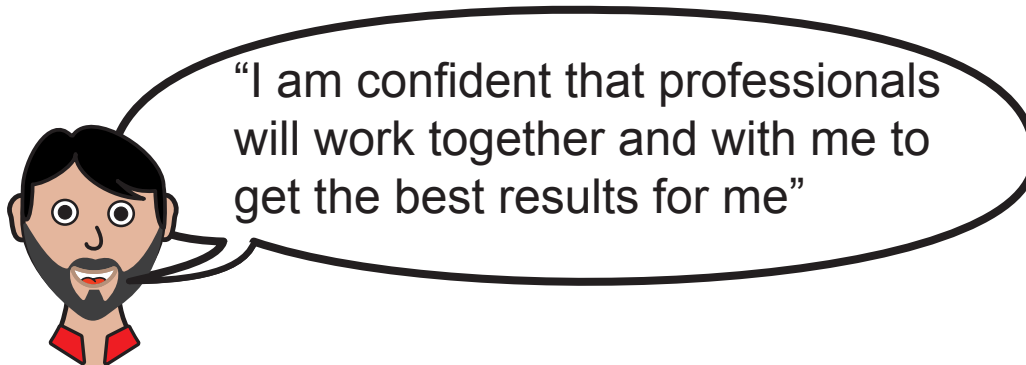
## Ambition Three:



### Improve responses to domestic violence and abuse



This is what we want to achieve for people:



It is called domestic violence and abuse when the abuse happens within your family. Sometimes people find it harder to tell people about abuse when it is done by a family member. Remember, abuse is always wrong, and there is help for you.

This is what we have been doing:

**Safer  
Leeds**

*Working in partnership to  
keep communities safe*

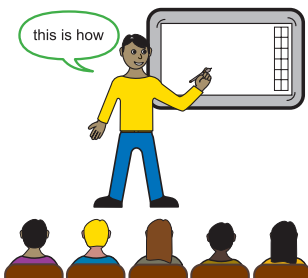
- We work with Safer Leeds to reduce the risk of domestic violence and abuse in the city.



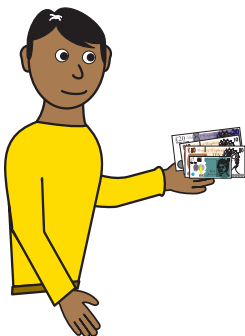
- We supported the White Ribbon Campaign. This is a campaign about domestic abuse and violence in which men make a promise to never commit violence towards women. The campaign was a success, 1300 men made the promise.



- We have supported Domestic Homicide Reviews. These are reviews held when someone has died, to see if there is any learning that will help keep others safe in the future.



- We have supported the development of training.



- We have advised on the commissioning of new domestic violence and abuse services.



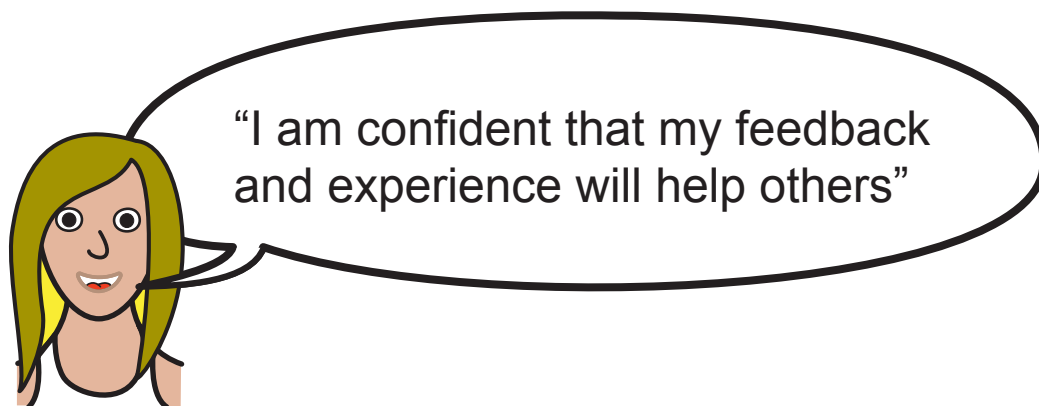
## Ambition Four:



### Learn from experience to improve how we work

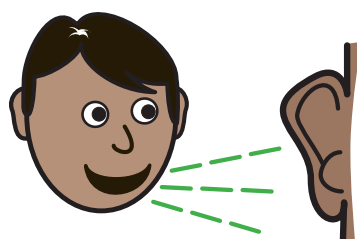


This is what we want to achieve for people:



This is what we have been doing:

#### Listening to people about safeguarding



We have been holding events to hear people's views about safeguarding adults. We wanted to find out what works well and where we can do better.

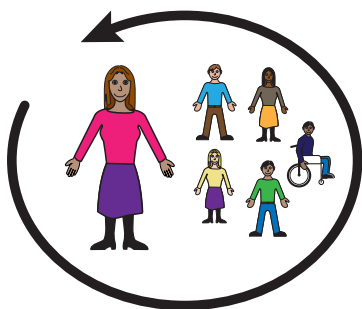
#### Learning from reviews



The Board holds reviews when someone has died or been seriously harmed to find out if we could work better in the future to protect other people.

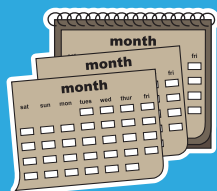
The Board is holding reviews for three people who had pressure ulcers. We will use the learning to help keep other people safe.

## Sharing learning



The Board tries to identify learning from people's experiences and to share this learning. One way of doing this, is to find out the learning from local or national events, and share this with member organisations.

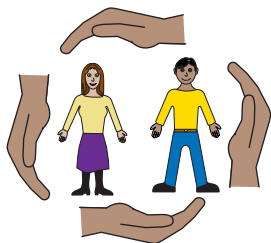
We then ask Board member organisations to share the learning with all of their staff and volunteers. We have done this with learning from inquiries into Jimmy Savile and inquiries into domestic violence and abuse.



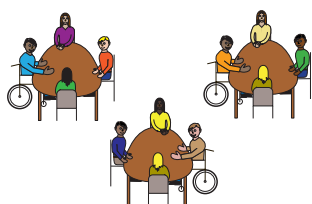
## Our plans for next year

We will do more work on each of our four ambitions

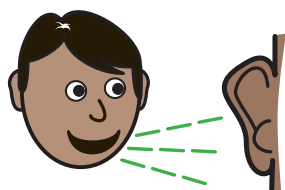
### Some of the main things we want to do are:



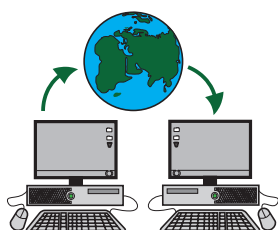
- Develop safeguarding practice using everyone's ideas.



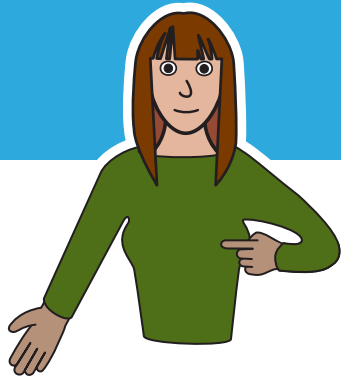
- Hold events where we can talk to agencies that provide services in the city.



- Get better at listening to people about their experiences.



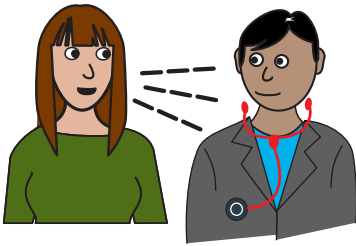
You can read all of our plans for next year on our website: **[www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)**



## Nazirah's Story



Nazirah is a 34 year old woman with learning disabilities who lives in her own flat, with some support each day.



When she was feeling ill she went to the doctors.

The doctor noticed that she had a bruise on her arm, and asked if she was being hurt by anyone. Nazirah said that she was.



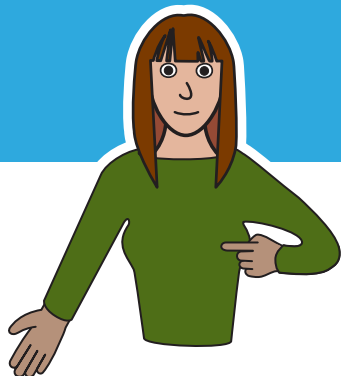
The doctor explained to Nazirah that there were people who can help her. Nazirah felt better for telling someone; and said she was willing talk to someone about it.

The doctor reported the concerns, and a social worker came to meet with Nazirah.



With the help of a friend, Nazirah felt able to tell the social worker about how she was being hurt and bullied by a man with learning disabilities who lived nearby.

## Nazirah's Story



The social worker was able to speak with the police, the housing service, the man with learning disabilities and his support workers. They came up with a plan to keep Nazirah safe.



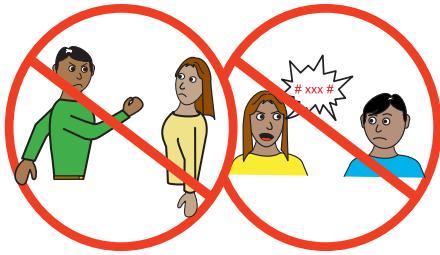
The social worker talked to Nazirah about the plan, who thought it was a good plan.



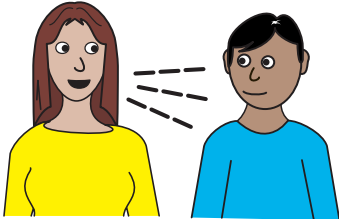
Nazirah had been worried about telling anyone. But once she told people, everyone did their best to help her.

Nazirah now feels safe and much happier

## How to get help?



If you are being abused, or know someone who is, then there are things you can do....



Tell someone. Speak to someone you trust. This might be a member of your family, a care worker, a doctor, social worker, nurse or someone else.

### You can contact the police if there is a crime:



- In an emergency, **Tel. 999**



- If you or the person is not in danger now, **Tel. 101**

### You can report a safeguarding concern



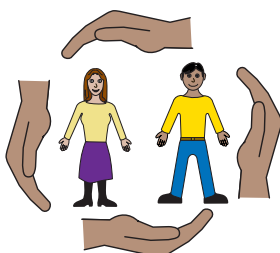
- Contact Adult Social Care,  
**Tel. 0113 222 4401**

- Out of hours,  
**Tel: 07712 106378**

Abuse is always wrong,



there is help for you.





# Leeds Safeguarding Adults Board



version 1. Aug 2017



Leeds Safeguarding  
Adults Board

# Strategic Plan 2016/19



**Leeds – A safe place for everyone**

**Refreshed June 2017**

## Foreword:

Last year we set out our three year strategic plan with four clear ambitions that will guide all of our work:

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

In our Annual Report for 2016/17 we have summarised our achievements for each of these ambitions so far. However, there is more to be done and we will be challenging ourselves to achieve as much as possible over the next 12 months.

Key to our learning during 2016/17 has been a series of consultation workshops and development sessions with partners from statutory, independent and third sectors to understand their experience of safeguarding practice.

This learning has been invaluable and has helped develop our thinking as to the outcomes we are seeking to attain and how we can achieve these as a partnership. We will be seeking to build on this learning by adding to our work plans for 2017/18 with actions relating to:

- Understanding citizens' expectations and experiences
- Working more closely with independent and third sector organisations
- Taking forward multi-agency approaches to the development of practice, and
- Developing our approach to safeguarding vulnerable citizens.

I look forward to working with our partners and citizens over the coming year, to help move forward together with each of our ambitions for Leeds.



**Richard Jones,**  
Independent Chair  
Leeds Safeguarding Adults Board







## Our Vision:

# Leeds – A safe place for everyone

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

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

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

Together we will:

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

## Our Ambitions for 2016/19



### Ambitions for 2016/19

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

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

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

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

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



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

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

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

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



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

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

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

**Ambition 3:**  
Improve responses to domestic abuse and violence



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

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

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

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



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

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

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

## Our Plans for 2017/18

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

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

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

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

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




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

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


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

Email: [LSAB.Chair@leeds.gov.uk](mailto:LSAB.Chair@leeds.gov.uk)

## 1. Seek out the voice of the adult at risk


Year 2 objectives: 2017/18	Actions	Measures	Target	Lead	Progress (comments and rating)
<b>1.1 Reach out</b>  "I am asked if I feel safe, whenever I am in contact with services"	a. All Board member agencies to promote opportunities within initial contacts and assessments for people to disclose abuse.	<ul style="list-style-type: none"> <li>Member assurance reports received</li> </ul>	March Board 2018	Executive Group	Green
<b>1.2 Listen</b>  "I am asked what would make me feel safe and this directly informs what happens."	a. The adult at risk is always asked what outcomes/changes they want to achieve from the support provided within the multi-agency safeguarding procedures. b. The outcomes/changes people want to achieve are defined by them. c. Safeguarding practitioners will always ask if we have achieved the changes the person wanted.	<ul style="list-style-type: none"> <li>Annual audit</li> <li>Year on year improvement</li> <li>Annual audit</li> <li>Year on year improvement</li> <li>Annual audit</li> <li>Year on year improvement</li> </ul>	March Board 2018 March Board 2018 March Board 2018	Quality Assurance and Performance Sub-group Quality Assurance and Performance Sub-group Quality Assurance and Performance Sub-group	Green Green Green
<b>1.3 Involve</b>  "I am involved in safeguarding, as much as I can be and as much as I want to be"	a. Revise the multi-agency policy and procedures to ensure that they actively promote person-centred (making safeguarding personal) approaches throughout. b. Ensure training actively promotes person-centred approaches to safeguarding practice.	<ul style="list-style-type: none"> <li>Revised approaches approved by the Board</li> <li>Member assurance reports received</li> </ul>	March Board 2017 March Board 2016	Executive Group Learning and Improvement Sub-group	Green Green

## 2. Improve awareness of safeguarding across all our communities


Year 2 objectives: 2017/18	Actions	Measures	Target Date	Lead	Progress (comments and rating)	
<p>2.1 Spread the word</p>  <p>"I receive clear and simple information about what abuse is, and how I can get help"</p>	a. Support citizens to understand safeguarding  Review key messages within engagement materials, to ensure these are accessible to citizens	• Revised materials updated and published	March Board 2018	Citizen Engagement Sub-group	See 2.1(c)	Green
	b. Develop networks  Establish links and relationships with diverse communities in Leeds	• Identify key links and networks to promote engagement with BME communities	March Board 2018	Citizen Engagement Sub-group		Green
		• Board membership revised to improve links with black, minority ethnic communities	March Board 2018	Executive Group		Green
	c. Support communities  Develop a range of materials that support engagement across diverse communities, including black, minority ethnic communities.	• Revised materials updated and published	March Board 2018	Citizen Engagement Sub-group	See 2.1(a)	Green
	d. Strategic partnerships:  Work with Safer Leeds and Leeds Safeguarding Children's Board to raise citywide awareness of safeguarding.	• Jointly host Safeguarding Week during October 2017	March Board 2018	Citizen Engagement Sub-group		Green
		• Support Leeds Domestic Violence Campaigns	March Board 2018	Citizen Engagement Sub-group		Green



### 3. Improve responses to domestic abuse and violence

Year 2 objectives: 2017/18	Actions	Measures	Target Date	Lead	Progress (comments and rating)	
3.1. Skilled responses    "I am confident that professionals will work in the best way to support me with domestic abuse and violence"	a. Provide specific guidance as to how domestic abuse and violence concerns should be managed within the multi-agency safeguarding adults procedures	<ul style="list-style-type: none"> <li>New guidance approved and published</li> </ul>	March Board 2018	Quality Assurance and Performance Sub-group		Green
	b. Ensure sure that all safeguarding training provides practitioners with the skills and knowledge to respond to domestic abuse and violence	<ul style="list-style-type: none"> <li>Member assurance reports received</li> </ul>	March Board 2018	Learning and Improvement		Green
	c. Monitor and support the development of the Front Door Safeguarding Hub, which provides multi-agency responses to domestic abuse	<ul style="list-style-type: none"> <li>Evaluation reports received and considered</li> </ul>	March Board 2018	Board & Member organisations		Green

## 4. Learn from experiences to improve how we work

Year 2 objectives: 2017/18	Actions	Measures	Target Date	Lead	Progress (comments and rating)	
<p>4.1 Find out people's experience of safeguarding</p>  <p>"I am confident that my feedback will help others"</p>	a. The views of the adult at risk are sought in relation to their experience of safeguarding.	<ul style="list-style-type: none"> <li>An Independent Service is commissioned to gather feedback</li> </ul>	September Board 2018	Executive Group		Green
	b. Provide/support network events for third sector / care providers and practitioners, to share learning, gather feedback and support practice development.	<ul style="list-style-type: none"> <li>Schedule of ongoing network events established</li> </ul>	September Board 2018	Safeguarding Strategy Unit		Green
	c. Use multi-agency approaches and experience to revise our multi-agency policy and procedures.	<ul style="list-style-type: none"> <li>Multi-agency workshop events held</li> <li>Leeds multi-agency guidance / procedures produced</li> </ul>	March Board 2018	Executive Group	See also: 1.3(a)	Green
	d. Develop a joint learning and improvement framework with Safer Leeds and the Safeguarding Children's Board.	<ul style="list-style-type: none"> <li>Framework agreed by each Board</li> </ul>	March Board 2018	Learning and Improvement		Green
	e. Develop Multi-Agency Reflective Practice Sessions to support the development of safeguarding practice.	<ul style="list-style-type: none"> <li>Framework agreed by sub-group</li> </ul>	March Board 2018	Quality Assurance & Performance Sub-group		Green

## 5. Annual Development Objectives

Year 2 objectives: 2016/17	Actions	Measures	Target Date	Lead	Progress (comments and rating)
5.1 The Board to develop a revised approach to reducing vulnerability in the city.	a. Revised approach to Board Meetings includes its wider strategic role.	<ul style="list-style-type: none"> <li>Revised approach, developed and implemented</li> </ul>	March Board 2018	Executive Group	
5.2 Provide improved clarity on the scope of the multi-agency safeguarding adults procedures.	a. Review and re-issue guidance on which concerns should be responded to within the safeguarding adults procedures.	<ul style="list-style-type: none"> <li>Guidance published.</li> </ul>	March Board 2018	Executive Group	Action to be completed following item 4.1(c)
5.3 Develop a broader understanding of vulnerability issues in the city.	a. Develop multi-agency, intelligence-led approaches to identifying Board priorities.	<ul style="list-style-type: none"> <li>Develop approach through sub-group action plan</li> </ul>	November Board 2017	Quality Assurance & Performance Sub-group	
5.4 Work with other strategic Boards to identify shared priorities and opportunities to work together in the interests of people in Leeds.	a. Joint Board Development Session to be held with Safer Leeds and Leeds Safeguarding Children's Board to agree shared priorities and objectives.	<ul style="list-style-type: none"> <li>Joint Board Meeting held and agreed actions included within Board Annual Plan</li> </ul>	June Board 2017	Independent Chair / Executive Group	

### Progress rating

Blue Action Complete	Green Action on Track	Amber Action Delayed	Red Action not being achieved
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**Leeds Safeguarding  
Adults Board**

# Member Organisation Commitments

## LSAB: Strategic Plan

## Leeds City Council: Adults & Health

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

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

### Notes:

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

- Commitment to embed the principles of service user involvement, risk assessment, capacity issues and protection planning in a way that clearly promotes the voice and the dignity of the individual at risk. To ensure commitment this should be audited on an annual basis.
- To ensure that the key principles from the DH (2011) are not just enshrined in strategy and policy but clearly translated into practice.
- Empowerment, person led decisions and informed consent to be a cornerstone of practice by consulting the person about their desired outcomes throughout the safeguarding process.
- Protection, ensuring that people feel safe and that they feel that they have the correct level of support and representation when they are involved in safeguarding. A clear recognition that the individual's contribution is key to their safeguarding plans actually providing them with protection.
- Accountability, ensuring that safeguarding is transparent and consistent and subject to external scrutiny (Court of Protection) and that the adults voice is clearly heard throughout.

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

**Notes:**

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

- To define a number of key principles with regards to, outcome focus, risk assessment and risk management, mental capacity and protection planning. The Mental Capacity Act Local Implementation Network will be key in terms of these principles. This LIN is multi-agency and will be in an ideal position to take this agenda forward.
- With regards to protection planning there needs to be improved awareness of agency responses to identified risk with multi-agency plans being developed with the aim of preventing further abuse or neglect. A key issue is to keep the risk of abuse / neglect at a level acceptable to the individual and the agencies supporting them where the adult wishes to remain in a risky situation if that is their choice and they have the capacity to make that decision.
- Engagement and participation, to further develop a strategy with two main elements. Ensuring that local people with care and support needs are involved in the formulation of the strategy and have buy in to the strategic plan and a concerted effort to use social media and other communication technologies to increase the understanding of adult safeguarding across the city including the juxtaposition of Children's safeguarding.



### 3. Ambition: Improve responses to domestic abuse and violence

**Notes:**

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

- To ensure that appropriate staff are mandated to receive Leeds Domestic Violence Strategic Board approved training. This needs to be for all new staff within their induction and to complete refresher training as required. Strategically there needs to be a read across from DVA training and safeguarding training. ASC already have provided mandatory training for all social workers including Understanding Domestic Violence and Delivering Good Practice. This can be further improved and embedded as part of the Safer Leeds Domestic Violence Quality Mark.
- All relevant staff have awareness of and / or are engaged in Multi-Agency Risk Assessment Conferences (MARACs). ASC can contribute to the further exploration of the MARAC Operational Protocol and can provide further support with regards to the targeted briefings available.
- Full compliance with the Domestic Homicide Review process and further staff to be trained in IMR methodology. This engagement can be further developed strategically and operationally.
- Awareness of the full remit of interventions available to individuals who behave abusively in relationships, this relates to a sophisticated understanding of Domestic Violence and Abuse in the context of male violence, specifically related to honour based violence within specific cultures.
- Refresh the ASC Domestic Violence Policy as per the DVA Quality Mark.

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

**Notes:**

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

- The production of a specific learning and development strategy with regards to safeguarding, the production of an agreed competency framework and monitored by the Safeguarding Adults Board.
- Ensure that learning from Safeguarding Adult Reviews and Domestic Homicide Reviews are embedded in operational practice. Agencies to contribute to the safeguarding annual self-assessment providing examples of how learning has been used to improve outcomes for individuals.
- With regards to SAB management arrangements both partners to produce an agency self-assessment and each Board member to be appraised specifically in relation to their accountability of members of the SAB. The production of self-assessments to be formulated accompanied by an audit model.



**Leeds Safeguarding  
Adults Board**

# Member Organisation Commitments

## LSAB: Strategic Plan

## LCC – Adults & Health (Integrated Commissioning Team)

Member Organisation Commitments		
<b>Organisation:</b> LCC – Adults & Health (Integrated Commissioning Team)	<b>Completed by:</b> Emma Howson	<b>Date:</b> 27.07.17
<b>Notes:</b>	<p>Please consider and outline how your organisation can help to take forward the Board's ambitions.</p> <p>This should not be a detailed response, but rather a high level overview of how your organisation can contribute to these ambitions for Leeds.</p> <p>Please consider each of these ambitions broadly, and take into consideration the range of services your organisation provides, and where relevant, those services that you commission.</p> <p>Every organisation is different and it may be that not every organisation will be able to provide responses for every ambition.</p> <p>These commitments will form an addendum to the Board's Strategic Plan, and members will be asked to summarise their achievements in next year's annual report.</p>	

## LCC – Adults & Health (Integrated Commissioning Team)

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

**Notes:**

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

- We will make sure that the voice of the client is a key part of the quality management framework that is being established for commissioned services. Organisations will be expected to demonstrate their commitment to giving clients a voice and evidence that their views are listened to and feed through into service delivery. This will be monitored through the contract management process.

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

**Notes:**

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

- A key principle of the commissioned domestic violence and abuse service is to ensure that it is inclusive and accessible. It is important that the service develops a recognisable brand and actively promotes and raises its profile/brand through a range of social media and other methods relevant to specific target groups. The success and impact of this will be evaluated through the performance management framework, which includes monitoring of demographic information in addition to activity relating to encouraging engagement from under-represented groups / communities (e.g. community groups visited; forums/networks attended; marketing /promotional activity undertaken (e.g. via social media).

## LCC – Adults & Health (Integrated Commissioning Team)

### 3. Ambition: Improve responses to domestic abuse and violence

**Notes:**

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

- A key principle of the commissioned domestic violence and abuse service is to be flexible and responsive to meet emerging and changing need. This applies to changes in the needs of individual service users in terms of having a range of support options available that reflect changing needs and risk levels. It also applies to wider changes to the delivery of domestic violence and abuse services and pathways across the city. Working in this way will involve greater integration and joint working as city wide partnerships continue to develop. The success and impact of this will be evaluated through the performance management framework and the wider contract management process.

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

**Notes:**

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

- Findings and lessons learnt from DHRs will be circulated to all commissioned services
- Provider workshops/events will be held to share key messages and learning
- Continue to circulate information to all safeguarding leads within commissioned services for internal dissemination



**Leeds Safeguarding  
Adults Board**

# Member Organisation Commitments

## LSAB: Strategic Plan

# NHS Leeds Clinical Commissioning Groups Partnership

Member Organisation Commitments		
Organisation: NHS Leeds CCG's Partnership	Completed by: Gill Marchant	Date: 25/07/17
Notes:	<p>Please consider and outline how your organisation can help to take forward the Board's ambitions.</p> <p>This should not be a detailed response, but rather a high level overview of how your organisation can contribute to these ambitions for Leeds.</p> <p>Please consider each of these ambitions broadly, and take into consideration the range of services your organisation provides, and where relevant, those services that you commission.</p> <p>Every organisation is different and it may be that not every organisation will be able to provide responses for every ambition.</p> <p>These commitments will form an addendum to the Board's Strategic Plan, and members will be asked to summarise their achievements in next year's annual report.</p>	



# NHS Leeds Clinical Commissioning Groups Partnership

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

### Notes:

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

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

# NHS Leeds Clinical Commissioning Groups Partnership

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

### Notes:

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

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

## 3. Ambition: Improve responses to domestic abuse and violence

### Notes:

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

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

## NHS Leeds Clinical Commissioning Groups Partnership

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

**Notes:**

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

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





**Leeds Safeguarding  
Adults Board**

# Member Organisation Commitments

## LSAB: Strategic Plan

## Leeds Community Healthcare NHS Trust

Member Organisation Commitments		
Organisation: Leeds Community Healthcare NHS Trust		Completed by: Deborah Reilly
		Date: 12 <sup>th</sup> September 2017
Notes:	<p>Please consider and outline how your organisation can help to take forward the Board's ambitions.</p> <p>This should not be a detailed response, but rather a high level overview of how your organisation can contribute to these ambitions for Leeds.</p> <p>Please consider each of these ambitions broadly, and take into consideration the range of services your organisation provides, and where relevant, those services that you commission.</p> <p>Every organisation is different and it may be that not every organisation will be able to provide responses for every ambition.</p> <p>These commitments will form an addendum to the Board's Strategic Plan, and members will be asked to summarise their achievements in next year's annual report.</p>	

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

### Notes:

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

- Through our annual records audit LCH examines the extent to which the individual needs of service users are reflected in our care and outcome planning, including their capacity to consent to care and treatment; and how their needs, wishes are responded to including the need for safeguarding or protection from harm
- Through the LCH Dementia Steering Group we ensure that strategic ambitions for improving the experience of people living with dementia in Leeds are well understood and supported by a clear organisational delivery plan
- Through the LCH Safeguarding Adults Champions and Mental Capacity Champions meetings we encourage the sharing of case examples to ensure the sharing of good practice across the wide range of services we provide

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

### Notes:

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

- The LCH Safeguarding Team will use “Safeguarding Week” to highlight the many ways a safeguarding issue can emerge and encourage staff to work with families and communities to alleviate those concerns
- Using the expertise of our Equality and Diversity Lead, LCH will seek imaginative and effective ways of reaching out to BME and other minority communities to draw on the knowledge, skills and ability of those communities to address health and safeguarding concerns
- LCH will continue to work in partnership with Third Sector colleagues such as Karma Nirvana to address safeguarding concerns which may have particular impact on BME groups

## 3. Ambition: Improve responses to domestic abuse and violence

### Notes:

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

- LCH will continue to work closely with colleagues in Safer Leeds to spread the effective use of Routine Enquiry across all the services we provide, with focus on core frontline services i.e. Health Visiting, School Nursing and Neighbourhood Teams
- LCH has pledged to raise awareness of Forced Marriage as a safeguarding issue and ensure LCH staff understand the importance of responding to this as an Adult Safeguarding or Child Abuse where concerns arise
- The LCH Safeguarding Team will work with Service Managers and our HR department to ensure staff experiencing Domestic Abuse are aware of the support available to them within LCH from partner agencies

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

### Notes:

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

- LCH responds actively, openly and honestly to the opportunities for learning presented by Domestic Homicide and Safeguarding Adults reviews, ensuring frontline practitioners contribute to agency reports and are involved in the development and delivery of action plans
- LCH is committed to reducing the severity and number of pressure ulcers and falls experienced by people in our care; we use our DATIX incident reporting system and where appropriate our Serious Incident Investigation process to ensure that learning is identified and disseminated across services
- Safeguarding performance data is reviewed by the LCH Safeguarding Committee to ensure that good practice is recognised and anomalies in performance are subject to supportive challenge





**Leeds Safeguarding  
Adults Board**

# Member Organisation Commitments

## LSAB: Strategic Plan

# Leeds and York Partnership NHS Foundation Trust

Member Organisation Commitments	
<p>Leeds and York Partnership   <small>NHS Foundation Trust</small></p> <p><b>Organisation:</b></p>	<p><b>Completed by:</b> Lindsay Britton-Robertson</p> <p><b>Date:</b> 2.10.17</p>
<p><b>Notes:</b></p>	<p>Please consider and outline how your organisation can help to take forward the Board's ambitions.</p> <p>This should not be a detailed response, but rather a high level overview of how your organisation can contribute to these ambitions for Leeds.</p> <p>Please consider each of these ambitions broadly, and take into consideration the range of services your organisation provides, and where relevant, those services that you commission.</p> <p>Every organisation is different and it may be that not every organisation will be able to provide responses for every ambition.</p> <p>These commitments will form an addendum to the Board's Strategic Plan, and members will be asked to summarise their achievements in next year's annual report.</p>

# Leeds and York Partnership NHS Foundation Trust

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

### Notes:

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

- Making Safeguarding Personal has been embedded within our response to all safeguarding enquiries either within the Trust or via a section 42 investigation.
- LYPFT have representation on the LSAB Citizenship sub group. We are currently looking to recruit into an engagement post to embed this more firmly in the organisation. Engagement is a standing item on the Trustwide Safeguarding Committee agenda.
- The Trust have embedded the Safeguarding publicity in public areas within key hospital sites. The aim is to encourage service users to recognise safeguarding issues and raise them with practitioners.

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

### Notes:

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

- The safeguarding policy is being updated.
- A new supervision policy has been ratified and supervision training is being rolled out. This requires all staff to reflect on their safeguarding practice on a quarterly basis.
- New safeguarding....what to do....posters have been printed and sent out to all areas.
- There is not currently a cross referencing system for generating reports around safeguarding activity and ethnicity data however we are in the process of procuring a new records system which may facilitate this in the future.

## Leeds and York Partnership NHS Foundation Trust

### 3. Ambition: Improve responses to domestic abuse and violence

**Notes:**

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

- The LYPFT Safeguarding team attend the daily DV HUB. The team act as a link to staff and clinicians supporting both victim and perpetrator with an aim of providing support and sharing information.
- The DASH assessment is embedded within the LYPFT clinical recording system in order to better support staff in timely assessment.
- Domestic Violence training is being rolled out across the Trust include routine enquiry and DASH awareness.
- All mandatory safeguarding training now has DV embedded within presentations.

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

**Notes:**

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

- The LYPFT have attended a number of Domestic Homicide Reviews, the learning from such reviews has been linked to higher level safeguarding training (level 3). Those senior clinicians involved in this training are provided with group supervision and regular updates on safeguarding themes arising from such reviews. The aim is to cascade the learning and better embed such learning into practice.
- Specific Lessons Learned have been shared with whole teams (Community Mental Health Teams) to embed and to give teams involved in DH cases the opportunity to discuss and participate in the learning to better embed change.
- A new LIM (Learning from incidents and mortality) meeting takes place weekly in order that a timely response is provided in decision making around serious events. This enables safeguarding involvement to be identified earlier.



**Leeds Safeguarding  
Adults Board**

# Member Organisation Commitments

## LSAB: Strategic Plan

## Leeds Teaching Hospital NHS Trust

Member Organisation Commitments		
Organisation: Leeds Teaching Hospitals NHS Trust		Completed by: Karen Sykes, Head of Safeguarding
Date: 20th July 2017		
Notes:	<p>Please consider and outline how your organisation can help to take forward the Board's ambitions.</p> <p>This should not be a detailed response, but rather a high level overview of how your organisation can contribute to these ambitions for Leeds.</p> <p>Please consider each of these ambitions broadly, and take into consideration the range of services your organisation provides, and where relevant, those services that you commission.</p> <p>Every organisation is different and it may be that not every organisation will be able to provide responses for every ambition.</p> <p>These commitments will form an addendum to the Board's Strategic Plan, and members will be asked to summarise their achievements in next year's annual report.</p>	

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

### Notes:

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

- Leeds Teaching Hospitals NHS Trust is strongly committed to listening and acting on the views of all our patients and families. To ensure the voice of the adult at risk and their carers is not only listened to but acted upon in order to ensure that our services are continually developed and improved as a direct result of their experience, involvement and input. This is a key activity for the Trust we have made a genuine commitment to enhance our safeguarding practice based on real patient consultation along with wider collaborative work with all partners. Examples of this include our “Speak to Sister” and Message to Matron campaigns and sharing patient and staff stories at Trust board

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

### Notes:

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

- To ensure meaningful consideration of the equality information and to engage with all communities the Trust has established groups made up of relevant representatives from across the Trust and community members. Promoting awareness of safeguarding adults is progressed and developed through the equality objectives and through on-going engagement with our communities.

## 3. Ambition: Improve responses to domestic abuse and violence

### Notes:

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

- Within Leeds Teaching Hospitals NHS Trust (LTHT) in order to underpin and support the effective identification and management of patients experiencing domestic violence across the Trust, a comprehensive training package has been developed and is incorporated within the organisation training programme.
- LTHT have begun to implement routine enquiry within our Emergency Departments. This aims to provide support and advice at the right time acknowledging that people may be more open to accepting support and change at times of crisis.
- The Trust is committed to working with partners to identify best practice and improved service provision for victims of domestic violence with future consideration of an Independent Domestic Violence Advocate (IDVA) located in Emergency Departments.

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

### Notes:

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

- The Trust is committed to ensure that any learning from individuals experience of safeguarding, gathered either from investigations and from the themes and learning from both local and national reviews supports improvement in practice and service provision. In order to do this our mandatory training programme utilises case studies and promotes an interactive learning approach.
- The process of sharing learning is complex in such a large organisation; we embrace this challenge by using a variety of methods including social media of dissemination from Trust wide communication from our Executive Lead for Safeguarding, Quality and Safety Trust briefings, light bites to attending ward meetings and directed supervision to highlight learning.





**Leeds Safeguarding  
Adults Board**

# Member Organisation Commitments

## LSAB: Strategic Plan

Member Organisation Commitments		
Organisation: NPS		Completed by: Rachel Garry
		Date: 15/09/17
Notes:	<p>Please consider and outline how your organisation can help to take forward the Board's ambitions.</p> <p>This should not be a detailed response, but rather a high level overview of how your organisation can contribute to these ambitions for Leeds.</p> <p>Please consider each of these ambitions broadly, and take into consideration the range of services your organisation provides, and where relevant, those services that you commission.</p> <p>Every organisation is different and it may be that not every organisation will be able to provide responses for every ambition.</p> <p>These commitments will form an addendum to the Board's Strategic Plan, and members will be asked to summarise their achievements in next year's annual report.</p>	

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

### Notes:

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

- Identification, Assessment and Management of offenders – NPS staff have contact with offenders who; pose a risk of harm to known adults at risk, pose a risk of harm to adults at risk in general, are adults at risk, have care and support needs and/or are carers in need of support. Consideration of vulnerability in all assessments, placing adult safeguarding on the agenda, ensuring the above is identified at the earliest opportunity.
- NPS staff can make to the early identification of an offender who may have care and support needs, or of an offender who may benefit from preventative support to help prevent, reduce or delay needs for care and support.
- Co –located victim services team ensures that the victims of crime (who maybe vulnerable) voice and opinion is important in all aspects offender sentences and release plans.
- Regular staff training to ensure practice is kept up to date.
- Referrals to other agencies to access care and support where necessary
- Recognition that Information-sharing between agencies is of paramount importance in adult protection.
- Good communication, cooperation and liaison between agencies and disciplines are essential.
- Ensure the 6 key principles of Adult Safeguarding underpin our work and decision making

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

### Notes:

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

- Specific work with the victims and perpetrators of hate crime. In hate crime cases, the sentence and risk management plans should include objectives to address the hate crime nature of the offence, to manage and reduce the risk to the victim and/or potential victims, and to address any safeguarding concerns.
- Well developed partnership work working with those identified as being at risk of radicalisation or extremism
- Report writing and representations in Court
- Contribution to Oral hearings in prison

## 3. Ambition: Improve responses to domestic abuse and violence

### Notes:

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

- Seconded staff to the Front Door Hub, partnership working Police and Social Care
- Specifically trained staff to prepare pre-sentence reports on perpetrators
- Ensure the victim perspective is heard in court
- Regular training and updates provided for all staff
- Work with perpetrators to address domestic abuse and violence, risk assessment tools enables assessors to focus on victims particular vulnerabilities.
- Scenario planning allowing assessors to consider situations where domestic abuse is more likely to take place – helps to identify links between adult safeguarding and domestic abuse.
- Appropriate targeting of interventions

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

**Notes:**

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

- Policies regularly reviewed and updated
- Ensure all learning from case reviews is taken forward
- Development of new training for all staff
- Practice guidance has been produced to support NPS staff working with offenders in the community who:
  - Pose a risk of harm to known adults at risk;
  - Pose a risk of harm to adults at risk in general;
  - Are adults at risk





**Leeds Safeguarding  
Adults Board**

# Member Organisation Commitments

## LSAB: Strategic Plan

## West Yorkshire Community Rehabilitation Company - Interserve

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



# West Yorkshire Community Rehabilitation Company - Interserve

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

### Notes:

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

- Risk assessments & plans completed at the beginning of sentences for cases managed both in custody and in the community. These assessments are dynamic and are continually developed throughout a person's sentence.
- Working directly with both victims and perpetrators of crime to reduce re-offending and protect the public.
- Working closely with other agencies to manage risks both to and from perpetrators.

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

### Notes:

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

- All staff within the CRC are required to complete Safeguarding training.
- Attending and engaging in multi -agency partnership working
- Providing specialist commissioned services for: Women, South Asian, 18- 25 year olds
- Providing translation services.

## West Yorkshire Community Rehabilitation Company - Interserve

### 3. Ambition: Improve responses to domestic abuse and violence

**Notes:**

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

- Working with the Front Door Safeguarding Hub we provide a Senior Case Manager (Probation Officer) to attend and contribute to meetings on a daily basis.
- We work with both perpetrators and victims of Domestic Abuse with the aim of protecting victims, reducing re-offending and managing risk.
- Deliver group work accredited intervention aimed at male perpetrators of Domestic Abuse.
- Provide all staff training regarding domestic violence and abuse.
- Attending and engaging in multi -agency partnership working
- Provide staff working with groups supervision and counselling support

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

**Notes:**

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

- Implementation of Integrated Quality Assurance Assessment Matrix. This framework builds upon feedback from HMPI reports and audit requirements.
- All staff are required to completed a minimum of level 1 Safeguarding Training and are encouraged to complete addition training as required.
- All staff completed Child Sexual Exploitation training
- All staff complete risk of serious harm training
- Embedding learning from all reviews, and inspections.



**Leeds Safeguarding  
Adults Board**

# Member Organisation Commitments

## LSAB: Strategic Plan

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

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

### Notes:

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

- Annual Home Visits – all tenants visited annually to review any issues with their tenancy, including review of support need / arrangements, identification of safeguarding issues. 96% of tenants visited in 16/17 – highlighted 556 tenants where referral for additional support made. Enhanced Annual Home Visit in place for all tenants over 75 from April 2017 – to identify any wellbeing issues.
- Sheltered Support Officer – support plans reviewed every 6 months to review support needs / identify safeguarding issues, and regular visits / contact to ensure wellbeing of sheltered residents.
- Housing Leeds continues to support a case conferencing approach – multi agency working to consider wrap around service to tenant / applicant at risk. Housing Leeds attendance on regular case conferences – bi-weekly Young Persons Move On Group, daily Front Door Safeguarding HUB, weekly Adaptations Panel meeting.

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

### Notes:

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

- We offer safeguarding training for all tenants involved in tenant groups so that they can promote awareness in communities. We also offer support to Tenants And Residents Associations (TARAs) to ensure that they have appropriate safeguarding arrangements in place, and this is reviewed on an annual basis.
- Safeguarding training for repairs operatives, safeguarding lead officers within partner contractors to ensure that operatives respond appropriately to safeguarding concerns when undertaking repairs.
- Supporting Council / multi-agency publicity campaigns to promote awareness of particular safeguarding issues, via posters / social media e.g. White Ribbon, bogus callers.

## 3. Ambition: Improve responses to domestic abuse and violence

### Notes:

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

- Housing Leeds staff represented on Front Door Safeguarding HUB to ensure that housing needs of cases are proactively managed.
- Senior Managers in Housing Leeds identified as DV Champions who are responsible for ensuring that we respond appropriately to DV cases. DV lead officers in each housing office who are currently being trained to support officers in responding to cases - implementation of Caada Dash form and training for all front line officers.
- Housing Leeds has budget available to install additional security measures to properties where the occupant has experienced domestic abuse.
- Housing Leeds has recently developed a Domestic Violence and Abuse Toolkit to offer guidance to staff on how to identify and respond to suspected domestic abuse.
- A programme of training is underway for Domestic Violence Quality Mark training to be delivered to all front line housing staff, in support of aim to achieve the Safer Leeds DV Quality Mark across all areas of Housing Leeds.
- Sign up procedures have been updated to incorporate a routine enquiry about DV as part of the tenancy sign up, in order to ensure that support is offered at the earliest opportunity.

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

### Notes:

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

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







**Leeds Safeguarding  
Adults Board**

# Member Organisation Commitments

## LSAB: Strategic Plan

# West Yorkshire Fire and Rescue Service

## Member Organisation Commitments

Organisation: West Yorkshire Fire and Rescue

Completed by: Kathryn Richardson

Date:

**Notes:**

Please consider and outline how your organisation can help to take forward the Board’s ambitions.

This should not be a detailed response, but rather a high level overview of how your organisation can contribute to these ambitions for Leeds.

Please consider each of these ambitions broadly, and take into consideration the range of services your organisation provides, and where relevant, those services that you commission.

Every organisation is different and it may be that not every organisation will be able to provide responses for every ambition.

These commitments will form an addendum to the Board’s Strategic Plan, and members will be asked to summarise their achievements in next year’s annual report.

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

### Notes:

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

- WYFRS staff remain conscientious of our commitment to Safeguarding Vulnerable adults, when providing a 24/7 coverage for those at risk of fire across the Leeds District.

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

### Notes:

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

- Improve awareness of safeguarding across all our communities – WYFRS will promote with all of the Leeds District Partners the need to safeguard vulnerable adults in all communities

## 3. Ambition: Improve responses to domestic abuse and violence

### Notes:

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

- WYFRS will continue to work in close partnership with the relevant agencies in Leeds and aims to respond to all DV reports within 10 days

4. Ambition: Learn from experience to improve how we work	
Notes:	<i>Please consider how your organisation is learning from people’s experiences of safeguarding. This may, for example include learning from Safeguarding Adults Reviews, Domestic Homicide Reviews, performance information or feedback from adults at risk.</i>
<ul style="list-style-type: none"><li>WYFRS will learn from both internal quality assurance processes and the review of best practice via the Leeds Adult Safeguarding Board</li></ul>	

## Report of the Chief Officer Health Partnerships

### Scrutiny Board (Health and Social Care)

**Date: 14 November 2017**

**Subject: Leeds Health and Care Plan, Conversations with Citizens**

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

### Summary of main issues

1. The purpose of this paper is to provide Scrutiny Board (Adults and Health) with an overview of the progress to date in shaping the Leeds Health and Care Plan following the previous update to the Board on 5<sup>th</sup> September 2017 and proposals to progress a conversation with the public, based around the content of the summary report, and delivered in conjunction with a proposed wider discussion on the future role of public services which has been drafted within the council on behalf of the city. This approach is called 'Changing Leeds'.
2. 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).
3. The Leeds Health and Care Plan is the city's approach to closing the three gaps that have been nationally 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.
4. The community-first approach used to develop the plan has ensured that the right dialogue with citizens is integral throughout the creation and implementation of the Leeds Plan and ensures it is linked to the broad context of city ambition for inclusive ('good') economic growth. It is firmly rooted in the 'strong economy, compassionate city' approach. The combination of local progress on specifics of the plan and the 'bottom up' inclusive approach has been valued and recognised across the West

Yorkshire and Harrogate Health and Care Partnership. This has created appetite for wider adoption of the approach.

## **Recommendations**

Scrutiny Board is asked to:

- Support the consultation plans outlined in this paper to be undertaken on the draft narrative by officers with citizens and staff.
- Note the development of wider influence of the Leeds Plan approach in West Yorkshire.

## **1 Purpose of this report**

- 1.1 The purpose of this paper is to provide Scrutiny Board with an overview of the progress to date in shaping the Leeds Health and Care Plan following the previous meeting and to seek support proposals to progress a conversation with the public.

## **2 Background information**

- 2.1 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).
- 2.2 The Leeds Health and Care Plan is the city's approach to closing the three gaps that have been nationally 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.
- 2.3 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.
- 2.4 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.
- 2.5 As outlined in the previous report, Leeds Health and Wellbeing Board has a strong role as owner and critical friend of the Leeds plan. The steer to the shaping of the Leeds Health and Care Plan has been through 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. The board has further reviewed progress on the 28th of September of the plan in the context of both short-term challenges for winter and wider transformation of primary care health and care services. Further comment on the draft plan and supporting narrative has been incorporated.
- 2.6 The plan recognises and references the collaborative work done by partners across the region to develop the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP – previously the 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 acute-based services towards community based approaches that are both popular with residents and financially sustainable.

- 2.7 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 'Local Care Partnership'. Our hospitals will work closely with this model and care will be provided closer to home where possible, and as early as possible. New mechanisms, 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.
- 2.8 The Leeds Health and Care Plan narrative presents information for a public and wider staff audience about the plan in a way that citizens and staff can relate to and which is accessible and understandable.
- 2.9 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

- 2.10 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.
- 2.11 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.
- 2.12 The approach taken in developing the Leeds Plan has embodied the approach of 'working with' people and of using 'better conversations' to develop shared understanding of the outcomes sought from the plan and the role of citizens and services in achieving these.

### **3 Main issues**

- 3.1 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 and Youthwatch 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' (see paragraph 3.8 for further details).
- 3.2 The previous iteration of the Leeds Health and Care Plan was presented to the Leeds Health and Wellbeing Board on 20 June 2017. Using the feedback received the Leeds Health and Care Plan has been updated as outlined below:



Leeds Health and Wellbeing Board feedback (20 June 2017 and 28 <sup>th</sup> September 2017)	Action taken
<p><b>Acknowledged and welcomed the opportunity for the Community Committees to have had early discussions on the Leeds Health and Care Plan during the Spring 2017. A request for an update to the community committees was noted.</b></p>	<p>The success of these sessions have been held up as a good practice example across the region of the value of working 'with' elected members and our local communities. We recognise that an ongoing conversation with elected members is key to this building on the sessions that took place.</p> <p>In addition to local ongoing conversations since Spring 2017, there are a number of engagement opportunities with elected members outlined throughout the report under para 3.6 including a second round of Community Committee discussions taking place during autumn/winter.</p>
<p><b>The need to emphasise the value of the Leeds Pound to the Health and Care sector and the need to acknowledge that parts of the health economy relied on service users not just as patients but buyers.</b></p>	<p>There is a greater emphasis to the Leeds Pound within the narrative document and it is now highlighted within the Leeds Health and Care Plan on a page through "Using our collective buying power to get the best value for our 'Leeds £'".</p>
<p><b>Emphasising the role of feedback in shaping the finished document.</b></p>	<p>The narrative in its introduction emphasises the engagement that has taken place to shape the document from conversations with patients, citizens, doctors, health leaders, voluntary groups and local elected members. The narrative also invites staff and citizens to provide feedback through various forums and mechanisms. Further work is needed to make this process easier and this will take place during October/November.</p>
<p><b>A review of the language and phrasing to ensure a plain English approach and to avoid inadvertently suggesting that areas of change have already been decided.</b></p>	<p>The narrative has been amended for plain English and emphasises the importance of ongoing engagement and co-production to shape the future direction of health and care in the city.</p>
<p><b>The narrative to also clarify who will make decisions in the future</b></p>	<p>The narrative makes greater reference to decision making in 'Chapter 10: What happens next?' highlighting that:</p> <ul style="list-style-type: none"> <li>• 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 partners, staff and citizens.</li> <li>• Significant decisions will be discussed and planned through the Health and Wellbeing Board.</li> <li>• Decision making however will remain in the formal bodies that have legal responsibilities for services in each of the individual health and care organisations.</li> </ul>
<p><b>The Plan to include case studies.</b></p> <p><b>Acknowledged the need to broaden the scope of the Plan in order to "if we do this, then this how good our health and care services could be" and to provide more detail on what provision may look like in the future.</b></p>	<p>Case studies are being co-produced with citizens and staff groups which will describe their experience now and how this should look in the future. These will be incorporated in the future iteration of the Plan as well as used in engagement sessions with communities.</p>
<p><b>References to the role of the Leeds Health and Wellbeing Board and the Leeds Health and Wellbeing Strategy 2016-2021 to be strengthened and appear earlier in the Plan.</b></p>	<p>The narrative in its introduction and throughout the document emphasises the role of the Leeds Health and Wellbeing Board. It also articulates that the Leeds Health and Care Plan is a description of what health and care will look like in the future and that it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021.</p>

<b>References to taking self-responsibility for health should also include urgent care/out of hospital health</b>	Narrative has been updated to reflect this. In addition, the engagement through the autumn will be joined up around Leeds Plan, plans for winter and urgent care.
<b>Assurance was sought that the Plan would be co-produced as part of the ongoing conversation</b>	Plans outlined in this paper for ongoing conversation and co-production during the autumn.
<b>A focus on Leeds figures rather than national</b>	Work is ongoing with finance and performance colleagues and will feed into the engagement through the autumn.
<b>Requested that a follow up paper with more detail, including the extended primary care model, be brought back in September.</b>	The narrative has a greater emphasis on the transition towards a community focused model of health and is highlighted on the Leeds Health and Care Plan on a Page. A separate update on the System Integration will be considered by the Board on 28 September 2017.
<b>Request that pharmacy services are included as part of the Leeds Plan conversations</b>	Pharmacy services will be engaged in the Plan conversation with citizens via their networks. The opportunity has been taken to also include dental and optometry networks.

3.3 Scrutiny Board on the 5<sup>th</sup> of September received the plan and provided further feedback:

<b>Scrutiny Board (Adults and Health) feedback (5<sup>th</sup> September)</b>	<b>Action taken</b>
<b>The need to be clear about the financial challenges faced and the impact on communities.</b>	<p>The Narrative contains clear information of a financial gap calculated for the city. The narrative contains a list of clear risks to the current system of healthcare posed by the combination of funding, arising need and need for reform.</p> <p>The presentation that accompanies the plan has been amended in light of Scrutiny comments to be clearer on the reality of financial challenges. This presentation will be used for future public events.</p>
<b>Clarification sought in the report regarding anticipated future spending on the health and care system in Leeds.</b>	Scrutiny identified that the previous information in the narrative indicated the balance of expenditure would fund greater volume of community based care but also seemed to portray a significant growth in total expenditure. This diagram has been replaced by a 'Leeds Left Shift' diagram indicating more clearly the shift in healthcare resources without indicating significant growth.
<b>An update on development of a communication strategy and ensuring that the public was aware about how to access information on-line.</b>	This paper identifies a communication approach for the Leeds Plan and Narrative.
<b>Suggested amendments to patient participation and the role of Healthwatch Leeds.</b>	The section on participation is being revised to include the opportunities and approach identified by Healthwatch Leeds.

3.4 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.

- 3.5 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.
- 3.6 Recently, the emerging Leeds Health and Care Plan has been discussed this year at:
- All 10 Community Committees (February-March)
  - Team Leeds (17<sup>th</sup> March)
  - Scrutiny Board (Adult Social Services, Public Health, NHS) (28<sup>th</sup> March)
  - Forum Central Health and Care Leaders Network (29<sup>th</sup> March)
  - Healthwatch (29<sup>th</sup> March & 29<sup>th</sup> June)
  - Scrutiny Board Working Group (Adult Social Services, Public Health, NHS) (9<sup>th</sup> May)
  - Youthwatch (13<sup>th</sup> June)
  - Leeds Older People's Forum (21<sup>st</sup> June)
  - Working Age Provider Forum (12<sup>th</sup> July)
  - CCG Patient Assurance Group (23<sup>rd</sup> August)
  - Elected Members Development Session (11<sup>th</sup> October)
  - Patients Participation Group Annual Event (19<sup>th</sup> October)
- 3.7 Over the coming months, engagement will occur through a number of mechanisms outlined below. Where engagements occur this will be through a partnership approach involve appropriate representation from across the health and care partnership.
- *Staff engagement- November / December.* Staff will be engaged through briefings, newsletters, team meetings, etc. All staff will have access to a tailored Leeds Plan briefing and online access to the Leeds Plan and Narrative.
  - *Community Committees - November / December*  
Representatives from the Partnership Executive Group, Health Partnerships Team, local GPs will attend each of the Community Committee meetings in keeping with previous commitments to re-visit Committees as work progresses. To ensure the success of these local conversations there will also be:
    - A citywide session will be arranged for the Community Committee Champions for Health and Wellbeing.
    - An update on the Leeds Health and Care Plan will be presented at the Community Committee Chairs Forum on 16 November 2017.
  - *'Working Voices' engagement - November*  
We will work with Voluntary Action Leeds to deliver a programme of engagement with working age adults, via the workplace.
  - *3 public events across city – November / December*  
Working with Leeds Involving People (LIP) we will deliver a series of events in each of the Neighbourhood Team areas for citizens to attend and find out more about the future of health and care in Leeds. These will be in the style of public exhibition events, with representation and information from each of the 'Programmes' within the Leeds Plan and some of the 'Enablers'. To maximise the benefit of these events, they will also promote messages and services linked to

winter resilience and other health promotion / healthy living and wellbeing services.

- *Third Sector engagement events - November*  
We will work with Forum Central Leeds to deliver a workshop(s) to encourage and facilitate participation and involvement from the third sector in Leeds in the discussion about the Leeds Plan and the future of health and care in the city.
- *'Engaging Voices' Focus Groups, targeted at Equalities Act 'protected Characteristic Groups' - November*  
We will work with VAL to utilise the 'Engaging Voices' programme of Asset Based Engagement to ensure that we encourage participation and discussion from seldom heard communities and to consider views from people across the 'protected characteristic' groups under the Equalities Act.

- 3.8 Leeds City Council is launching "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'.
- 3.9 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.
- 3.10 Case studies are being 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. Any future changes in service provision arising from this work will be subject to an equality impact assessment.
- 3.11 The conversation with the public, workforce and elected members will also include what citizens can do to prepare themselves in the short term for winter and the direction of travel in of community health services may change towards Local Care Partnerships. The aim is to coordinate and join up as much of the messages across the health and care system.
- 3.12 The strong engagement 'bottom up' approach adopted by the Leeds Health and Wellbeing Board has been recognised across the WY&H HCP as making strong progress. The influence has been recognised in a number of ways. There is now a clear recognition of the primacy of place based plans across the WY&H HCP, a principle of subsidiarity has been adopted whereby regional planning is used only where place planning alone cannot provide solutions to the improvements sought.
- 3.13 Local authorities across WY&H are increasing their engagement with the HCP and the developing change programme on the basis that the Leeds Health and Care Plan provides an approach which embraces political and community engagement and is rooted in the wider Health and Wellbeing Strategy.

- 3.14 The Leeds Plan approach has influenced the current drafting of a local statement of priorities for the WY&H HCP written in response to “Next Steps on the NHS Five Year Forward View” (NHS 2017). WY&H HCP leadership have presented progress on this to the Leeds Health and Wellbeing Board recognising the Leeds Plan as providing a template for political and community engagement.

## **4 Corporate Considerations**

### **4.1 Consultation, engagement**

- 4.1.1 A key component of the development and delivery of the Leeds Health and Care Plan is ensuring consultation, engagement and hearing citizen voice. The approach to be taken has been outlined within para 3.5 and 3.6.

### **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 Resources and value for money**

- 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 There are significant financial challenges for health and social care both locally and nationally. If current services continued unchanged, the gap estimated to exist between forecast growth in the cost of services, growth in demand and future budgets exceeds £700m at the end of the planning period (2021). The Leeds Health and Care Plan is designed to address this gap and is a significant step towards meeting this challenge and ensuring a financially sustainable model of health and care.
- 4.3.3 The WY&H HCP have made proposals to agree a Memorandum of Understanding across partners. The purpose of the Memorandum would be to agree a basis for shared financial sustainability, accountability and the progression of aligned resources within the footprint of the partnership. The ambition of the Memorandum would it would allow agreement with NHS England for greater release and local control of key aspects of transformation funding, the local deployment of NHSE staffing and greater autonomy within the financial and inspection regimes of the NHS and partner’s arms length bodies. The Leeds approach to the MoU is guided by the principles contained in the Leeds Plan and Health and Wellbeing Strategy.
- 4.3.4 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’.

- 4.3.5 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 Legal Implications, access to information and call in**

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

#### **4.5 Risk management**

- 4.5.1 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.
- 4.5.2 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 Health and Care Partnership footprint and Leeds itself.
- 4.5.3 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.
- 4.5.4 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.
- 4.5.5 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 Partners across the city working with our thriving third sector and academic partners have come together to develop, for the first time, a system-wide plan for a sustainable, high-quality health and social care system. The Leeds Health and Care 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.

### **6 Recommendations**

- 6.1 Scrutiny Board is asked to:
- Support the consultation plans outlined in this paper to be undertaken on the draft Plan and narrative by officers with citizens and staff.
  - Note the development of wider influence of the Leeds Health and Care Plan approach across West Yorkshire.

### **7 Background documents<sup>1</sup>**

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless

7.1 None.

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Report Author: Sarah Buncall

Tel: 0113 3784269

**Report of: Head of Commissioning, Contracts and Business Development**

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

**Date: 14<sup>th</sup> November 2017**

**Subject: One City Care Home Quality and Sustainability Project Update**

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

## 1. Purpose of this report

1.1 To provide a progress update on the One City Care Home Quality and Sustainability project, since the previous update to Scrutiny Board in June 2017.

## 2. Background Information

2.1 Under the Care Act 2014, the Council has legal obligations and the Director of Adults and Health has specific statutory duties to facilitate and shape a diverse and sustainable older people's care home market. There are significant concerns around the quality and sustainability of the current older people's care home market, with the following issues all putting pressure on the sector;

- An ageing population with increased complexity of need, co-morbidities, and dementia needs.
- The financial sustainability of the market and the need to co-produce a "true cost of care" for Leeds, and to negotiate an appropriate fee that is proportionate to the expectations of quality service delivery and to the financial situation facing the local authority.
- Quality of care services rated at 48% Good by the Care Quality Commission (CQC), in comparison with a national average of 65.5%. Scrutiny Board and the

Executive Member for Health, Wellbeing and Adults' aspiration<sup>1</sup> is that this should be at least 80% for Leeds.

- Significant workforce pressures affecting the ability to recruit and foster a skilled and sustainable workforce. Such pressures include; including salary expectations, access to training and suitable career pathways, job requirements and levels of accountability in comparison to other job options, and potential implications of the Brexit decision.
- Varying degrees of integration/duplication with existing initiatives and schemes to support quality of care in older people's care homes, and a reported lack of open, honest and trusted relationships.

2.2 As such, Adults & Health (A&H) and NHS Partners are now delivering the One City Care Home Quality & Sustainability project, through partnership working with Commissioners, Care Home Providers and Older People's Residents/Residents Representatives in order "***To ensure that citizens of Leeds receive high quality care in independent sector care home settings and that our contracts incentivise care homes to provide this high quality care***". There are three parallel strands of work that will deliver; a quality improvement action plan, a Joint Market Position Statement setting out a shared vision for the sector that will support providers in developing future services, and a new A&H Residential and Nursing Care Services (Framework Arrangement) Contract.

### 3. Main Issues

#### 3.1 Work stream 1: One City Approach

- 3.1.2 Various engagement activities have taken place with stakeholders which have informed the requirements of the draft quality improvement action plan which has been shared initially with A&H and NHS partners for feedback. Consultation methods have included a multi-agency city wide event, regular formal meetings with NHS partners, Elected Members and representatives of care homes, and discussions with other local authorities and national organisations such as The King's Fund and My Home Life.
- 3.1.2 It is proposed to link the action plan to the 'Seven Steps to Improve Quality' as set out in the Department of Health and CQC's *Adult Social Care: Quality Matters, July 2017* document, to show the Leeds response to Quality Matters in relation to care homes. It will then require each stakeholder to sign up and commit to the plan. The existing meeting forums and governance structures relating to care home quality are being mapped and reviewed (an action in the plan), and this will include how the action plan is prioritised and progress tracked. The Strategic Direction meetings that commenced from June 2017 with A&H, NHS Quality and Commissioning and Care Home Providers at an Owner/Director level may be an appropriate forum for this.
- 3.1.3 Two key actions within the action plan include the development of a Care Quality Team and a Leadership Academy for Registered Managers. The overriding purpose of the team is to deliver proactive, targeted, strength-based support to older people's care homes in Leeds in order to improve quality of care, as measured

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<sup>1</sup> Scrutiny Board Meeting Minutes, November 2016.

against defined success criteria, such as the percentage of CQC Good rated care homes. Based on engagement activities, the primary business requirements and proposed model of the Care Quality Team have been developed and job descriptions drafted and are due to be considered at the October 2017 Delegated Decision Panel following the outcome of the Council's job evaluation process and union consultation. It is proposed to start advertising posts from mid-November.

- 3.1.4 The requirements for a Leadership Academy have been approved by A&H Directorate Leadership Team, including the establishment of a post to develop and lead the Academy. The Leadership Academy will work closely with the Care Quality Team to support individual organisations to engage in development activity, and their focus will be to provide resources and capacity to support and develop leadership and management skills within the care sector. An implementation plan for the Leadership Academy is now being developed including further consultation with the sector.
- 3.1.5 A review of supply and demand data for all accommodation based service provision, including care homes, has been approved at A&H Directorate Leadership Team. A comprehensive supply and demand modelling was undertaken by Adult Social Care up to 2028, that informed the Better Lives Strategy, and as it is almost 10 years into the projected timeframe, it is therefore timely to review, test and if required refresh supply and demand methodology and projections. It is also timely in light of the recent national research and report suggesting that as a nation we are forecasting to fall short of the care beds required.<sup>2</sup> The supply and demand review will take place from now until December 2017 and will inform this project's development of a Commissioning Vision and Joint Market Position Statement with NHS Commissioning partners.

### **3.2 Work stream 2: Market Shaping & Purchasing**

- 3.2.1 An analysis of the current market has been carried out and this will help to inform the options appraisal for the re-commissioning of the contract. It will also form part of the wider supply and demand review as detailed in point 3.1.5 above.

### **3.3 Work stream 3: Finance**

- 3.3.1 The Cost of Care Review carried out by independent consultants Mazars has been analysed by the finance officers and initial proposals have been put to the independent sector providers who sit on the Advisory Board. Negotiations with these providers is ongoing and a final proposal from Adults & Health is due to be shared with the market for consultation during October 2017. Following this, the proposal will be put out to consultation to the wider market and will then be subject to a delegated decision of the Director of Adults and Health.

### **3.4. Work stream 4: Contract & Procurement**

- 3.4.1 Work to review and refresh the contract documentation including service specification and quality framework standards is ongoing, with input from key stakeholders including a monthly forum with the care home providers reference group. Reference is being made in the new quality standards to the National

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<sup>2</sup> [\*Is late-life dependency increasing or not? A comparison of the Cognitive Function and Ageing Studies \(CFAS\), August 2017. Care Needs Care Now Campaign, Which Report, August 2017\*](#)

Institute for Health and Care Excellence quality standards and guidelines to ensure current best practice is embedded within the new contract.

- 3.4.2 It is crucial the re-commissioning of the contract determines a set of fee rates that all key stakeholders can agree upon. As such, to allow for ongoing discussion, the timescale for completing the options appraisal and subsequent report to the Executive Board has been moved from September 2017 to February 2018, anticipating a new contract start date from April 2018.
- 3.4.3 Due to the ongoing cost of care and fee rates work, a delegated decision<sup>3</sup> was made agreeing to two sets of 2% uplifts to fee rates for care home providers, given that the usual uplift process had been on hold from December 2016 due to the cost of care review. These uplifts have been rolled out to all contracted care home providers during September and October 2017.

### **3.5 Work stream 5: Business Improvement**

- 3.5.1 Work continues to review existing business processes and identify process improvements that can be reflected in the revised contract documentation, for example, technical system processes for implementing fee increases and processes for 3<sup>rd</sup> party top up payments. Work is also being undertaken to revise the current contract monitoring arrangements so that they align with the work of the new quality team. Further discussions have been had with other local authority areas to ensure we capture best practice in monitoring and management of the new contracts.

### **3.6 Work stream 6: Workforce**

- 3.6.1 In addition to the work highlighted in point 3.1.4 above in the development of the Leadership Academy, the staff development and training sections of the draft new contract specification have been reviewed and recommendations made.

## **4. Recommendations**

- 4.1 The Scrutiny Board (Adults and Health) is asked to consider the information provided at the meeting and determine any further scrutiny actions and/or activity.

## **5. Background documents<sup>4</sup>**

- 5.1. None used.

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<sup>3</sup> DDP Ref: D44711

<sup>4</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

## Report of Head of Governance and Scrutiny Support

### Report to Scrutiny Board (Adults and Health)

**Date: 14 November 2017**

### Subject: Leeds Health and Care System Integration Programme

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

## 1. Purpose of this report

- 1.1 The purpose of this report is to introduce a report from Leeds Clinical Commissioning Group (CCG) Partnership, which sets out details of the System Integration work; a core component developed by the Leeds Health and Care system to help deliver the ambitions of the Leeds Health and Care Plan. Plans have been gathering pace since May 2017.

## 2. Main issues

- 2.1 The report from Leeds CCG Partnership is attached at Appendix 1 and sets out that System Integration is a core component to help deliver the ambitions of the Leeds Health and Care Plan. The report also sets out that health and care commissioners and providers have committed to transforming services so that services in Leeds work better to help ensure:
- Continuity of care;
  - Smooth transitions between care settings; and,
  - Services are collectively responsive to patient needs.
- 2.2 Appropriate representatives will be in attendance to present the report in more detail and respond to questions from members of the Scrutiny Board.

## 3. Recommendations

- 3.1 The Adults and Health Scrutiny Board is asked to:
- (a) Consider the recommendations set out in the attached Leeds CCG Partnership report, namely to:

- i. Support the direction of travel highlighted within the report of moving toward more integrated service delivery.
- ii. Note the development of Local Care Partnerships and the enhancement of the current neighbourhood teams as know now.
- iii. Support our commitment to engage citizens of Leeds over the coming months.

(b) Consider the information provided in the attached report and presented at the meeting and determine any further scrutiny actions and/or activity

#### **4. Background papers<sup>1</sup>**

None used

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<sup>1</sup> 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 FOR SCRUTINY BOARD (ADULTS AND HEALTH)

### Leeds Health and Care System Integration Programme

#### 1. SUMMARY

1.1 People have told us that the lack of joined-up care is the biggest frustration for our patients, service users and carers. Patients, service users and carers want continuity of care, smooth transitions between care settings, and services that are responsive to all their needs together.

1.2 As a core component of the Leeds Health and Care Plan, commissioners and providers have committed to transforming services so that services work in this way in Leeds.

1.3 A key part of delivering this change is for the system to work together to develop and implement a new model of integrated care where providers are jointly accountable for population outcomes.

1.4 There is a need to develop a public narrative to support a wide scale engagement with local people. There is also a proposal to hold a deliberative event with local people in the near future to help support and co-design the engagement plan for this significant piece of work.

#### 2. BACKGROUND

##### 2.1 What will this mean for citizens and patients?

2.1.1 Much of the plans involve cultural and structural changes to the way that partner organisations work together and most of this will not be visible to citizen and patients. However there will be changes to the way that people experience neighbourhood and community services in the future.

2.1.2 What this will mean for citizens and patients is that the existing Integrated Neighbourhood Teams will be expanded to include more services based around neighbourhoods and to create **Local Care Partnerships**.

2.1.3 Local Care Partnerships (LCPs) will be extended primary care teams with a scope beyond traditional general practice. Through the General Practice Forward View delivery currently being supported in Leeds General Practice is building capacity and capability in its workforce and developing greater 'at scale' working. This is an essential component of the development of LCPs for the future.

2.1.4 LCPs will include community based health and care services and possibly some things that are currently provided in hospital such as some outpatient appointments. People will still be registered with their GP practice and the vision is that other

health and care services will 'wrap-around' the practice rather than operating as entirely separate teams as they often do now.

- 2.1.5 This means that all of peoples' needs will be able to be met by a single team in their local area in the future making services easier to access and coordinate. If people do need to go into hospital the services will work together to make sure this happens smoothly.
- 2.1.6 There is also an ambition to work with each person as an individual to find out what's most important to them and to support them to make changes. This is based on a recognition that if people are happier then they will be healthier and there is evidence to support this. There is also strong evidence that where people are in control of their own health and wellbeing working with professionals to support this, they will achieve much better results than where people are told what to do by 'experts' and are not part of that decision making.
- 2.1.7 The above will require a culture change in the way people think of health and care services and in how health and care professionals work with people to support them. This is an underpinning part of the changes that are needed.

## **2.2 How will we make these changes?**

- 2.2.1 The Leeds CCGs and Leeds City Council commissioners of health and care services now need to work together to create the conditions for the changes to happen by changing the way they work so that they commission for improvements in population level outcomes, rather than contracting for individual organisations which tends to be the current focus.
- 2.2.2 The proposed merger of the CCGs in Leeds will also help us to integrate our commissioning processes, further extending the One Voice principles started by the CCGs earlier this year.
- 2.2.3 Commissioning for outcomes will mean that providers can work together in integrated, innovative ways to most effectively deliver the outcomes. The opportunity for this to happen without a move to commissioning for outcomes is limited due to current contractual restraints, inconsistent payment methods, individual organisational priorities and system pressures.
- 2.2.4 Accountable integrated care means that providers and services will need to work together to achieve improved outcomes for people focussing on what's best for them.
- 2.2.5 This overall approach for both commissioning and providing accountable care is called **Population Health Management (PHM)**. PHM has the core principles of not differentiating between age groups and has the whole person at its heart.

## **2.3 Why are the changes needed?**

- 2.3.1 These large scale changes to the way that our health and care system works are crucial because we know that if we do nothing our financial gap will be £700m by 2020/21. In addition we know that we are not doing as well as we can on reducing health inequalities or providing services that represent the best quality and patient experience. These challenges are known as the 'three gaps' and were the challenges outlined in the NHS Five Year Forward View<sup>2</sup>

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<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfy-web.pdf>



- 2.3.2 The vision is that adopting this approach will not only lead to improvements across all three gaps. It will also, in the long term, improve system flow as the current fragmented system is one of the key reasons that patients can experience delays and issues whilst moving between services. In the future providers will be jointly responsible for improved flow across the health and care system.
- 2.3.3 There are several key benefits to adopting this approach for Leeds as, in addition to the triple aim, it will enable previously complex issues to be addressed more effectively because the system will not be as fragmented. For example:
- Parity of esteem between mental and physical health
  - Better partnerships between adult and children's services e.g. work with vulnerable families to support the best start in life.
  - A greater focus on the wider determinants of health to deliver outcomes.
- 2.3.4 Evidence to support this hypothesis is still emerging in the UK although nationally it is seen as the key solution to the three gaps described in the NHS Five Year Forward View<sup>3</sup>. This is a major direction of travel nationally and many UK health and care systems are further ahead than Leeds on their accountable care journey and the evidence that has so far been published looks positive.

## **2.4 This seems like a huge change, where will we start?**

- 2.4.1 The organisations in the health and care system do not want to implement this new way of working for the whole population straight away. They have therefore agreed that they will test the approach with frail people before eventually working in this new way for the whole population.
- 2.4.2 The first step will be to work with local stakeholders including citizens and patients to develop an outcomes framework for people with frailty, focussing on what's really important to people.

## **2.5 What are the timescales?**

- 2.5.1 This is a long term change and it is thought that it will take much of the next decade to completely implement. The first changes for the frail population will likely take place from 2019-20 with some smaller scale changes possible in the next financial year (2018-19).
- 2.5.2 In the meantime progress will continue to be made to establish and develop the neighbourhood teams, make sure that teams start to work together where it makes sense to do so and that local leaders are in place to make sure the local care partnerships work well.

## **2.6 What are the outcomes we want to improve?**

- 2.6.1 The outcomes that need to improve for the population are the five outcomes in the Leeds Health and Wellbeing Strategy. As part of developing a new accountable care system a more detailed sub-set of these outcomes will be developed with providers and stakeholders. To begin this process a set of outcomes for people living with frailty and those at end of life will be developed by the end of 2017.

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<sup>3</sup> <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

Drawing on national and international evidence we will also local people in these groups what is most important to them.

## 2.6.2 Specifically, system integration will support delivery of the following Health and Wellbeing Strategy priorities:

Leeds HWBS Priority	How Accountable Care will support this priority
<b>1</b> A child friendly city and the best start in life	Better integration between children's services and adults services meaning that vulnerable families will be better supported as a priority to give children the best start in life.
<b>2</b> An age friendly city where people age well	Services that support older people will be more joined up meaning that care will be coordinated and streamlined. This will enhance people's experience of care.
<b>3</b> Strong, engaged and well connected communities	Services will be designed around people's local neighbourhoods with staff working as 'one team' to meet people's health and care needs holistically. This in turn will support the development of new and existing third sector organisations that work in communities as part of the wider team.
<b>7</b> Maximise benefits from information technology	Providers will need to implement new technologies and innovations in order to meet the population level outcomes. They will also need to join up systems in order to work as 'one team' and this will lead to the availability to enable enhanced health and care information.
<b>8</b> A stronger focus on prevention	A key foundation of the new model of accountable care will be a focus on prevention. As well as improving wellbeing through supporting better health for longer, provider incentives will also be aligned to make sure that the accountable care system is focussed on prevention at all levels of need.
<b>9</b> Support self-care with more people managing their own conditions	Self-care is a key principle of an accountable model of care. Evidence shows that health outcomes are better where people have the confidence and knowledge to manage their conditions and provider incentives will be aligned to make sure there is a focus on this.
<b>10</b> Promote mental health and physical health equally	Accountable care allows focus on whole person needs rather than disease or organisation. This will facilitate and true move towards parity of esteem between mental and physical needs as well as social and wellbeing needs.
<b>11</b> A valued, well trained and supported workforce	The workforce is the system's greatest asset. Currently there is a level of dissatisfaction experienced by elements of the workforce due to the fragmentation of the system and the frustration caused by being constrained in care delivery by organisational boundaries. By working in an accountable care system and in integrated neighbourhood delivery teams staff will have more autonomy over the way they work and will be able to more tangibly make a contribution towards whole person outcomes and increase staff satisfaction. Additionally teams will need to widen their skill sets and will need training and support to work in new ways.
<b>12</b> The best care in the right place, at the right time	Accountable care will facilitate more effective, person centred community based services. It will support the move of appropriate services from hospital to the community and allow the establishment of integrated community based team which build on the integrated neighbourhood team model already established in Leeds. Where people need to be treated in hospital the support will be there so that they are admitted and discharged back to the community as soon as they are ready.

- 2.6.3 An important feature of the way that an accountable care system will work in the future is that commissioners will not specify in detail how services will be delivered. Outcomes will be set and it will be the job of the providers, working together, to determine how best to use their collective resources to achieve these.
- 2.6.4 Commissioning for outcomes will mean that providers can work together in integrated, innovative ways to most effectively deliver the outcomes. The opportunity for this to happen without a move to commissioning for outcomes is limited due to current contractual restraints, inconsistent payment methods, individual organisational priorities and system pressures.

## **2.7 What are the implications for health and care organisations in Leeds?**

- 2.7.1 CCGs in Leeds have already begun a process to come together into a new CCG in order to prepare themselves for new ways of working. Otherwise there are currently no planned changes to other organisational structures as a result of this work. Accountable Care Systems work by providers voluntarily agreeing to enter into 'alliance agreements' which overlay existing contracts. Alliance agreements would detail how providers would work together to share their resources and work in new ways to deliver the outcomes agreed for the population.
- 2.7.2 This way of working in alliances will unlock innovative ways of working, for example new workforce models, designed by providers - those who are experts in providing care and by those who best know the needs of the population.
- 2.7.3 One of the benefits of Accountable Care Systems is a much more efficient use of resources such as workforce and estate as providers are able to look across the total resource for the population and best use these to improve outcomes. This is in contrast to the current way of working whereby the way that services are currently commissioned creates conditions where organisations adopt a 'fortress mentality', competing over ever more scarce resources in the system.
- 2.7.4 This work is very much a partnership. There are clear benefits to individual organisations, the population of Leeds as well as the health and care system as a whole. Organisations across the system have signed up to working in collaboration to achieve the aims of system integration.
- 2.7.5 Professional and representative bodies such as the Local Medical Committee, Community Pharmacy West Yorkshire and Healthwatch, amongst others, are in support of the direction of travel and will remain involved as the work develops to ensure that it continues to develop in a way that supports those they represent.

## **3. ENGAGING WITH LOCAL PEOPLE**

### **3.1 How will we work with people to start to design the changes?**

- 3.1.2 Nationally there is no prescribed plan for these changes, so in Leeds we have the flexibility to do it in the way that is right for local people, services and staff. We have started to develop plans describing how organisations will change to allow the health and care system to move towards integrated accountable care through a PHM approach. We have got to the point where commissioning and provider organisations in Leeds have committed to these changes.

- 3.1.3 We now need to do more work with local people to co-produce the model of care that will be delivered at neighbourhood level.
- 3.1.4 Key next steps include developing a public facing narrative to describe these changes based on how people will experience health and care services in the future. We will also be developing an engagement plan will begin by talking to citizens. With the Health Partnerships Team we are currently presenting at each of the ten Community Committees as part of the wider Leeds Heath and Care Plan engagement.
- 3.1.5 As this is such a significant change it is important that there is significant engagement with local people at this very early stage in order that the service delivery model best meets people's needs. As it is fairly complex we would like to co-produce the engagement plan with people so that we can best explain what the change is and the reasons for it in a way that is easily understood.
- 3.1.6 Therefore there is a proposal to hold a deliberative event with local people in the near future to help us to explore these issues and co-produce the engagement plan.
- 3.1.7 The outline proposal for this deliberative event is that it will take place in the New Year. The proposal will be to recruit a demographically representative group of attendees and the key aims for the event will be as follows:
- a) Test the draft narrative with attendees and identify key FAQs.
  - b) Further develop the narrative via an interactive workshop session.
  - c) Co-produce a detailed engagement plan, including hard-to-reach groups via a second workshop session.

#### **4. RECOMMENDATION**

- 4.1 The Adults and Health Scrutiny Board is asked to:
- (a) Support the direction of travel highlighted within the report of moving toward more integrated service delivery.
  - (b) Note the development of Local Care Partnerships and the enhancement of the current neighbourhood teams as know now.
  - (c) Support our commitment to engage citizens of Leeds over the coming months.

**Becky Barwick**  
**Head of Programme Delivery – System Integration**  
**Leeds CCGs Partnership**

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Report author: Steven Courtney  
Tel: 0113 378 8666

## Report of Head of Governance and Scrutiny Support

### Report to Scrutiny Board (Adults and Health)

**Date: 14 November 2017**

### **Subject: Request for Scrutiny – Seacroft Clinic and Community Dental Services**

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

## Summary of main issues

1. A request for Scrutiny has been received from Councillor Catherine Dobson.
2. The request relates to Seacroft Clinic and Community Dental Services and a copy of Councillor Dobson's request is attached at Appendix 1.
3. Councillor Dobson has been invited to attend the Scrutiny Board to outline his request and address any queries the Scrutiny Board may have.
4. Other ward members from Killingbeck and Seacroft have also been invited to attend the Scrutiny Board.
5. Representatives from Leeds Community Healthcare NHS Trust have not been specifically invited to attend the Scrutiny Board at this time.

### Chairs action

6. The process for dealing with requests for scrutiny is set out in the Scrutiny Board procedure rules, which includes presenting the request to the next ordinary meeting of the Scrutiny Board.
7. However, in preparation for the Scrutiny Board's formal consideration of the request at this meeting, the Chair proposed and gained agreement to a number of actions in advance of the meeting: The aim being to provide members of the Scrutiny Board with sufficient information in order to make an informed and timely decision when considering the request for scrutiny.

8. The actions agreed with other members of the Scrutiny Board consisted of:
- The Chair convening a meeting between local ward members and Leeds Community Healthcare Trust, where the concerns raised could will be discussed (this discussion took place on Thursday, 2 November 2017).
  - Producing a note of the above meeting; detailing the issues discussed, any assurances given and any remaining (or additional) concerns of ward members.
  - Presenting the note of the above meeting to the SB meeting on the 14 November 2017, alongside the formal request for scrutiny.
  - Details of the SB outcome being captured and recorded in the minutes of its meeting held on 14 November 2014 (and subsequently confirmed at the meeting on 19 December 2017).
9. To help inform the meeting held on 2 November 2017, Leeds Community Healthcare NHS Trust produced a briefing document that sought to address/ answer a number of the matter raised in the Request for Scrutiny. This is presented at Appendix 2.
10. A separate note of the meeting held on 2 November 2017 will be provided to members of the Scrutiny Board in advance of the meeting.

#### Health Service Developments Working Group

11. It should be noted that at the Scrutiny Board's Health Service Developments Working Group (HSDWG) meeting held on 29 September 2017, members considered the proposals around Community Dental Services and Seacroft Clinic.
12. At the HSDWG meeting, members of the Scrutiny Board were updated on the proposed one-stop approach to Community Dental Services facilities across two locations - a children's centre at Beeston Hill Community Health Centre and an adults' centre operating from the Reginald Centre, Chapeltown. Members were also advised that Seacroft would continue to operate at a reduced capacity as part of a 6-month trial period from October 2017.
13. As part of the discussion, Members raised concerns around travel times and complicated bus routes for vulnerable service users: It was suggested that the predictions for travel time did not reflect actual travel times across the city, and should be amended to reflect bus changes and waiting times. Members were also concerned about this service change potentially increasing health inequalities and could lead to more hospital inpatient admissions.
14. Members requested more information on the evaluation process for the trial and data around use of public transport for service users. Members also discussed the attendance of commissioners of the service (NHS England) at the next HSDWG meeting, currently planned for 5 January 2017.

#### Considering the request for scrutiny

15. The decision whether or not to further investigate matters raised by a request for scrutiny is the sole responsibility of the Scrutiny Board. As such, any decision in this regard is final and there is no right of appeal.
16. When considering the Request for Scrutiny, the Scrutiny Board may wish to consider:

- If further information is required before considering whether further scrutiny should be undertaken;
- If a similar or related issue is already being examined by Scrutiny or has been considered by Scrutiny recently;
- If the matter raised is of sufficient significance and has the potential for scrutiny to produce realistic recommendations that could be implemented and lead to tangible improvements;
- The impact on the Board's current workload;
- The time available to undertake further scrutiny;
- The level of resources required to carry out further scrutiny;
- Whether an Inquiry should be undertaken.

### **Recommendations**

8. The Scrutiny Board (Adult Social Services, Public Health, NHS) is asked to consider the Request for Scrutiny and determine what, if any, further scrutiny activity it wishes to make in this regard.

### **Background papers<sup>1</sup>**

9. None used

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<sup>1</sup> 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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**Request for Scrutiny: Community Dental Service and Seacroft Clinic**

I wish to make a formal request for the Scrutiny Board (Adults and Health) to consider the following matters in (more) detail.

Community Dental Services proposals

While heartened to learn that the proposals around the Community Dental Service and Seacroft Clinic have been considered by a Scrutiny Board working group and even more reassured that the working group highlighted exactly the same concerns raised by the local ward members for Killingbeck and Seacroft: I would specifically request that the Scrutiny Board considers the following matters in (more) detail:

- What exactly service users were asked.
- How widely the consultation was carried out.
- What means of communication were used.
- What feedback was received.
- Whether dental practitioners were consulted as part of the Community Dental Services proposals and if so what their views were.

It should also be noted that I support the Scrutiny Board's request for more information around the evaluation process relating to the current service arrangements being trialled.

Seacroft Clinic

There is concern that Leeds Community Healthcare NHS Trust's ultimate aim is the complete closure of Seacroft Clinic and this will be facilitated by the gradual removal of services. It should be noted that the following information has already been requested by the local ward councillors, but as yet Leeds Community Healthcare NHS Trust has not yet provided this information. As such, I would specifically ask the Scrutiny Board to request and consider:

- Details of all services currently offered from Seacroft Clinic (including days/times when services can be accessed).
- Details of which services have been withdrawn or relocated from Seacroft Clinic in the last two years.
- Details of any proposals / plans to withdraw any other services from Seacroft Clinic in the near future.

In addition, I would also ask the Scrutiny Board to consider the impact of proposals to build a new clinic elsewhere in East Leeds on the services currently delivered from Seacroft Clinic and the clinic's long term future.

I am pleased that many of the points raised have been covered by the working group but my concerns go beyond the proposals for the Dental Service alone and centre on the long term future of the clinic and the impact its closure would have on health outcomes in my ward.

**Cllr Catherine Dobson**  
**Killingbeck and Seacroft**

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- **Whether dental practitioners were consulted as part of the Community Dental Services proposals and if so what their views were**

All dental staff are involved and engaged in developing the community dental service proposals and continue to be as we trial our two assessment centres.

We have and continue to provide a number of ways for staff to share their views. Initially, in August 2016 we held a staff away day for all staff within the dental service. This provided an opportunity for discussions to be held and feedback sought for a range of different service improvements including the new assessment model we are trialling. Staff views were incorporated into the development of the new assessment model.

Additionally, all staff within the service were offered 1-2-1 meetings about the proposed changes and continue to provide their feedback in business meetings, emails, and daily at the assessment centres, as to what's working well and could be improved. A senior manager reports back to staff including every Friday via a service email which takes a "you, said we did" approach as and when required in regards to feedback.

One of the key themes that staff raised was focused on potential patient concerns re travel, parking and time for carers etc. as a direct result of the changes rather than their own concerns about the change. These are outlined in the Our Vision for Community Dental Services in Leeds information booklet under the heading we asked our patients what they thought. There have been no further concerns raised by staff since the booklet was issued in July.

- **Details of all services currently offered from Seacroft Clinic (including days/ times when services can be accessed)**

In addition to the dental clinic held once a month on a Tuesday, the following services are currently provided from Seacroft Clinic:

	Monday		Tuesday		Wednesday		Thursday		Friday	
<b>Services</b>	<b>AM</b>	<b>PM</b>	<b>AM</b>	<b>PM</b>	<b>AM</b>	<b>PM</b>	<b>AM</b>	<b>PM</b>	<b>AM</b>	<b>PM</b>
Podiatry										
Increasing access to psychological treatment (IAPT) *IAPT services are mostly delivered across a range of community venues.										
Childrens ophthalmology										
Baby clinic/ children's reviews										
Citizens advice										
Cardiac clinic										
Flu clinic										

### **Details of which services have been withdrawn or relocated from Seacroft Clinic in the last two years**

Due to a number of reasons, including service improvements, losing tenders, or other Trusts withdrawing their services, the following are no longer available at Seacroft Clinic:

- Weight management service – following award of service to Reed Momenta
- Smoking cessation – following award of service to Reed Momenta
- Leeds Teaching Hospitals Trust midwives – non-Leeds Community Healthcare Trust service
- Leeds Teaching Hospitals Trust Warfarin – non-Leeds Community Healthcare Trust service
- Speech and Language – as part of previous consultation (paper to scrutiny board in February 2016)

Additionally, Leeds Community Healthcare nursery nurses now deliver baby clinics and child reviews from Seacroft Clinic (as detailed above).

- **Details of any proposals / plans to withdraw any other services from Seacroft Clinic in the near future.**

At present there are no proposed changes to service delivery at Seacroft Clinic. As previously notified we are awaiting the outcome of the new dental assessment centre pilot. For completeness, we provide a seasonal flu clinic and this will cease at the end of the season.

- **Whether the impact of proposals to build a new clinic elsewhere in East Leeds on services currently delivered from Seacroft Clinic and/or the clinic's long term future.**

The responsibility for the building of new clinic sites rests with the commissioner and therefore the Trust works closely with commissioners on any new developments but is aware of its obligation to keep councillors updated on any key proposals or changes. Leeds Community Healthcare NHS Trust is an active member of the city wide estates group which works across all organisations, including the Council, looking at best use of space and new opportunities.

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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: 14 November 2017**

**Subject: Chairs Update – November 2017**

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

## 1 Purpose of this report

- 1.1 The purpose of this report is to provide an opportunity to formally outline some of the areas of work and activity of the Chair of the Scrutiny Board since the previous Scrutiny Board meeting in October 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 September 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<sup>1</sup>**

##### **4.1 None used**

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



## Report of Head of Governance and Scrutiny Support

### Report to Scrutiny Board (Adults and Health)

**Date: 14 November 2017**

**Subject: Work Schedule – November 2017**

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

## 1 Purpose of this report

- 1.1 The purpose of this report is to consider the 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 remainder of the current municipal year 2017/18.

Topic / work area	Scope
Quality of Care Services in Leeds	<ul style="list-style-type: none"> <li>• Quarterly updates on published CQC inspection reports/ outcomes</li> <li>• Leeds Quality Account</li> <li>• Leeds Better Lives Strategy – strategy update and implementation/ progress of previous phases</li> <li>• Re-commissioning of the Residential and Nursing Care Services Contract – overview of progress and outcomes</li> <li>• Leeds Shared Lives service</li> <li>• Hospital discharges</li> </ul>
Health and Care Needs of Offenders	<ul style="list-style-type: none"> <li>• Leeds City Council's care obligations in relation to offenders.</li> <li>• Current commissioning and delivery arrangements of offender health services, particularly focusing on HMP Leeds.</li> <li>• Specific health issues identified by Independent Monitoring Boards.</li> <li>• Outcome of Healthwatch Leeds' work around offender's experience of health and care services.</li> </ul>
Leeds Health and Care Plan	<ul style="list-style-type: none"> <li>• Maintaining an overview on the development of Leeds Health and Care Plan, including any specific service change proposals that result.</li> <li>• Having due regard of activity and any proposals being developed on a wider, West Yorkshire and Harrogate footprint.</li> </ul>

Topic / work area	Scope
Current provision of GP services and the future vision	<ul style="list-style-type: none"> <li>• Current delivery of Primary Care (GP) services across the City.</li> <li>• Current challenges and how these will be addressed in the short and longer-term (specific focus around the South East of the City).</li> <li>• Future vision and system integration proposals.</li> <li>• Patients and public involvement and engagement.</li> <li>• Potential role and implications for the Third Sector.</li> </ul>
Health Service Developments Working Group	<ul style="list-style-type: none"> <li>• Proposed NHS services changes and/or developments.</li> <li>• Quarterly NHS provider updates.</li> <li>• NHS key performance reports.</li> <li>• Adults and Health 2017/18 budget and performance reports.</li> </ul>

- 2.4 These details continue to be reflected in the outline work schedule presented at Appendix 1 for consideration by the Scrutiny Board.

### 3 Main Issues

- 3.1 Members of the Scrutiny Board have previously been made aware that 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 presented on a month-by-month basis should be considered to be indicative rather than precisely definitive.
- 3.2 Members of the Scrutiny Board have also been previously advised that in order to deliver the work schedule, a flexible approach is often required, which can include undertaking some actions and 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.
- 3.3 Given the nature of the Scrutiny Board's broad remit, which is reflected in the overall work schedule, it is perhaps useful to consider specific updates and proposals to particular aspects of the work schedule going forward. These details are presented below:

#### Health and Care Needs of Offenders

- 3.4 Since the previous Scrutiny Board meeting in October 2017, further discussions around the scope of the Board's inquiry have taken place with the Chair of the Scrutiny Board. These discussions included overall capacity of the Scrutiny Board; the level of resource (i.e. direct officer support) available to the Scrutiny Board; other

work areas and developments across the remit of the Scrutiny Board (Adults and Health); and, the remit and/or potential duplication across other Scrutiny Boards work schedules.

- 3.5 As a result of these discussions, the following details for taking forward the inquiry into Health and Social Care Needs of Offenders are presented for consideration and agreement by the Scrutiny Board:
- The scope of the inquiry to focus on services health and social care needs of adult offenders serving custodial sentences at HMP Leeds and HMP Wealston; and the associated services provided and service outcomes.
  - Proposed visits to HMP Leeds and HMP Wealston as the inquiry progresses (subject to agreement with the relevant Prison Governor).
  - A proposed working group meeting on Thursday, 7 December 2107, with a particular focus on the health aspects of the inquiry, including:
    - An outline of commissioning arrangements for offender health services, with a particular focus on HMP Leeds and HMP Wealston.
    - Presentation of the Dynamic Healthcare Needs Assessments for HMP Leeds and HMP Wealston.
    - The interface between health and social care needs of offenders.
    - Discussion with representatives from NHS England and Public Health England (on the above aspects).
  - Discussions with the healthcare provider at HMP Leeds and HMP Wealston (Care UK). In part, this is likely to be informed by the outcomes from the proposed working group meeting in December 2017. Nonetheless, initial contact has been made with the intention of Care UK attending a formal Scrutiny Board meeting in early 2018 (January/ February).
  - The outcomes of the HealthWatch Leeds' (HWL) research, gathering evidence around offender's views / experience of healthcare services will also be presented to the Scrutiny Board. Subject to the completion and availability of the HWL report, it is intended to present these details December Scrutiny Board meeting, subject to final completion.
- 3.6 This timetable is likely to result in the Board's draft statement not being available until March 2018 at the earliest.

Leeds Community Healthcare NHS Trust – outcome of the CQC inspection outcome (January 2017)

- 3.7 The CQC report was published on 29 August 2017. As part of the outcome of the inspection, the Trust was judged 'Good' overall and details of the CQC report have been provided to members of the Scrutiny Board. The details also formed part of the broad information presented by the Trust and discussed at the Health Service Developments working group meeting in September 2017.
- 3.8 Given the outcome of the inspection and consideration that has taken place, it is proposed to remove this item from the Board's formal meeting arrangements.

Leeds Health and Social Care Academic Partnership Strategy

- 3.9 The Partnership Board is due to consider the draft strategy at its meeting in early November 2107. The timing of presenting this to the Scrutiny Board is therefore

likely to shift to December 2017 / January 2018, subject to the comments of the Partnership Board and overall work schedule of the Scrutiny Board.

Renal Patient Transport Update

- 3.10 An update from the Kidney Patient's Association has been requested, but not yet received. Once received, this will be discussed with the Chair of the Board and shared with other members of the Scrutiny Board. Any details provided may impact on the timing of a formal update to the Scrutiny Board.

NHSE Children's Epilepsy Surgery Services – update

- 3.11 Reflecting on the likely rescheduling of other matters (such as the Renal Patient Transport Update and the Leeds Health and Social Care Academic Partnership Strategy); it is proposed to request an update from NHS England for early 2018.

Request for Scrutiny – Seacroft Clinic / Community Dental Services

- 3.12 Details of the Request for Scrutiny received are detailed elsewhere on the agenda. Consideration of the request is reflected in Appendix 1.
- 3.13 It should be noted that any further actions / outcomes that may be agreed by the Scrutiny Board will need to be captured in a future iteration of the work schedule and may impact on other work areas identified by the Scrutiny Board.

Current provision of GP services and the future vision

- 3.14 It is proposed to incorporate the additional working group meeting agreed by the Scrutiny Board at its October 2017 meeting, into the pre-planned Health Service Developments Working Group in January 2018.

3.15 Health Service Developments Working Group

- 3.16 At the initial timetabled meeting of the working group, separate performance discussions were held in relation NHS services (provided by the three main NHS Trusts across Leeds) and Adult Social Care/ Public Health. The proposal is to continue with this approach, primarily due to the number and range of bodies involved and the capacity at a single working group meeting.
- 3.17 To help focus the NHS performance aspect of the working group, it is proposed to request and present the following details:
- Integrated finance report (prepared by Leeds CCG Partnership)
  - Integrated performance report (prepared by Leeds CCG Partnership)
  - Chief Executive reports from:
    - Leeds Teaching Hospitals NHS Trust
    - Leeds Community Healthcare NHS Trust
    - Leeds and York Partnership MHS Foundation Trust
- 3.18 Details of any proposed service changes and/or developments will be the subject of separate submissions.

### Summary

- 3.19 The proposals described above (paragraphs 3.4 – 3.18) are reflected in the updated work schedule (Appendix 1), presented to the Scrutiny Board for consideration and approval.

## **4 Recommendations**

- 4.1 Members are asked to consider the details in this report, in particular the proposals set out in paragraphs 3.4 – 3.18, and agree/ amend the updated work schedule presented at Appendix 1.

## **5 Background papers<sup>1</sup>**

- 5.1 None used

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<sup>1</sup> 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  
(ADULTS AND HEALTH)**

**APPENDIX 1**

**2017/18 WORK SCHEDULE**

Title	Type of Item	Notes	Nov-17	Dec-17	Jan-18	Feb-18
<b>Men's Health</b>	<i>Scrutiny Inquiry</i>	Summary of outcomes from 2016/17. Position statement / summary - TBC				
<b>Quality of Health &amp; Social Care in Leeds</b>	<i>Scrutiny Inquiry</i>	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-commissioning 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	
<b>Health and Social Care Needs of Offenders</b>	<i>Scrutiny Inquiry</i>	Scope 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 identified in IMB report (21 June 2017) (4) Outcome of HWL work around health and care service experience <b>(5) Potential visits (TBC)</b>		<b>Working Group meeting</b> (7 December): Service commissioners evidence. <b>SB meeting:</b> HWL research report/ findings into offenders views / experiences of health and care services (TBC)	Evidence session: Care UK (TBC)	Evidence session: Care UK (TBC)
<b>Current provision of GP services and the future vision</b>	<i>Scrutiny Inquiry</i>	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 <b>HSDWG</b> <i>Specific GP matters also to be considered in the working group meeting.</i>	
<b>Leeds Health and Care Plan</b>	<i>Policy Review</i>	Further consideration of the Leeds Health and Care Plan. Proposals and engagement.	Health Partnerships Report: Update report & consultation analysis			

**SCRUTINY BOARD  
(ADULTS AND HEALTH)**

**APPENDIX 1**

**2017/18 WORK SCHEDULE**

Title	Type of Item	Notes	Nov-17	Dec-17	Jan-18	Feb-18
<b>Budget scrutiny</b>		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	
<b>Other matters</b>	<i>Various</i>	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	ASC Report (1) Leeds Safeguarding Adults Board Annual Report	Health Partnerships Report: (1) Leeds Health and Social Care Academic Partnership Strategy (TBC)	NHS Blood and Transplant Report: Update on impact of the closure of the Blood Donor Centre in Seacroft	NHS England Report: Children's Epilepsy Surgery Services update
				Leeds CCG Partnerships report: Renal Patient Transport Update (TBC)	Health Partnerships Report: (1) Leeds Health and Social Care Academic Partnership Strategy (TBC)	
					Leeds CCG Partnerships report: Renal Patient Transport Update (TBC)	
<b>REQUEST FOR SCRUTINY</b>	<i>Request for Scrutiny</i>	(1) Seacroft Clinic / Community Dental Services (November 2017)	<b>RfS:</b> Seacroft Clinic / Community Dental Services			
<b>HEALTH SERVICE DEVELOPMENTS WORKING GROUP</b>	<i>Various</i>	HSDWG arrangements for 2017/18 confirmed in July. Includes an expanded remit beyond proposed service changes.			<b><i>Meeting date: 5 January 2018</i></b>	
	<i>Service change</i>	An opportunity to identify and discuss any proposed service changes and/or developments			TBC	
					GP matters (CCG Partnership)	



**SCRUTINY BOARD**  
**(ADULTS AND HEALTH)**

**APPENDIX 1**

**2017/18 WORK SCHEDULE**

Title	Type of Item	Notes	Nov-17	Dec-17	Jan-18	Feb-18
NHS provider updates	<i>Performance Review</i>	Provider updates to include progress against CQC actions, key performance measures, quality account actions and specific matters identified by the Scrutiny Board. Also to include some CCG assurance. Consider inviting updates from Leeds' hospices at future working group meetings.			Integrated finance and performance reports (Leeds CCG partnership) CEx reports from LTHT, LCH and LYPFT	
ASC & PH Performance Monitoring	<i>Performance Review</i>	Performance information in relation to ASC and PH.			ASC & PH performance report <b>(meeting 8/1/18)</b>	
ASC & PH Budget Monitoring	<i>Performance Review</i>	Focus on impact of budget decisions on patients / service users			ASC & PH 2017/18 budget monitoring report <b>(meeting 8/1/18)</b>	
<b>OTHER MATTERS / WORKING GROUPS / VISITS</b>	<i>Briefings</i>	To be identified as and when required.		Joint work with HWL - Quality account (TBC)		

**SCRUTINY BOARD**  
**(ADULTS AND HEALTH)**

**APPENDIX 1**

**2017/18 WORK SCHEDULE**

Title	Type of Item	Notes	Mar-18	Apr-18	Unscheduled / Carry over 2018/19
<b>Men's Health</b>	<i>Scrutiny Inquiry</i>	Summary of outcomes from 2016/17. Position statement / summary - TBC			
<b>Quality of Health &amp; Social Care in Leeds</b>	<i>Scrutiny Inquiry</i>	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-commissioning of independent sector care homes; Shared Lives service	Draft Scrutiny Board report/ statement (if required)		
<b>Health and Social Care Needs of Offenders</b>	<i>Scrutiny Inquiry</i>	Scope 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 identified in IMB report (21 June 2017) (4) Outcome of HWL work around health and care service experience <b>(5) Potential visits (TBC)</b>	Draft Scrutiny Board report/ statement (if required)		
<b>Current provision of GP services and the future vision</b>	<i>Scrutiny Inquiry</i>	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)	
<b>Leeds Health and Care Plan</b>	<i>Policy Review</i>	Further consideration of the Leeds Health and Care Plan. Proposals and engagement.	Health Partnerships Report: Update report		

**SCRUTINY BOARD  
(ADULTS AND HEALTH)**

**APPENDIX 1**

**2017/18 WORK SCHEDULE**

Title	Type of Item	Notes	Mar-18	Apr-18	Unscheduled / Carry over 2018/19
<b>Budget scrutiny</b>		Budget monitoring forms part of the extended remit of the Health Service Developments Working Group.			
<b>Other matters</b>	<i>Various</i>	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			
<b>REQUEST FOR SCRUTINY</b>	<i>Request for Scrutiny</i>	(1) Seacroft Clinic / Community Dental Services (November 2017)			
<b>HEALTH SERVICE DEVELOPMENTS WORKING GROUP</b>	<i>Various</i>	HSDWG arrangements for 2017/18 confirmed in July. Includes an expanded remit beyond proposed service changes.		<b>Meeting date: 6 April 2018</b>	
	<i>Service change</i>	An opportunity to identify and discuss any proposed service changes and/or developments			

**SCRUTINY BOARD**  
**(ADULTS AND HEALTH)**

**APPENDIX 1**

**2017/18 WORK SCHEDULE**

Title	Type of Item	Notes	Mar-18	Apr-18	Unscheduled / Carry over 2018/19
NHS provider updates	<i>Performance Review</i>	Provider updates to include progress against CQC actions, key performance measures, quality account actions and specific matters identified by the Scrutiny Board. Also to include some CCG assurance. Consider inviting updates from Leeds' hospices at future working group meetings.		Integrated finance and performance reports (Leeds CCG partnership) CEx reports from LTHT, LCH and LYPFT	
ASC & PH Performance Monitoring	<i>Performance Review</i>	Performance information in relation to ASC and PH.		ASC & PH performance report	
ASC & PH Budget Monitoring	<i>Performance Review</i>	Focus on impact of budget decisions on patients / service users		ASC & PH 2017/18 budget monitoring report	
<b>OTHER MATTERS / WORKING GROUPS / VISITS</b>	<i>Briefings</i>	To be identified as and when required.		Joint work with HWL - Quality account (TBC)	Joint session with HWL to discuss Annual Report / future work areas in more detail (Timing TBC)