



EXECUTIVE BOARD

Meeting to be held in Civic Hall, Leeds on
Wednesday, 13th May, 2009 at 1.00 pm

Councillors

A Carter (Chair)
R Brett
J L Carter
S Golton
R Harker
P Harrand
J Procter
S Smith

MEMBERSHIP

K Wakefield
J Blake *

R Finnigan

*non voting advisory member

CONFIDENTIAL AND EXEMPT ITEMS

The reason for confidentiality or exemption is stated on the agenda and on each of the reports in terms of Access to Information Procedure Rules 9.2 or 10.4(1) to (7). The number or numbers stated in the agenda and reports correspond to the reasons for exemption / confidentiality below:

9.0 Confidential information – requirement to exclude public access

9.1 The public must be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that confidential information would be disclosed. Likewise, public access to reports, background papers, and minutes will also be excluded.

9.2 Confidential information means

- (a) information given to the Council by a Government Department on terms which forbid its public disclosure or
- (b) information the disclosure of which to the public is prohibited by or under another Act or by Court Order. Generally personal information which identifies an individual, must not be disclosed under the data protection and human rights rules.

10.0 Exempt information – discretion to exclude public access

10.1 The public may be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that exempt information would be disclosed provided:

- (a) the meeting resolves so to exclude the public, and that resolution identifies the proceedings or part of the proceedings to which it applies, and
- (b) that resolution states by reference to the descriptions in Schedule 12A to the Local Government Act 1972 (paragraph 10.4 below) the description of the exempt information giving rise to the exclusion of the public.
- (c) that resolution states, by reference to reasons given in a relevant report or otherwise, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

10.2 In these circumstances, public access to reports, background papers and minutes will also be excluded.

10.3 Where the meeting will determine any person's civil rights or obligations, or adversely affect their possessions, Article 6 of the Human Rights Act 1998 establishes a presumption that the meeting will be held in public unless a private hearing is necessary for one of the reasons specified in Article 6.

10.4 Exempt information means information falling within the following categories (subject to any condition):

- 1 Information relating to any individual
- 2 Information which is likely to reveal the identity of an individual.
- 3 Information relating to the financial or business affairs of any particular person (including the authority holding that information).
- 4 Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or officer-holders under the authority.
- 5 Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
- 6 Information which reveals that the authority proposes –
 - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment
- 7 Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime

A G E N D A

Item No K=Key Decision	Ward	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25 of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded)</p> <p>(*In accordance with Procedure Rule 25, written notice of an appeal must be received by the Chief Democratic Services Officer at least 24 hours before the meeting)</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of those parts of the agenda designated as 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.</p>	

Item No K=Key Decision	Ward	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration</p> <p>(The special circumstances shall be specified in the minutes)</p>	
4			<p>DECLARATION OF INTERESTS</p> <p>To declare any personal/prejudicial interests for the purpose of Section 81(3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct</p>	
5			<p>MINUTES</p> <p>To confirm as a correct record the minutes of the meeting held on 1st April 2009.</p> <p><u>DEVELOPMENT AND REGENERATION</u></p>	1 - 12
6			<p>FOOTBALL WORLD CUP 2018</p> <p>To consider the report of the Director of City Development advising of the invitation received from the English Football Association for the City of Leeds to bid to become a 'host city' for the football World Cup in 2018.</p>	13 - 22
7	Armley;	10.4(3) (Appendix 1 only)	<p>WEST LEEDS GATEWAY SITE - 2 BRANCH ROAD</p> <p>To consider the report of the Director of Environment and Neighbourhoods on an in principle proposal that Compulsory Purchase powers be used to achieve the acquisition of 2 Branch Road, Armley subject to a further report being brought to the Board for final approval.</p> <p>Appendix 1 to the report is designated as exempt under Access to Information Procedure Rule 10.4(3).</p>	23 - 30

Item No K=Key Decision	Ward	Item Not Open		Page No
8	Headingley; Hyde Park and Woodhouse; Weetwood;		<p>RESPONSE TO THE CITY DEVELOPMENT SCRUTINY BOARD'S INQUIRY INTO THE A660 CORRIDOR TRANSPORT ISSUES</p> <p>To consider the report of the Director of City Development in response to the recommendations from the recent Scrutiny Board (City Development) inquiry concerning A660 Corridor Transport Issues.</p> <p><u>NEIGHBOURHOODS AND HOUSING</u></p>	31 - 56
9			<p>RESPONSE TO THE SCRUTINY BOARD (CITY AND REGIONAL PARTNERSHIPS) INQUIRY INTO THE ROLE OF THE VOLUNTARY, COMMUNITY AND FAITH SECTORS IN COUNCIL LED COMMUNITY ENGAGEMENT</p> <p>To consider the report of the Director of Environment and Neighbourhoods in response to the recommendations from the Scrutiny Board (City and Regional Partnerships) with regard to the role of the voluntary, community and faith sectors in Council led community engagement.</p>	57 - 98
10	City and Hunslet;	10.4(3) (Appendices 1, 2 and 4)	<p>REGENERATION OF THE GARNETS, BEESTON</p> <p>To consider the report of the Director of Environment and Neighbourhoods on options for the regeneration of the Garnets area and on the proposed commencement of acquisition and clearance of 112 properties within the Garnets by utilising £3,000,000 of confirmed funding during 2009/11.</p> <p>Appendices 1,2 and 4 of the report are designated as exempt under the terms of Access to Information Procedure Rule 10.4(3)</p>	99 - 116
11			<p>UPDATE ON COUNCIL RENTS - 2009/10</p> <p>To consider the report of the Director of Environment and Neighbourhoods providing an update on the rent changes for 2009/10, and the cost implications for this change.</p>	117 - 118

Item No K=Key Decision	Ward	Item Not Open		Page No
12			<p><u>CHILDREN'S SERVICES</u></p> <p>SCHOOL CALENDAR 2010 - 2011</p> <p>To consider the report of the Chief Executive of Education Leeds on the process for setting the school calendar in Leeds, providing an update on the consultation process and proposing one option for the approval of the Board</p>	119 - 132
13			<p>THE ACHIEVEMENT OF LOOKED AFTER CHILDREN</p> <p>To consider the report of the Chief Executive of Education Leeds outlining the achievement of Looked after Children in Leeds and on strategies for the improvement of outcomes.</p>	133 - 164
14	Chapel Allerton; Cross Gates and Whinmoor; Pudsey;		<p><u>LEISURE</u></p> <p>LEISURE CENTRE REFURBISHMENT AND FREE SWIMMING CAPITAL MODERNISATION</p> <p>To consider the report of the Director of City Development on proposals for the DCMS Free Swimming Capital Modernisation Programme, refurbishment of changing rooms at Scott Hall Leisure Centre, installation of sound and light systems in the pool halls at Scott Hall, John Smeaton and Pudsey Leisure Centres and the extension of the Bodyline Gym at Scott Hall.</p> <p><u>ADULT HEALTH AND SOCIAL CARE</u></p>	165 - 172

Item No K=Key Decision	Ward	Item Not Open		Page No
15			<p>HEALTH AND WELLBEING PARTNERSHIP PLAN 2009 TO 2012</p> <p>To consider the joint report of the Director of Adult Social Services and Director of Public Health presenting the final draft of the Leeds Health and Wellbeing Partnership Plan 2009 to 2012 for comment and agreement that it be submitted to Council for approval as part of the Budget and Policy Framework.</p>	173 - 254
16			<p>CARERS' STRATEGY FOR LEEDS 2009-2012: 'EVERY CARER COUNTS'</p> <p>To consider the report of the Director of Adult Social Services on the content of the Leeds carers Strategy 2009-2012 and presenting the strategy for approval for its publication and dissemination.</p> <p><u>CENTRAL AND CORPORATE</u></p>	255 - 284
17			<p>RESPONSE TO THE CENTRAL AND CORPORATE FUNCTIONS SCRUTINY BOARD INQUIRY INTO MEMBER DEVELOPMENT</p> <p>To consider the report of the Chief Democratic Services Officer in response to the recent Scrutiny Board (Central and Corporate Functions) Inquiry into Member Development.</p>	285 - 300
18			<p>RESPONSE TO THE CENTRAL AND CORPORATE FUNCTIONS SCRUTINY BOARD INQUIRY INTO ATTENDANCE MANAGEMENT</p> <p>To consider the report of the Director of Resources in response to the recent Scrutiny Board (Central and Corporate Functions) Inquiry into attendance management.</p>	301 - 316

Item No K=Key Decision	Ward	Item Not Open		Page No
19			<p>RESPONSE TO THE CENTRAL AND CORPORATE FUNCTIONS SCRUTINY BOARD INQUIRY INTO PROCUREMENT OF SERVICES</p> <p>To consider the report of the Chief Procurement Officer in response to the recent Scrutiny Board (Central and Corporate Functions) Inquiry into the Procurement of Services.</p>	317 - 328

EXECUTIVE BOARD

WEDNESDAY, 1ST APRIL, 2009

PRESENT: Councillor A Carter in the Chair

Councillors R Brett, J L Carter, R Finnigan,
S Golton, R Harker, P Harrand, J Procter,
and K Wakefield

Councillor J Blake – Non Voting Advisory Member

227 Exclusion of the Public

RESOLVED – That the public be excluded from the meeting during consideration of the following parts of the agenda designated exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present there would be disclosure to them of exempt information so designated as follows:-

- (a) Appendix 2 to the report referred to in minute 243 under the terms of Access to Information Procedure Rule 10.4 (1) and (2) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information because the appendix contains details relating to individuals residing at a Leeds Children's Home, and it is likely that those individuals could be identified from such information.
- (b) The report appended to the covering report referred to in minute 249 under the terms of Access to Information Procedure Rule 10.4 (3) and on the grounds that it contains information relating to the financial or business affairs of the Council. It is considered not to be in the public interest to disclose this information at this point in time as it could undermine the method of disposal should that come about and affect the integrity of disposing of the property/site. Also it is considered that the release of such information would or would be likely to prejudice the council's commercial interests in relation to this or other similar transactions, in that prospective purchasers of this or other similar properties would have information about the nature and level of consideration which may prove acceptable to the Council. It is considered that whilst there may be a public interest in disclosure, much of this information will be publicly available from the Land Registry following completion of any transaction and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.
- (c) Appendix 1 to the report referred to in minute 252 under the terms of Access to Information Procedure Rule 10.4(3) and (5) and on the grounds that the public interest in maintaining the exemption outweighs

Draft minutes to be approved at the meeting
to be held on Wednesday, 13th May, 2009

the public interest in disclosure because publication of this information could prejudice the City Council's commercial interests and the City Council's legal interests in maintaining legal professional privilege, during legal proceedings. Sensitive negotiations have already commenced with the private sector to establish liability and hence cost for the procurement of a long term solution to the problem of instability of the A639 embankment. In these circumstances it is considered that the public interest in not disclosing the information outweighs the interests of disclosure.

228 Declaration of Interests

Councillors A Carter, J L Carter, Finnigan, Golton, Harker, Harrand, Wakefield and Blake declared personal interests in the item relating to the revised membership of the Admission Forum (minute 238), and the item relating to the annual consultation on admission arrangements for September 2010 (minute 239) due to their respective positions as school governors.

Councillor Blake declared a personal interest in the item relating to the introduction of the 'Valuing People Now' strategy (minute 246), due to being a member of Leeds NHS Primary Care Trust.

229 Minutes

RESOLVED – That the minutes of the meeting held on 4th March 2009 be approved, subject to the addition of the following at the end of minute 225, as was detailed within the exempt appendix to the report:

- “(h) That approval be given to the affordability ceiling for the Chapeltown and Harehills Project as shown in table 1 of the exempt appendix, with an affordability deficit of £396,000 to be funded by the Council in the first year of operations (2011/12); and
- (i) That the affordability ceiling for the Kirkstall Joint Service Centre be approved at a maximum deficit of £245,000 in the first full year of operations (2012/13).”

230 Matters Arising

Machinery of Government Changes and 14-19 Commissioning Arrangements: Leeds/Sub-Regional Proposals (minute 218)

In response to enquiries, the Chair indicated that the matter of obtaining greater Elected Member representation on the 14-19 Strategy Group would be pursued.

NEIGHBOURHOODS AND HOUSING

231 Lease at Less than Best Consideration - Agreement to Lease 28 Miscellaneous Properties to GIPSIL and Leeds Housing Concern on a 25 Year Lease Agreement

The Director of Environment and Neighbourhoods submitted a report presenting a proposal to grant a long lease at less than best consideration for

28 miscellaneous Council owned properties to GIPSIL and Leeds Housing Concern (LHC).

RESOLVED – That the report be withdrawn, with a further report being submitted to the Board following a consultation exercise being undertaken on this matter with local Ward Members.

LEISURE

232 Deputation to Council - Kippax Amateur Swimming Club regarding the Potential Closure of Kippax Leisure Centre

The Director of City Development submitted a report in response to the deputation to Council from Kippax Amateur Swimming Club on 28th January 2009.

RESOLVED – That a substantive response to the deputation be incorporated into the comprehensive report on the Council's draft vision for leisure centres which is currently scheduled to be submitted to Executive Board in May 2009.

ENVIRONMENTAL SERVICES

233 Garden Waste Collection Scheme

The Director of Environment and Neighbourhoods submitted a report regarding the proposed purchase of wheeled bins as part of the city-wide roll out of the Garden Waste Collection scheme.

RESOLVED –

- (a) That approval be given to an injection of £975,000 into scheme 14261 and that authority be given to incur expenditure of £2,877,000 on this project;
- (b) That a further report be submitted to a future meeting of the Board providing details of the overall waste collection service throughout Leeds.

234 Scrutiny Board (Environment and Neighbourhoods) Statement on the Enforcement of Dog Fouling

The Director of Environment and Neighbourhoods submitted a report presenting the proposed responses to the recommendations of the Scrutiny Board (Environment and Neighbourhoods) following the publication of a statement by the Scrutiny Board in February 2009 on the enforcement of dog fouling.

RESOLVED – That the proposed responses to the recommendations of the Scrutiny Board (Environment and Neighbourhoods), as detailed within the submitted report, be approved.

NEIGHBOURHOODS AND HOUSING

235 Leeds Prevent Programme

Draft minutes to be approved at the meeting to be held on Wednesday, 13th May, 2009

A report was submitted by the Director of Environment and Neighbourhoods outlining the strategic context to the current national focus on Preventing Violent Extremism which was referred to as 'Prevent', and providing an update on the development of the approach to such work in Leeds.

RESOLVED –

- (a) That the progress which has been made on the Leeds Prevent programme be noted;
- (b) That the Executive Member for Neighbourhoods and Housing be nominated to represent the city at the initial meeting convened by the Local Government Association to discuss the Prevent Elected Member Engagement programme;
- (c) That the Chief Executive be requested to write to both the Editor and the Managing Director of the Yorkshire Post newspaper on behalf of the Council, expressing the disappointment felt in relation to the coverage that a recent event promoting the safeguarding of children and young people had received in that publication.

236 Council Rents 2009/2010

The Director of Environment and Neighbourhoods submitted a report outlining proposals for amending Council rents for the period 2009/2010, and advising of the implications that such amendments would have on the 2009/10 Housing Revenue Account budget and housing subsidy grant. The proposals had arisen in response to the government's recent revision to the national guideline for rent increases.

RESOLVED –

- (a) That the full cash change in housing subsidy be passed onto tenants and matched by the change in the average rent for 2009/10;
- (b) That in light of the timescales, the decision on the new rent change be delegated to the Director of Environment and Neighbourhoods, in consultation with the relevant Executive Member, with a further report being submitted to Executive Board on 13th May 2009 which details the costs incurred by the implementation of this change.

CHILDREN'S SERVICES

237 Deputation to Council - 'Leeds Schools Together' Opposing Proposals for Academies in Leeds

The Chief Executive of Education Leeds submitted a report in response to the deputation to Council from the 'Leeds Schools Together' organisation on 28th January 2009.

RESOLVED – That the following be noted:

- (a) The issues presented through the deputation were similar to those raised during the consultations on the future of South Leeds and Intake High Schools and had been presented in detail to the December Executive Board meeting;

- (b) When making decisions on the future of these schools, the Executive Board were already aware of the concerns expressed in the deputation.

238 Revised Membership of the Admission Forum in the New School Admissions Code

A report was submitted by the Chief Executive of Education Leeds on the main provisions of the revised Code of Practice on Admissions and the regulations governing the establishment and core membership of a mandatory Admission Forum.

RESOLVED –

- (a) That the contents of the report be noted;
- (b) That the core membership of the Admission Forum, as proposed at paragraph 3.3 of the submitted report be noted, with the Chief Executive being requested to write to the Secretary of State for Children, Schools and Families on behalf of all Group Leaders expressing concern and seeking a review in relation to the revisions to Local Authority representation on the Admission Forum, as detailed within the new School Admissions Code.

239 Annual Consultation on Admissions Arrangements for September 2010

The Chief Executive of Education Leeds submitted a report outlining the proposed admission numbers, the Local Authority admission policy in addition to the admission arrangements for September 2010.

RESOLVED – That the following proposals be approved for implementation in the 2010 admission round:

- (a) Giving a higher priority to children with a high level of need, but for whom a statement has not been sought;
- (b) Prioritising Looked after Children and those recently adopted;
- (c) Formalising the acceptance of an offered place;
- (d) Variation to the late applications process;
- (e) Changes to school admission numbers:-

Brownhill Primary	45 to 60
Whitkirk Primary	45 to 60
Mill Field Primary	30 to 45
Moor Allerton Hall Primary	45 to 60
Deighton Gates Primary	60 to 30
Calverley C/E Primary	40 to 45
Bruntcliffe High	270 to 240

240 Children's Services Improvement Projects

The Director of Children's Services and Chief Executive of Education Leeds submitted a joint report outlining proposals relating to five major children's services improvement projects. The report detailed how such projects would impact upon a range of issues including regeneration, the city's economy, investment, employment and helping to deliver improved outcomes for children and young people in Leeds.

RESOLVED – That the contents of the overview report be noted.

(Minutes 240(a) to 240(e) refer respectively to each specific project).

- (a) Swallow Hill Community College – Annexe Design and Cost Report
The Chief Executive of Education Leeds submitted a report on proposals to undertake works in respect of the Swallow Hill Community college annexe, which included the purchase of new ICT equipment and providing network connectivity to the College.

RESOLVED –

- (a) That the ICT infra-structure and refurbishment investment proposals be approved with the refurbishment element being delivered through the Local Education Partnership, and that authority be given to proceed with the purchase and implementation of the new ICT equipment;
- (b) That authority be given to incur expenditure of £612,600 on new technology which will initially be used at the temporary annexe site before transferring to Swallow Hill, and that authority be given to incur further expenditure of £302,000 from the approved capital programme on refurbishment costs.
- (b) Morley High School – New Music Block
The Chief Executive of Education Leeds submitted a report on proposals to provide a new music block at Morley High School.

RESOLVED –

- (a) That the design proposals in respect of the scheme to construct a new music teaching block at Morley High School at an estimated total cost of £1,000,000 be approved;
- (b) That authorisation be given to incur expenditure of £800,000 from capital scheme 14861/PH1/MOR.
- (c) Bruntcliffe High School – New Science Block
A report was submitted by the Chief Executive of Education Leeds on proposals to provide a new science block at Bruntcliffe High School.

RESOLVED –

- (a) That the design proposals in respect of the scheme to construct a new science teaching block at Bruntcliffe High School at an estimated total cost of £1,600,000 be approved;
- (b) That authority be given to incur expenditure of £1,400,000 from capital scheme 14861/PH1/BRU.
- (d) Bankside Primary School – Construction of New School Accommodation
Further to minute 39, 16th July 2008, the Chief Executive of Education Leeds submitted a report detailing a proposal to demolish the existing 2 form entry Bankside Primary School building, and rebuild in a 3 form entry format.

RESOLVED –

- (a) That the content of the report be noted;
 - (b) That the scheme proposals to rebuild of Bankside Primary School, as described in section 3 of the submitted report, be approved;
 - (c) That authority be given to incur capital expenditure of £9,018,900 in respect of construction costs and fees.
- (e) South Leeds Integrated Youth Centre
Further to minute 184, 8th February 2008, the Head of Integrated Youth Support Service submitted a report on proposals to build an integrated high quality youth centre for the benefit of young people from South Leeds on the site of the former Merlyn Rees High School.

RESOLVED – That authority be given to spend £4,979,376 of ‘myplace grant funding’ to facilitate the establishment of South Leeds Integrated Youth Centre.

- 241 Proposals for Changes to Primary Provision in the Richmond Hill Area**
Further to minute 148, 3rd December 2008, the Chief Executive of Education Leeds submitted a report advising of the outcomes from the consultation exercise undertaken on the linked proposals to expand Richmond Hill Primary School by one form of entry, add new community specialist provision for children with special educational needs (SEN), and close neighbouring Mount St Mary’s Catholic Primary School.

RESOLVED – That approval be given to publish a statutory notice on the linked proposals enlarge Richmond Hill Primary School by one form of entry, establish community resourced provision for children with a statement of special educational needs at the new Richmond Hill Primary School and close Mount St Mary’s Catholic Primary School.

- 242 Update on the Locations for Boston Spa and Wetherby Children's Centres**
Further to minute 174, 14th January 2009, the Acting Chief Officer for Early Years and Integrated Youth Support Service submitted a report providing an update on the proposed location of Wetherby Children’s centre scheduled to be built by April 2010 and notifying a possible change to the exact location of Boston Spa Children’s centre on the site of Deepdale Community Centre.

RESOLVED – That the location of Wetherby Children’s Centre on the site of Wetherby High School be approved, and that the possible revised siting of Boston Spa Children’s Centre within the site of Deepdale Community Centre be noted.

- 243 Children's Services Update: JAR and APA Progress and Safeguarding Activity**
The Director of Children’s Services submitted a report providing an update on the progress made against the recommendations from the Joint Area Review

Inspection of Children's Services, an update on the progress made against the 'areas for development' identified through the Annual Performance Assessment of Children's Services, summarising the work undertaken to date in 2009 to review the safeguarding of children and young people in Leeds and outlining the next steps to strengthen practice in this area.

Following consideration of appendix 2 to the report designated as exempt under Access to Information Procedure Rule 10.4(1) and (2) which was considered in private at the conclusion of the meeting it was

RESOLVED –

- (a) That the progress made against the Joint Area Review Action Plan and Annual Performance Assessment 'areas for development' be noted along with the actions which are currently underway and those which are proposed to strengthen performance against safeguarding priorities;
- (b) That a report relating to confederations with respect to 14-19 provision, and a report relating to the educational attainment levels of Looked after Children be submitted to the Board for consideration.

244 Response to the Children's Services Scrutiny Board Inquiry into the Multi-Agency Support Team

The Director of Children's Services submitted a report presenting the proposed responses to the recommendations of the Scrutiny Board (Children's Services) following the Board's inquiry into the Multi-Agency Support Team (MAST). The report also detailed how the Director of Children's Services proposed to respond to the recommendations.

RESOLVED – That the proposed responses to the Scrutiny Board (Children's Services) recommendations, as detailed within the submitted report, be approved.

ADULT HEALTH AND SOCIAL CARE

245 Deputation to Council - Social Service Users Regarding Adult Social Care Management

The Director of Adult Social Services submitted a report in response to the deputation to Council from representatives of Social Services users on 28th January 2009.

RESOLVED –

- (a) That the progress made in relation to implementing the measures described in the 'Putting People First' publication, in addition to the development of personalised services be noted;
- (b) That the full engagement process of a wide number of stakeholders in developing the service changes be noted;
- (c) That the ongoing review of information and support for individuals affected by the service changes made, including the plan to commission a range of appropriate support services, be noted;

- (d) That the intention to submit further reports on the progress made to the Executive Board in May and October 2009 be noted;
- (e) That the engagement with the Member Task Group and Scrutiny Board as part of the process to develop the Local Authority's response to the current challenges which exist in this field be noted.

246 Valuing People Now - Introduction of a National and Local Strategy for People with Learning Disabilities

The Director of Adult Social Services submitted a report advising of the recent publication of the 'Valuing People Now' document, a national 3 year strategy for people with learning disabilities. The report also provided an update on the development of a learning disability strategy and action plan for Leeds.

RESOLVED –

- (a) That the publication of the latest 'Valuing People Now' documents and the wide ranging proposals they make in relation to improving the lives of people with learning disabilities be noted;
- (b) That the implications for the Council, particularly in relation to the requirements for all organisations to meet the requirements of 'Valuing People Now' be noted;
- (c) That the Leeds Learning Disability Strategy 'Putting People at the Centre', and the Overview Action Plan be approved as the local mechanism to support the local delivery of the requirements associated with Valuing People Now;
- (d) That a further report be submitted to a future meeting of the Board providing information relating to the agreements reached on the requirement to transfer remaining commissioning responsibility from NHS Leeds (Leeds PCT) to Leeds City Council from the commencement of the 2009/10 financial year in the terms set out within section 6 of the submitted report for the continuing greater benefit of people with learning disabilities.

CENTRAL AND CORPORATE

247 Progress Report on PPP/PFI Programme in Leeds

The Deputy Chief Executive submitted a report providing an update on the Council's current portfolio of PPP/PFI projects and programmes, highlighting the planned key activities of the projects and identifying any potential challenges arising from them. The report also began to address the employment opportunities which would be created as a consequence of the investment programme, commencing with the new Holt Park Well Being Centre.

RESOLVED – That the current status of the Council's portfolio of PPP/PFI projects and programmes be noted.

248 Members' Improvements in the Community and Environment and Ward Based Initiative Schemes

The Director of Resources submitted a report outlining proposals to update the Ward Based Initiative (WBI) scheme and the guidance on the Members Improvements in the Community and Environment (MICE) scheme.

RESOLVED –

- (a) That the revised eligibility criteria for WBI schemes, as outlined in paragraph 3.2 of the submitted report, be approved;
- (b) That authority be given to incur expenditure of £330,000 on the WBI scheme, subject to approvals in line with procedures set out in the Guidance Notes as detailed at Appendix A to the submitted report;
- (c) That the changes to the MICE scheme application process as detailed in paragraph 4.6 of the submitted report, be approved.

DEVELOPMENT AND REGENERATION

249 Deputation to Council - Six Local Associations and Action Groups with regard to the future of the West Park Centre

The Director of City Development submitted a report in response to the deputation to Council from six local associations and action groups on 28th January 2009.

The following options which related to the future of the West Park Centre were detailed within the report. It was noted that in accordance with the resolution of Full Council on 28th January 2009, whichever option was pursued, constructive discussions would be undertaken with all local Ward Members, with a view to keeping facilities for Youth and Community Work on site:

- (i) The Council retain and refurbish all of the current buildings at the Centre;
- (ii) The Council retain and refurbish some of the buildings at the Centre, or consider limited new build, whilst seeking to dispose of the balance of the developable part of the site;
- (iii) To close the Centre and to seek to dispose of the whole of the developable part of the site;
- (iv) To investigate the potential and advisability of transferring the ownership of all of the Centre to the local community;
- (v) To investigate the potential and advisability of transferring the ownership of some of the Centre to the local community or other partnership, and to seek to dispose of the balance of the developable part of the site.

Following consideration of the report appended to the covering report designated as exempt under Access to Information Procedure Rule 10.4(3) which was considered in private at the conclusion of the meeting it was

RESOLVED –

- (a) That the issues raised in the deputation to Council and the responses provided be noted;
- (b) That the resolution of the Full Council meeting held on 28th January 2009 regarding the West Park Centre be noted;

- (c) That the conclusions of the submitted report be noted and that officers be instructed to undertake, as a matter of priority, consultation with the user groups and the community organisations in order to determine how their needs can best be met;
- (d) That officers be instructed to explore the options detailed at paragraph 4.2 of the report, and to report back to the Board in six months time with the results of the consultation and the options appraisal.

250 A65 Quality Bus Initiative - Land Acquisition

The Director of City Development submitted a report regarding the previously approved acquisition of land which was not in the City Council's ownership, in order to progress the A65 Quality Bus Initiative.

RESOLVED – That approval be given to incur expenditure of up to £2,500,000 from the Local Transport Integrated Transport scheme for the acquisition of third party lands necessary for the implementation of the A65 Quality Bus Initiative.

(The matter referred to in this minute was not eligible for Call In on the basis that authorisation to incur expenditure in order to acquire land for this scheme was a necessary consequence of the decision taken by Executive Board on 4th April 2007).

251 Climate Change Strategy

A report was submitted by the Director of City Development providing Executive Board with an opportunity to comment upon the 'Leeds Climate Change Strategy: Vision for Action', prior to its submission to Full Council for formal approval.

RESOLVED –

- (a) That the 'Leeds Climate Change Strategy: Vision for Action' be agreed prior to its submission to Full Council for formal approval;
- (b) That a further report be submitted to the Board outlining the actions which have been undertaken and are proposed to be undertaken in the future in order to meet the aims set out within the strategy.

252 A639 Stourton Landslip

The Director of City Development submitted a report on proposals to develop potential options to rectify a stability problem on the A639, near Leeds Valley Park roundabout resulting from a landslip.

Following consideration of Appendix 1 to the report designed as exempt under Access to Information procedure Rule 10.4(3) and (5) which was considered in private at the conclusion of the meeting it was

RESOLVED – That authority be given to incur additional expenditure of £245,000 to enable the continuation of design options for a solution to the problems on the A639 in the vicinity of the Leeds Valley Park Roundabout

resulting from a landslip which will be funded from Contingency Scheme No 01371 within the approved Capital Programme.

253 City Development Scrutiny Inquiry into Residents' Parking Schemes

The Chief Environmental Services Officer and the Director of City Development submitted a joint report presenting the proposed response to the recommendations of the Scrutiny Board (City Development) following the Board's inquiry into Resident Permit Parking Schemes (RPPS).

RESOLVED – That the response of the Director of City Development and the Chief Environmental Services Officer to the recommendations of the Scrutiny Board (City Development) be noted and that, for the reasons now stated, no action be taken by officers to implement these recommendations.

DATE OF PUBLICATION: 3RD APRIL 2009

LAST DATE FOR CALL IN: 14TH APRIL 2009 (5.00 pm)

(Scrutiny Support will notify Directors of any items called in by 12.00 noon on 15th April 2009).



Originator: Paul Brook

Tel: 2474233

Report of the Director of City Development

Executive Board

Date: 13 May 2009

Subject: FOOTBALL WORLD CUP 2018

Electoral Wards Affected:

Ward Members consulted (referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In (Details contained in the report)

EXECUTIVE SUMMARY

This report brings to the attention of Members that the English Football Association has invited the City of Leeds to bid to become a 'host city' for the football World Cup 2018.

The report points out that there are significant benefits to be drawn from achieving host city status. In particular:-

- media exposure to an international audience of over 24 billion people
- significant additional leisure and business spend in the City Region resulting from the influx of visitors
- potential catalyst for regional infrastructure development and other physical development
- legacy of improved sports facilities and increased grass roots sport participation.

The report also points out that the commitments to be made by host cities are potentially onerous, and that significant resources, both human and financial, may need to be committed to the project.

Leeds City Council would be required to lead on any bid for host city status from the Leeds City Region, and the involvement of all key stakeholders is required.

The report recommends that if Members are supportive of the request from the English Football Association to submit a bid for host city status then the Council should:-

- (i) Agree the governance structure proposed in the report
- (ii) Agree the attendees for the Host City briefing session in London on Monday 18 May 2009
- (iii) Instruct officers to report back to Executive Board as soon as the human and financial resource implications of the project are known.
- (iv) Enter into early dialogue with Leeds City Region partners

1.0 INTRODUCTION

- 1.1 The Football World Cup is staged every four years and offers substantial benefits to the host country. Consequently, there is always strong competition for the privilege of staging the tournament.
- 1.2 The tournament and the bid process to stage it are run by the Federation Internationale de Football Association (FIFA) and the bid process commences almost ten years before the tournament is staged. The locations for the 2010 tournament (South Africa) and the 2014 tournament (Brazil) have already been determined through competition and FIFA is now inviting bids to stage the 2018 and 2022 World Cups. FIFA will announce its decision on the location for the 2018 and 2022 tournaments at the same time in December 2010.
- 1.3 The English Football Association, the FA, feels that it is in a strong position to secure the nomination for one of these two tournaments, although it is specifically targeting 2018.
- 1.4 A key part of any bid to FIFA will be the role to be played by the chosen host cities. The FA is likely to propose 12 stadia to be used during the tournament and with 2/3 likely to be in London that would leave 9/10 stadia in the provinces to be used for the tournament. Stadia in Wales, Scotland, and Northern Ireland will not be used.
- 1.5 The FA has visited a number of English cities to inform them of the opportunity to bid for host city status. Leeds is one of these cities.

2.0 THE TIMETABLE

- 2.1 In order that the FA can submit its bid to host the 2018 World Cup to FIFA on the 14 May 2010 it has stipulated that it will determine the bids from potential English host cities in November 2009. This means that if the Leeds City Region is to be a contender then there are approximately 6 months available to formulate a bid.

3.0 THE BENEFITS OF BEING A HOST CITY

- 3.1 World Cup 2018 would be an international showcase for what the City and the region has to offer. The World Cup 2006 in Germany attracted 24 billion television viewers from 240 countries and these figures are likely to increase by 2018 through new benchmarks which will be set at South Africa 2010 and Brazil 2014.
- 3.2 Because the World Cup is a 3/4 week tournament involving teams from all over the world, football supporters will visit and reside in the host country for a significant period of time. This is in addition to the teams and their entourages, the international media, and FIFA officials. Members will note, therefore, that the leisure and business spend in the regional economy resulting from the influx of visitors would be very significant.
- 3.3 Nomination as a host city could prove to be a catalyst for regional infrastructure development and other physical development, and while increased Government financial support cannot be guaranteed it may well be that Government agencies like the RDAs might be asked to target their expenditure accordingly to support the World Cup.

- 3.4 As with the Olympics 2012, it would be expected that following the staging of any World Cup tournament the host country would be left with the legacy of improved sports facilities and increased grass roots sport participation.
- 3.5 It is almost impossible to put a price on the value of such benefits but the FA has commissioned consultants which will be reporting on this. RDAs may also commission work to supplement that commissioned by the FA.

4.0 ENGLAND'S CHANCES OF SUCCESS

4.1 The FA is anxious not to make play on the fact that England is the 'home of football' or that England has not staged the World Cup tournament since 1966. Rather, the FA sees itself in a position to deliver a unique festival of football which will engage the whole country and will deliver positive change in England and across the world.

4.2 Key points in England's favour will be:-

- previous experience of hosting major sporting events
- low delivery risk since many high quality stadia have already been built
- secure environment with significant experience of policing large football matches
- outstanding candidate host cities
- home crowd for every team
- the ability to deliver a financially successful World Cup for FIFA (which derives the majority of its income from this four yearly event).

4.3 There is expected to be strong competition to stage the tournament from:-

USA
Mexico
Spain/Portugal partnership
Belgium/Holland partnership
Russia
Qatar
Korea
Japan
Indonesia
Australia

However, it is known that Qatar and Korea are targeting only the 2022 tournament.

4.4 On balance, while competition is likely to be strong, the English FA believes that it has a good chance of securing the 2018 nomination. Members will note, however, that until a decision upon the awarding of the tournament is made by FIFA in December 2010, any work done and costs incurred by the Leeds City Region in seeking host city status for 2018 could prove abortive.

5.0 THE LEEDS CITY REGION'S CHANCES OF SUCCESS

5.1 First, it should be made clear that selection as a host city is not dependant upon Premier League Football being played in that city. Indeed, even if it were, some city's teams could well lose that status through relegation between being selected in November 2010 and the tournament being staged in 2018.

5.2 The key criteria for selection revolve around a city region's ability to support the FA in its bid to FIFA, but in particular:-

- (i) **Catchment/coverage** - FIFA and the FA will both be keen to see matches staged in areas with large population catchments. As the third largest city in England with a population of some 750,000 people, a City Region population of 5 million, and with 11 million people within 90 minutes travelling time, Leeds is a key location.
- (ii) **The entertainment and cultural offer** - As has been stated earlier, large numbers of visitors would be resident in England during any tournament and the amount of time which they actually spend at live football matches would be only a small proportion of the time which they spend in the country. It is therefore important for host city regions to demonstrate that they can offer a full entertainment and cultural programme to their visitors. Clearly here, hotels, restaurants, and bars will also have a key part to play. The ability to offer what are known as 'Fan Parks' where supporters can gather and interact and watch televised games, along with the provision of all the usual support facilities (toilets, food etc) will also be key.
- (iii) **Stadium capacity** - FIFA has not yet issued its bid guidance. This is expected shortly. However the tournament format is expected to be:-
 - 32 teams divided into 8 groups of 4 with each team in the group playing all of the other 3 teams (ie 6 games in all in each group)
 - 16 teams (the top two teams from each group following the playing of the group matches) taking part in 8 second round knockout matches
 - 8 teams taking part in 4 quarter finals
 - 4 teams taking part in 2 semi-finals
 - 2 teams taking part in the final at Wembley

FIFA is expected to require stadia with a net (excluding executive boxes, media seats etc) capacity of 40,000 seats for the group stages. This may rise to 50,000 for the staging of second round and quarter final matches. Elland Road Stadium, the home of Leeds United, has a gross capacity of 40,000. Some minor adaptations would be necessary to achieve a 40,000 net position. Clearly more substantial works would be required to achieve 50,000 seats, although the Club has previously worked with the Council to show at Elland Road how a 60,000 seat capacity stadium could be achieved within the context of the Elland Road Development Masterplan previously agreed by this Board, and architects drawings of the options are available. Under both 40,000 seat and 50,000 seat configurations improvements would be needed to the quality of the facilities.

- (iv) **Training Camps** - Competing teams require top class training facilities which are secure and within easy reach of top class hotels. Clearly Leeds United's Thorp Arch training facility would meet the requirement here but there are also other such facilities within the Leeds City Region.

6.0 BID STRATEGY

- 6.1 If it is to bid for host city status the Leeds City Region will need to make an early decision about the 'stadium offer'. Given that Leeds is the third largest city in England Members may consider that the City should seek to stage one of the 8 second round matches, and even, perhaps, a quarter final. Such an aspiration might require a commitment to increasing the current stadium capacity at Elland Road.
- 6.2 Should Members determine to bid for host city status then officers will bring a further report to this Board outlining the options in this regard and the likely implications of pursuing them.

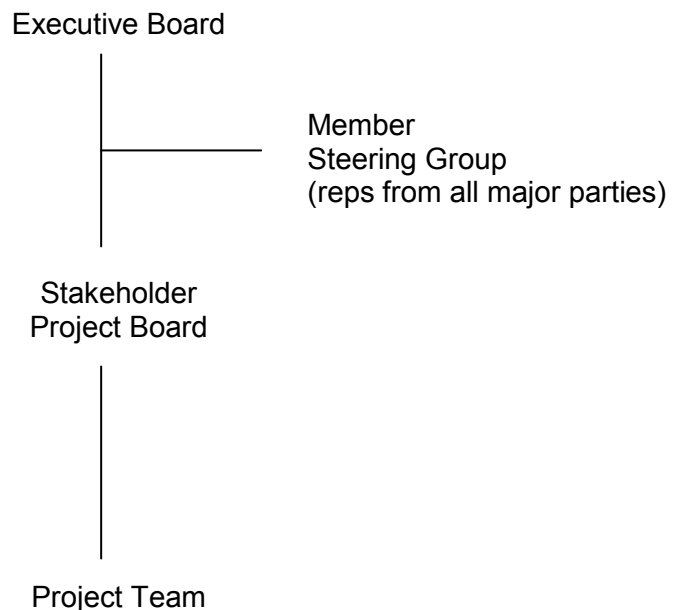
7.0 BID COVERAGE

- 7.1 Bid coverage is likely to include all of the issues attached at Appendix 1, but in particular:-
- stadium and training venues
 - transportation and airport facilities
 - safety and security
 - accommodation capacity
 - fan park sites
 - the entertainment/cultural offer

8.0 GOVERNANCE

- 8.1 If Members are minded to seek host city status for the Football World Cup 2018 then a City Region bid with involvement from all key stakeholders is likely to find favour. Leeds City Council would need to take the lead but supported in particular by Leeds United FC.

- 8.2 The following governance structure is proposed:-



8.3 Proposed composition of the Stakeholder Project Board

- Leeds City Council - Chief Executive (Chair)
- Director of City Development (Deputy Chair)
- Leeds United Football Club
- Yorkshire Forward
- Welcome to Yorkshire
- West Yorkshire Police
- Metro
- Chamber of Commerce
- University of Leeds
- Leeds Metropolitan University
- Marketing Leeds
- City Region Representative
- + others as and when appropriate

8.4 Proposed composition of the Project Team

- Leeds City Council
 - Chief Asset Management Officer (Project Lead *)
 - Project Manager
 - Chief Officer – Major Projects
 - Head of Arts and Events
 - 2012 Olympics Project Officer
 - Business Tourism Officer
 - Head of Transport Policy
 - Property Surveyor
 - Finance Officer
 - Senior Policy & Information Officer (Economy)
- Leeds United Football Club
- Metro
- West Yorkshire Police

*The Council's Chief Asset Management Officer is the only officer remaining in the Council's employ who played a key role in delivering Euro '96 for the City. It is therefore proposed that because of his previous experience with major football tournaments he takes the project lead.

8.5 The FA is running a briefing session in London on Monday 18 May 2009 for representatives from potential host cities who are invited to send up to 10 delegates (excluding RDA and Football Club representatives who will receive separate invites). If Members are minded to seek host city status then the following representation is recommended:-

- Leeds City Council
 - Leader of the Council
 - Deputy Leader of the Council
 - Chief Executive
 - Director of City Development
 - Chief Asset Management Officer
 - Project Manager
- West Yorkshire Police
- Metro
- Chamber of Commerce
- Marketing Leeds

9.0 LINKS TO CORPORATE OBJECTIVES

9.1 Host city status would provide the following links to Improvement Priorities in the Leeds Strategic Plan 2008-11:

Culture - to facilitate the delivery of major cultural schemes of international significance.

Enterprise and the Economy – increase international communications, marketing and business support activities to promote the city and attract investment.

10.0 FINANCIAL AND LEGAL IMPLICATIONS

10.1 Members should note that host cities will be required to sign up to financial and contractual commitments as a condition of the bid process. Officers are advised by the FA that these are non-negotiable.

10.2 Officers will report back to a future meeting of this Board as soon as the level of the human and financial resource implications of the project are known.

11.0 RECOMMENDATIONS

11.1 Members are requested to:-

- (i) Confirm that Leeds investigate the submission of a Leeds City Region bid to become a host city for the Football World Cup 2018.
- (ii) Agree the governance structure proposed in this report.
- (iii) Note the proposed Leeds City Region representatives for the Host City Briefing in London on Monday 18 May 2009
- (iv) Instruct that officers report back to Executive Board as soon as the likely human and financial resource implications of the project are known
- (v) Instruct officers to open early dialogue with City Region partners

Background Papers

England's 2018 Bid – Candidates Host City Selection Presentation

Key Issues for Consideration



- Stadium and training venues
- History
- Transportation and Airport facilities
- Football pedigree
- Safety and security
- Demographics and catchment areas
- Accommodation capacity
- Meteorological conditions
- Medical facilities
- Current and projected economic climate
- Fan Park Sites
- Strong public & media support
- Telecommunications
- Financial & contractual commitment
- Tourism
- Exhibition and Major Event Venues (Ancillary Events)

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Originator: Michelle Anderson

Tel: 24 78089

Not for Publication: Appendix 1 of this report contains confidential information under Access to Information Procedure Rule 10.4 (3), in that it contains information relating to the financial affairs of the Council.

Report of the Director of Environment and Neighbourhoods

Executive Board

Date: 13 May 2009

Subject: West Leeds Gateway Site – 2 Branch Road

Electoral Wards Affected:

Armley

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In
(Details contained in the report)

EXECUTIVE SUMMARY

A Grade II Listed building, the restoration and future use of 2 Branch Road is a key priority for the successful delivery of Armley Town & District Centre Scheme and Armley Townscape Heritage Initiative, as well as key to meeting the aspirations of West Leeds Gateway Area Action Plan and the Leeds Bradford Corridor Programme.

The building currently has a number of unauthorised external signs which should have received consents before being put up, but did not. Internal alteration works have also taken place without required Listing Building Consents.

Initial discussions with the owner about acquisition were unsuccessful, although dialogue is still ongoing in an attempt to secure a mutually acceptable purchase.

Options for the future use of the building are currently being explored.

This report seeks in principle approval for the pursuing of a CPO in respect of 2 Branch Road, should a negotiated acquisition not prove possible.

1.0 PURPOSE OF REPORT

- 1.0 The purpose of this report is to seek Executive Board in principle approval to the Compulsory Purchase of 2 Branch Road, Armley.

2.0 BACKGROUND

- 2.0 The property in question, 2 Branch Road Armley, is a former Methodist chapel, built in 1905, currently privately owned and in use as a carpet warehouse and paint shop. The building has a Grade II Listed status and falls within the recently designated Armley Conservation Area.
- 2.2 The property is a key landmark, in a prominent corner location on a main thoroughfare (Stanningley Road) providing access to the commercial centre of Armley, as well as forming part of the West Leeds Gateway, and eastern fringe of the Leeds Bradford Corridor.
- 2.3 As the building is of such prominence in the area and is currently not in a state befitting its Grade II Listed status, securing improvements to it and a future use that will contribute towards the regeneration of Armley Town Centre is a key priority for the successful delivery of both the Town & District Centre Programme and the Townscape Heritage Initiative.
- 2.4 Over a number of years the present owner has made changes to the building without required Listed Building Consents. At present there is unauthorised signage to the exterior of the building, alteration works that have taken place internally with no consent and deterioration to the fabric of the property. Other works carried out to the property include the removal of plasterworks to the first floor vaulted ceiling, the partial boarding up, rather than repair, of a large window over the property's main entrance. In addition, general maintenance of the property has fallen short of that required for such a building, resulting in a leaking roof, blocked gutters and the lightwell being filled with rubbish.
- 2.5 Enforcement notices have been served in the past on the present owner. In both 2001 and 2003 the owner was fined, following legal proceedings, for the placing of unauthorised signage to the exterior of the building.
- 2.6 Discussions with the owner about the general state and possible acquisition of the property were restarted in September 2008.
- 2.7 In December 2008 an Advertisement Discontinuance Notice, a Listed Building Enforcement Notice and a Section 215 Enforcement Notice (re: untidy land) were served on the owner. An appeal has been lodged against the Listed Building Enforcement Notice, which is anticipated will take about 6 months to resolve.
- 2.8 In December 2008, the property was re-valued by an independent agency appointed in agreement with the owner. However, following receipt of the new valuation the owner indicated that he did not accept the revised valuation figure.

3.0 STRATEGIC FIT

- 3.1 The acquisition of 2 Branch Road, for the purpose of re-instating the building to meet its Grade II Listed status, securing a future use that will contribute to the regeneration of Armley, and more widely, the Council's aspirations for the West Leeds Gateway, fits with a number of local plans and initiatives:-

a) Armley Town Centre Improvements

In order to deliver a comprehensive regeneration project to Armley Town Centre, two complementary funding streams have been brought together, the Council's Town & District Centre (T&DC) Programme and the Townscape Heritage Initiative (THI), funded by the Heritage Lottery Fund.

Using these sources of funding a scheme has been developed that will make significant improvements to the public realm and pedestrian use of the area. Resurfacing will take place on pavements using Yorkstone, existing street furniture will be replaced with new heritage style railings, seats and lighting columns, as well as some public art.

The scheme will also deliver improvements that will help support local businesses in the town by enhancing the visual appearance, thus increasing footfall and the desirability of Armley Town Centre as a shopping location.

An essential part of the holistic regeneration of the town, especially from a THI point of view is the re-instating of 2 Branch Road into a building befitting its Listed Building status. Should the property not be restored within the lifetime of the THI, the scheme for Armley will be judged, by the Heritage Lottery Fund, to have failed.

b) West Leeds Gateway Area Action Plan

West Leeds has been prioritised by the City Council as one of the first areas to be the focus of an Area Action Plan. The plan highlights 2 Branch Road as a key site within the area, detailing existing issues with the property such as the unauthorised signage and deterioration of the fabric of the building, as mentioned in paragraph 2 above. The plan cites in relation to the property that 'measures are needed to improve the appearance and find an alternative use, which would ensure a viable future for the building and create a positive entrance to Armley Town Centre. Should it prove necessary Compulsory Purchase powers could be used.'

A meeting with Government Office in January 2009 was supportive of the draft plan's direction; it is expected to be formally adopted by early 2010.

c) West Leeds Gateway Strategic Delivery & Investment Plan

This plan has been developed as an appendix to the Area Action Plan (AAP), linking in with the AAP's five strategic themes, and as such will be formalised in early 2010 when the AAP is adopted. It looks at the detail of how and when regeneration activity in the area is to take place over the first 5 years.

One of the main aims of the Strategic Delivery and Investment Plan is to 'create an inviting and prominent local 'gateway' to the area', explicitly including securing a suitable future use for 2 Branch Road.

d) Leeds Bradford Corridor

The Leeds Bradford Corridor stretches from Armley Gyratory, west through Armley, Bramley and into east Bradford. The Leeds Bradford Corridor is strategically important for both Local Authorities, in terms of housing, commercial development and employment opportunities. It is also a recognised priority within the Regional Spatial Strategy.

A delivery programme, expected to be finalised in December 2009, is currently being developed by a joint Leeds Bradford appointed Programme Manager. To date a Leeds Bradford Corridor Study has been commissioned and completed, which focuses amongst other things, on 'improving the image and appearance of the Leeds Bradford Corridor'. The improvement of 2 Branch Road would provide a significant contribution towards this objective, given its prominent position in the Leeds Bradford Corridor.

4.0 FUTURE USE

4.1 In 2008, an informal planning brief was produced by Council officers for the 2 Branch Road site. The site is designated within the Town Centre boundaries of Armley, and as such the planning brief provides guidance on possible uses which would be acceptable under PPS6 – Planning for Town Centres, including:-

- Restaurant;
- Arts, culture and tourism;

- Leisure, entertainment facilities;
- Retail; and
- Residential use of part of the building may also be considered.

4.2 In addition to the above options, work is currently being undertaken to assess the feasibility of 2 Branch Road as a location for a West Leeds Enterprise Centre, to be delivered via the city's LEGI programme.

5.0 FINANCIAL & RESOURCE IMPLICATIONS

5.1 At this point there are no financial or resource implications to consider. Should full approval be sought from Executive Board to progress with a CPO for the acquisition of 2 Branch Road, then a further report will be required providing a comprehensive case for the need of such action, along with full details of how costs for such proceedings, including acquisition, will be covered.

5.2 The information contained in the confidential part of this report relates to the financial or business affairs of the Council. The information provides a brief overview of the anticipated costs and identified funding associated with the proposed acquisition. It is considered not to be in the public interest to disclose this information at this point in time as it could undermine the Council's position in negotiating with the building owner. The release of this information could also prejudice the Council's interests in relation to this or other similar transactions in that the land owner of this or other similar properties would have information about the nature and level of consideration which may prove acceptable to the Council. It is considered that whilst there may be a public interest in disclosure, much of this information will be publicly available from the Land Registry following completion of any transaction and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time. It is therefore considered that this element of the report should be treated as exempt under Rule 10.4 (3) of the Access to Information Procedure Rules.

6.0 CONSULTATION

6.1 Consultation has taken place with Ward Members via their involvement on the West Leeds Gateway Board and/or the Armley Forum, where support has been given to the acquisition of the property.

7.0 LEGAL IMPLICATIONS

7.1 At this stage an in principle approval is being sought from Executive Board and therefore no immediate legal implications exist.

7.2 Legal advice has been sought in relation to pursuing a CPO, and will continue to be sought throughout the process of securing acquisition of the property. In the event that the Council is minded to promote a Compulsory Purchase Order in respect of these premises then relevant powers to be considered are contained in both Section 226 of the Town and Country Planning Act 1990 as amended by the Planning and Compulsory Purchase Act 2004 and Section 47 of the Planning (Listed Buildings and Conservation Areas) Act 1990. In deciding which power to exercise, the Council as acquiring authority must make a compelling case in the public interest which is proportionate in the circumstances and be able to justify its proposals. A decision to promote a CPO will be the subject of a further report to Executive Board.

7.3 Should Compulsory Purchase action become necessary, regard must be had to the Human Rights Act 1998 including where applicable Articles 1, 8 and 14 of the First Protocol. In the case of each of these Articles (and indeed other provisions in the Convention) the Council in any future recommendation to authorise officers to make a CPO will be required to be conscious to strike a fair balance between the rights of the individual and the interests of the

public. Compensation would be payable to persons affected, and any compulsory acquisition would be considered to be compatible with the Human Rights Act.

8.0 CONCLUSION

- 8.1 The Grade II Listed building at 2 Branch Road is a prominent and well recognised property within West Leeds.
- 8.2 The building in its current state creates a negative image, but has the potential due to its architectural merit to act as a positive and leading symbol of the transformation that this area will undergo in the next 15-20 years.
- 8.3 Restoring and securing a viable future use for the property are both essential to the successful delivery of aspirations of the West Leeds Gateway Area Action Plan, the Leeds Bradford Corridor and the Armley Town Centre Improvement Scheme.
- 8.4 All endeavours will be made to negotiate a mutually acceptable acquisition of the building, should this however not prove possible then the Council may need to exercise, as a last resort, its Compulsory Purchase powers.

9.0 RECOMMENDATIONS

- 9.1 Executive Board is asked to note the contents of the report and give in principle approval to the use of Compulsory Purchase powers to achieve the acquisition of 2 Branch Road, should this be necessary, subject to a further report seeking full approval.

10.0 BACKGROUND PAPERS

- October 2008 – Informal Planning brief for 2 Branch Road
- December 2008 - Property Valuation produced by Colliers CRE
- 22nd December 2008 - Councillor Carter Briefing Note
- 6th March 2009 – Town & District Centres and the Leeds Townscape Heritage Initiative Asset Management Board report
- April 2009 - Enforcement Action Plan

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Originator: Andrew Hall

Tel: 24 75296

Report of the Director of City Development

Executive Board

13 May 2009

Response to the City Development Scrutiny Board's Inquiry into the A660 Corridor Transport Issues

Electoral Wards Affected:

**Hyde Park and Woodhouse
Headingley
Weetwood**

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In

(Details contained in the report)

EXECUTIVE SUMMARY

1. This report provides the Executive Board with details of the recommendations from the recent City Development Scrutiny Board inquiry concerning A660 Corridor Transport Issues and specifically proposals for improvements at the Woodhouse Lane junction with Clarendon Road. The report describes how the Director proposes to respond to these recommendations and seeks the Board's approval to the proposed response.

RECOMMENDATIONS

2. Executive Board are recommended to approve the proposed responses to the Scrutiny Board's recommendations.

1.0 Purpose Of This Report

- 1.1 This report provides the Executive Board with details of the recommendations from the recent City Development Scrutiny Board inquiry concerning A660 Corridor Transport Issues and details how the Director proposes to respond to these recommendations. The report asks the Board to approve the proposed response.

2.0 Background Information

- 2.1 In January 2009 the Scrutiny Board (City Development) considered a request for scrutiny from the North West (Inner) Area Committee. The Committee was concerned at proposals by the Chief Highways Officer to carry out improvements in the vicinity of the junction of Clarendon Road and Woodhouse Lane. This would include new controlled facilities across the Clarendon Road leg of the junction as part of a potential programme of improvements to be carried out along the A660.
- 2.2 The report makes four recommendations for action. The Director of City Development has considered and accepted these recommendations and actions are underway or planned to address them. The Director has also acknowledged the importance of learning from the issues that this inquiry has raised, in terms of ensuring that consultation with Elected Members and others is conducted in such a way as to ensure that a clear, and unambiguous understanding of the views of consultees is secured.

3.0 Main Issues

- 3.1 Below, each of the Scrutiny Board's four recommendations are listed along with a response from the Director of City Development.

Recommendation 1:

That the Chief Highways Officer review the current consultation process to ensure that at the very least consultees and particularly Elected Members are encouraged to respond to requests and how a nil response to invitations to comment may be interpreted as no objections received or support for a particular scheme or project.

- 3.2 The process for consultation has been reviewed in order to encourage responses. As at present the formal consultation process will involve the sending of a letter to all Members for the ward affected by the proposals and, where the scheme straddles or is adjacent to a ward boundary, the Members for that ward also. Consultation letters will in the future re-emphasise the value and importance of securing a formal record of member views, in order to present accurate and balanced information when decisions and approvals are being sought. Consultation letters will indicate the expected timetable for decision making and will provide Members with a minimum period of 15 working days for response.
- 3.3 In the circumstances that a nil response is made by consultees this will be reported. However, the response to consultations is a decision for individual members and officers would not wish to interpret the meaning of such a response. For the avoidance of doubt it is therefore intended to advise Members at the time of consultation that nil responses would be reported as such and could not be considered as an objection unless advised otherwise.
- 3.4 All managers will be re-briefed on the importance of effective scheme consultation, which for larger schemes often involves several rounds of consultation. In addition,

at the initial project assessment stage a review of potential issues will be included within the project brief in order that scheme designers can be aware and plan for these through proactive consultation and face to face briefings with Members.

Recommendation 2:

That the Chief Highways Officer review the process by which highways schemes are reported to Area Committees and particularly those that affect more than one ward in order to ensure proper consultation and feedback from all Members of Area Committees on proposed highways schemes.

- 3.5 In the light of this inquiry these arrangements have also been reviewed. It is important that the consultation process is proportionate to the scheme and that it is meaningful for Members and officers alike. In this regard it is important to identify schemes that are likely to be of wider interest and impact than purely the local Ward. Currently, at the outset of each financial year Area Managers are notified of the anticipated programme for highway maintenance works. From April 2009 this notification will also include the programme of Local Transport Plan integrated transport schemes.
- 3.6 Where a scheme is adjudged to have a more than local significance, the local Member consultation described above would be supplemented by the inclusion of the Area Committee Chair in the consultation process. The significance of a scheme is a subjective matter but would generally include most schemes identified as Key Decisions and some Major Decisions. This would take account of the scale, extent and transport impact of proposals, together with neighbourhood impacts for which advice from area management officers would be sought.

Recommendation 3:

That the Chief Highways Officer review the traffic modeling for the proposals at Clarendon Road to ascertain what alternative solutions, if any, are available including options for using the existing road space to make bus lane provision where it is needed.

- 3.7 Following the feedback from the North West (Inner) Area Committee and other responses concerning the initial scheme proposals for the A660 Woodhouse Lane/ Clarendon/ Road junction, further analysis of the options developed for this site has taken place. This has included a further examination of the modelling used to determine the design of the traffic signal proposals. As a result of this work an alternative scheme has been prepared. This scheme has a neutral impact on traffic capacity and bus delays whilst providing for the provision of a new controlled pedestrian crossing of Clarendon Road. The proposals have been presented for initial consideration at the March meeting of the Inner North West Transport Sub-Group.
- 3.8 Subject to feedback on the process and proposals for bringing forward revised scheme proposals at this location, further formal consultation with Elected Members and other parties will be progressed in the normal way, including provision of an report to update the Area Committee, prior to finalising the scheme and seeking approval to detailed proposals.

Recommendation 4:

That the Chief Highways Officer ensure that early consultation is carried out in respect to options for making early improvements to the A660 and that this shows

the overarching strategy for the corridor to ensure that schemes are not considered in isolation.

3.9 Subsequent to the December North West (Inner) Area Committee meeting, the Regional Transport Board meeting on 23 January 2009 endorsed a bid for additional funding of £98.8 million for the Leeds New Generation Transport scheme. Together with the £150 million previously approved, this means that the region has now prioritised sufficient resources from the Regional Funding Allocation to progress the full NGT proposals, which include the A660 corridor.

3.10 A briefing on the NGT scheme is planned for the next round of Area Committees. This will include the provision to Members of the wider strategic context for the scheme. At the present time the detailed timetable for the preparation and delivery of this scheme is still being worked up. However, in view of the new funding scenario for the scheme the potential for early win schemes capable of implementation and providing value for money benefits ahead of the major scheme works is being revisited.

4.0 Implications For Council Policy And Governance

4.1 There are no specific implications for Council Policy and Governance. The consultation arrangements described in Section 3 are designed to build on existing practice to assist the clarity and transparency of decision making procedures.

5.0 Legal And Resource Implications

5.1 There are no specific legal and resource implications arising from this report.

6.0 Conclusions

6.1 The Director of City Development has considered the Scrutiny Board and has accepted the four recommendations. Actions are underway or planned to address them, with a commitment to ensuring consultation takes place in such a way as to ensure that a clear and unambiguous understanding of the views of consultees is achieved. Proposals for improvements at the Woodhouse Lane/ Clarendon Road junction are being reviewed and an alternative option is being prepared for further consultation.

7.0 Recommendations

7.1 Executive Board is recommended to approve the proposed responses to the Scrutiny Board's recommendations.

8.0 Background Papers

8.1 There are no specific background papers relating to this report.

Statement of

**Scrutiny Board (City
Development)**

on the

**A660 Corridor Transport
Issues**

Introduction



1. The Scrutiny Board (City Development) on 13th January 2009 considered a request for scrutiny from the North West (Inner) Area Committee. The Committee was concerned at proposals by the Chief Highways Officer to carry out improvements in the vicinity of the junction of Clarendon Road and Woodhouse Lane. This would include new controlled facilities across the Clarendon Road leg of the junction under phase 1 of the improvements to be carried out along the A660.
2. In addition to the junction improvements the proposed works would include the reconfiguration of the traffic signals and address the sub standard bus stop facilities by providing a bus priority facility.
3. The Scrutiny Board was informed that the North West (Inner) Committee is opposed to phase 1 of this scheme and has asked the Scrutiny Board to consider the proposed scheme, the consultation process and background to the officer delegated decisions being withdrawn for phase 1 of this scheme.
4. The Scrutiny Board was also asked to consider the rationale behind the decision by officers to cancel the Scrutiny Board (Central and Corporate) Call-In meeting of 22nd December 2008 regarding the Director of Resources decision to incur the necessary expenditure for the proposed scheme.
5. It was reported that the proposed scheme supports the Council's improvement priorities as set out in the Council's Strategic and Business Plans by contributing to the delivery by 2011
 - ◇ of a range of transport proposals for an enhanced transport system, including cycling and walking.
 - ◇ of improvements to the quality, capacity, use and accessibility of public transport services in Leeds.
 - ◇ of improvements to the condition of the streets and transport infrastructure by carrying out a major programme of maintenance and improvements.
 - ◇ of improvements to road safety in the city.

Comments and Recommendations



6. We were advised by the Chief Highways Officer that he received a report at the Joint Highways and Transport Board on the 24th November 2008 which sought his approval under the Council's officer delegation scheme to progress the design and public consultation for phase 1 of this scheme and to seek the approval of the Director of Resources to incur expenditure. He was advised that consultation with Ward members, the North west (Inner) Committee and other interested parties had taken place and that no substantial objections to the proposals had been received.
7. The Chief Highways Officer subsequently took the delegated decision to approve phase 1 of this scheme which was signed on the 24th November, published on the 28th November 2008 and on which the potential for Call-In expired on 5th December 2008. A copy of this report is attached as Appendix 1.
8. We noted that there was no request for Call-In regarding the approval to proceed with the design and public consultation for this scheme.
9. We were informed that the Director of Resources signed the Officer delegated decision to incur expenditure for this scheme on the 2nd December 2009, which was published on the 4th December and that the Call-In period was to expire on the 11th December 2008.
10. A request for Call-In was received on the 11th December 2008, signed by two none Executive Members on the grounds that the North West (Inner) Area Committee had not considered this scheme as stated in the report presented to the Chief Highways Officer.
11. In accordance with Scrutiny Procedure Rules this request for Call-In was arranged to be heard by Scrutiny Board (Central and Corporate Functions) on 22nd December 2008.
12. We understand that, as a consequence of concerns being expressed by Ward Members and Members of the North West (Inner) Area Committee, the Chief Highways Officer undertook to review how the consultation process had been applied and the outcome of those consultations.
13. We heard from the Chief Highways Officer that the Joint Highways and Transport Board's report used to support the Officer delegated decision of 24th November to proceed with phase 1 of this scheme contained inaccuracies in paragraph 3.2.3. The Chief Highways Officer acknowledged that the North West (Inner) Area Committee had not in fact been consulted on

Comments and Recommendations



this scheme and that there had been comments made by Members of that committee which had not been included in that report. He was of the view that this was as a result of a misunderstanding between officers and members as to the level of concerns being expressed and not a deliberate act to deceive.

14. As a consequence of the Chief Highways Officer's review the Officer Delegated decisions of the 28th November and 2nd December for phase 1 of this scheme were rescinded on 18th December 2008 and further discussions with members and other interested parties are currently being undertaken.
15. We were advised that as a result of the Officer Delegated decisions being rescinded the Call-In was no longer valid and the Scrutiny Board (Central and Corporate Functions) meeting to hear the request was cancelled on the 18th December 2008.
16. On the 18th December 2008 the North West (Inner) Area Committee considered a report of the Director of City Development on the A660 Corridor Transport Issues. A copy of this report is attached as Appendix 2.
17. The Area Committee referred this matter to this Scrutiny Board for consideration. Full details of the Area Committee's resolutions are provided as Appendix 3.
18. We are grateful to Councillor Monaghan and the Officers for their assistance in reviewing this matter.
19. The Chair referred to emails which had been circulated to him and other members from interested parties stating that this Board would stop this scheme from proceeding as proposed. He stressed that Scrutiny Boards have no Executive powers and can only recommend actions to the relevant Director and Executive Board Member for consideration.
20. We accepted that the decision to cancel the Call-In meeting of the 22nd December 2008 was appropriate as the Officer Delegated decision resulting in the Call-In had been rescinded (see paragraph 15).
21. We heard from Councillor Monaghan, the Chief Highways Officer, the Acting Head of Highways Services and the Transport Strategy Manager and accept that there had been a clear misunderstanding and miscommunication between highways officers and members as to the depth of feeling and objections being made on the proposals for phase 1 of this scheme but that there had been no deliberate action to deceive.
22. However, we note that as early as the 11th November 2008 (at its first meeting in the municipal year of the North West (Inner) Area

Comments and Recommendations



Committee, Transport Sub Committee meeting, Chaired by Councillor Chastney), concerns were expressed about the scheme, including the proposed bus lane widening and subsequent loss of cycle lane. This should have alerted officers to potential issues with the proposal.

23. We acknowledge that the department wrote to the Chair of the North West (Inner) Area Committee and to ward members and other interested parties as early as the 15th September 2008.
24. We know that the Chief Highways Officer's staff consult widely and regularly with elected members on many schemes, but note that the percentage of responses received back are extremely low. Clearly a lack of response does not automatically mean support for a particular proposal. This is of particular concern when schemes affect more than one ward .
25. We also heard from a representative of the Friends of Woodhouse Moor who had clear concerns as to the proposals contained in phase 1 of the proposed scheme. We noted those concerns and the acknowledgement by the Chief Highways Officer that his report was inaccurate in paragraph 3.2.3 to say that he had not received any adverse comments from Members.

Recommendation 1

That the Chief Highways Officer review the current consultation process to ensure that at the very least consultees and particularly Elected Members are encouraged to respond to requests and how a nil response to invitations to comment may be interpreted as no objections received or support for a particular scheme or project.

Recommendation 2

That the Chief Highways Officer review the process by which highways schemes are reported to Area Committees and particularly those that affect more than one ward in order to ensure proper consultation and feedback from all Members of Area Committees on Proposed highways schemes.

26. We acknowledge the views expressed by the Chief Highways Officer that he could not guarantee that the original scheme for phase 1 would not be reintroduced as originally proposed because all options were still being assessed.

Comments and Recommendations



Recommendation 3

That the Chief Highways Officer review the traffic modelling for the proposals at Clarendon Road to ascertain what alternative solutions, if any, are available including options for using the existing road space to make bus lane provision where it is needed.

27. We appreciate the complexity of traffic movements on the the A660 corridor. The initial assessment of the traffic and transport issues on the A660 has indicated that a case exists for the early investment in the infrastructure of the route to provide improvements in the interim period before the introduction of the proposed New Generation Transport scheme (NGT). As a result early improvements to the junction with Clarendon Road have been developed and consulted upon.
28. We appreciate the comments made by the Chief Highways Office that the development of the A660 corridor generally is at a very early stage. As such we note that further detailed consultation is planned with Ward Members, Area Management, Metro and the bus operators on the various elements set out in his reports.

29. We understand that as the various proposals are developed, comments from local stakeholders and residents associations will be taken into account when finalising any proposals and formally reporting on any such proposals.

Recommendation 4

That the Chief Highways Officer ensure that early consultation is carried out in respect to options for making early improvements to the A660 and that this shows the overarching strategy for the corridor to ensure that schemes are not considered in isolation.

Witnesses



Witnesses Heard

- Councillor James Monaghan, Chair North West (Inner) Area Committee
- Mr Gary Bartlett, Chief Highways Officer
- Ms Helen Franklin , Acting Head Highways Services
- Mr Andrew Hall, Transport Strategy manager
- Mr Tony Green, member of the public

Appendix 1

EXTRACT

REPORT TO THE CHIEF HIGHWAYS OFFICER AND DIRECTOR OF RESOURCES

DATE: 24 NOVEMBER 2008

Subject: **Design & Cost Report**

Scheme Title: A660 WOODHOUSE LANE/CLARENDON ROAD, WOODHOUSE PROPOSED INBOUND BUS/CYCLE LANE AND JUNCTION IMPROVEMENT MEASURES

Capital Scheme Number: 14893

EXECUTIVE SUMMARY

This report is to seek approval for the detailed design and public consultation of a scheme to introduce an inbound bus/cycle lane on the A660 Woodhouse Lane between Rampart Road and Clarendon Road and junction improvement measures at the A660 Woodhouse Lane/Clarendon Road junction and the advertisement of a Traffic Regulation Order (TRO) to introduce the bus/cycle lane.

1.0 PURPOSE OF THIS REPORT

1.1 The purpose of this report is to seek approval for the detailed design and public consultation of a scheme to introduce an inbound bus/cycle lane on the A660 Woodhouse Lane between Rampart Road and Clarendon Road, undertake junction improvement measures at the A660 Woodhouse Lane/Clarendon Road junction and advertise a draft TRO to introduce a bus/cycle lane along the length, as shown on the attached drawing number TMW-17-1183-02C.

2.0 BACKGROUND INFORMATION

2.1 The A660 is currently the most congested transport corridor in Leeds and Metro and the bus operators have stated that this route is of most concern in terms of delays to public transport. As a result of this, the Woodhouse Lane/Clarendon Road junction is the first phase of a proposed package of works to be undertaken along the A660 corridor.

2.2 In recent years, the corridor has endured blight as a result of being part of the former Supertram proposals. These proposals have now been superseded by the New Generation Transport proposals (NGT). However, although the A660 corridor forms part of those proposals, it is currently envisaged that the A660 will not form

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part of the initial scheme. Therefore, it has been agreed between the City Council and Metro that other proposals for the A660 should be developed.

2.3 The Woodhouse Lane/Clarendon Road junction is a current Site for Concern ranked as number 79, in the Council's "Sites for Concern" Accident framework, with 15 personal injury accidents, consisting of 12 slight and 3 serious accidents.

2.4 The site has a very high PV₂ count showing very high pedestrian flows to and from the university. Clarendon Road, adjacent to 'The Library' public house, was recommended for a signalised pedestrian crossing and approved in the Pedestrian Crossing Review in March 2007.

3.0 MAIN ISSUES

3.1 Design Proposals/Scheme Description

3.1.1 It is proposed to introduce an inbound bus and cycle lane, improve the existing traffic signals at the A660 Woodhouse Lane/Clarendon Road junction and introduce pedestrian and cycle facilities in order to improve vehicular and pedestrian movements and reduce the number of injury accidents.

3.1.2 In order to facilitate the provision of the bus priority and improvement scheme, the intentions are to:

- i) provide an inbound bus and cycle lane starting 60m east of Rampart Road by widening the existing carriageway on the north eastern side of Woodhouse Lane;
- ii) widen the existing carriageway on the south western side of Woodhouse Lane to facilitate the proposed bus and cycle lane and aid the maximization of the junction capacity;
- iii) provide formal pedestrian facilities on the Clarendon Road leg of the junction and improve the existing pedestrian facilities on the north western leg of Woodhouse Lane;
- iv) construct pedestrian islands on both legs of Woodhouse Lane and realign the existing central island on the north western leg of the junction to allow for the provision of traffic signals and pedestrian facilities;
- v) take up and relay the existing Yorkstone flagged footways on both sides of the north western leg of Woodhouse Lane and relay/renew the concrete paved footways on the southern leg of Woodhouse Lane outside the university;
- vi) remove 7 no. trees along the north eastern side of Woodhouse Lane, which will then be replaced with 12no. new trees at locations to be agreed with the City Council's Forestry Section;
- vii) undertake all ancillary improvement works necessary for the proper implementation of the scheme including carriageway resurfacing, traffic signing and road markings and street lighting works; and
- viii) advertise and implement a draft TRO to introduce a bus/cycle lane along the A660 Woodhouse Lane.

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3.1.3 All works are to be undertaken within the boundary of the adopted highway and will not encroach onto or affect either Woodhouse Moor or Cinder Moor.

3.1.4 In addition to the above works it is also proposed to undertake a cost benefit analysis on the future phases of work proposed for the A660 Corridor between Clarendon Road in Woodhouse and St Michael's Road in Headingley.

3.1.5 The total estimated staff costs for the required highway works and the cost benefit analysis are £135,000, comprising of £5,000 for the cost benefit analysis and £130,000 design costs, which can be met from the Integrated Transport scheme within the approved Capital Programme and is eligible for 100% Government funding.

3.1.6 The scheme proposals are illustrated on the drawings number TMW-17-1183-02c.

3.2 Consultations

3.2.1 Ward Members and Local MPs: Ward Members and the Local MPs were consulted by letter dated 15 September 2008. One Councilor was concerned about the removal of part of the grass verge to accommodate the proposed inbound bus/cycle lane. Another was concerned about the removal of the existing bus lay-by, which is used illegally by pizza delivery vehicles. He questioned as to where these vehicles will be able to park and was informed that there is ample parking on Raglan Road. No other adverse comments or objections were received.

3.2.2 Emergency Services and Metro (WYPTE): Emergency Services and Metro were consulted by letter dated 15 September 2008. West Yorkshire Police have no objections towards the scheme proposals. Metro identified the need to relocate the inbound bus stop, which will be discussed as part of the detailed design. No other comments or objections were received.

3.2.3 NGT Project Team: The preliminary scheme proposals have been discussed at great length with the NGT Project Team in order to ensure that any proposals implemented at this time would not be detrimental to future NGT proposals.

3.2.3 North West

(Inner) Area Committee: North West (Inner) Area Committee were consulted by letter dated 15 September 2008 with a view to obtaining their comments and those of The Friends of Woodhouse Moor. No adverse comments or objections were received.

3.2.5 Local Residents and Businesses: As part of the ongoing detailed design, a

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substantial consultation process with local residents and businesses will be undertaken and the comments presented to the Joint Highways Board prior to implementation of the scheme.

3.3 Programme

3.3.1 It is anticipated that the detailed scheme design and public consultation can be undertaken during the 2008/2009 financial years, subject to approval.

4.0 IMPLICATIONS FOR COUNCIL POLICY AND GOVERNANCE

4.1 Compliance with Council Policies

4.1.1 Environmental Policy: The proposals contained within this report are in accordance with the aims of the Policy since the improvement works will reduce the number and severity of accidents, thereby creating a safer local environment, and will help encourage the use of public transport.

4.1.2 Mobility: The provision of dropped crossings and pedestrian facilities will provide a positive aid to all pedestrians and ease pedestrian movement across the A660 Woodhouse Lane and Clarendon Road.

4.1.3 Local Transport Plan (LTP): The proposals contained in this report are in accordance with Primary Objectives of the Local Transport Plan: To improve safety, security and health in particular to reduce the number and severity of accidents thereby creating a safe environment, making public transport more accessible for the public and improve the highway network and provide facilities for each road user.

4.1.4 Ethnic minorities, women and disabled people: This report has no implication for ethnic minorities, women or disabled people.

4.1.5 LTP Policy Approval: A Design Instruction was issued by Transport Policies and Programme Section in January 2008

4.1.6 Safety Audit: A Stage 1 Safety Audit was undertaken on the 8 October 2008. Comments based on a preliminary scheme drawing were received from Accident Studies and will be addressed as part of the detailed design process.

4.2 Community Safety

4.2.1 The proposals contained in this report have no implications under Section 17 of the Crime and Disorder Act 1988.

5.0 LEGAL AND RESOURCE IMPLICATIONS

5.1 Scheme Design Estimate

Appendix 1

5.1.1 Funding: The total estimated staff costs for the required highway works and the cost benefit analysis are £135,000, comprising of £5,000 for the cost benefit analysis and £130,000 staff costs, which can be met from the Integrated Transport scheme within the approved Capital Programme and is eligible for 100% Government funding.

5.1.2 Staffing: There are no additional staffing implications arising from these proposals.

5.2 Capital Funding and Cash Flow

Parent Scheme Number : 99609
Title : LTP Integrated Transport Scheme

6.0 CONCLUSIONS

6.1 The proposed introduction of an inbound bus/cycle lane, the improvements to the A660 Woodhouse Lane/Clarendon Road junction and the associated Traffic Regulation Order (waiting and loading restrictions and bus lane) will reduce the number and severity of injury accidents at the A660 Woodhouse Lane/Clarendon Road junction and serve to greatly improve the service and reduce the delays of public transport.

7.0 RECOMMENDATIONS

CHIEF HIGHWAYS OFFICER

7.1 The Chief Highways Officer is requested, subject to approval of the Director of Resources to:

- i) approve the design and public consultation of the junction improvement scheme at the A660 Woodhouse Lane/Clarendon Road junction and an inbound bus/cycle lane along the A660 Woodhouse Lane between Rampart Road and Clarendon Road, as shown on the drawing number TMW-17-1183-02C, at a total cost of £135,000; and
- ii) request the Assistant Chief Executive (Corporate Governance) to advertise the draft Traffic Regulation Order to introduce a bus/cycle lane on Woodhouse Lane as shown on attached drawing number TMW-17-1183-02C and, if no valid objections are received, to make, seal and implement the Traffic Regulation Order as advertised.

7.2 DIRECTOR OF RESOURCES

The Director of Resources is requested to:

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i) note the contents of the report; and

ii) give authority to incur expenditure of £135,000 staff costs comprising £5,000 for the cost benefit analysis and £130,000 design costs, to be met from the Integrated Transport scheme 99609 within the approved Capital Programme.

8.0 BACKGROUND PAPERS

- A design instruction issued by the Transport Strategy Group in January 2008.
- Consultation letters to Ward Members, local MP, Emergency Services and Metro.
- NGT Preliminary Proposals.
- Traffic Survey Results.

Appendix 2

Extract

Report of the Director of City Development

To: Inner North West Area Committee

Date: 18th December 2008

Subject: A660 Corridor Transport Issues

Executive Summary

The report outlines early work to identify interim measures for improving movement within the A660 corridor in particular for bus transit, pending the longer term development of proposals for the New Generation Transport system. More specifically the report summarises initial scheme proposals that have been developed to improve pedestrian facilities at the A660 junction with Clarendon Road and to address bus stop and priority issues at this site.

1.0 Purpose of This Report

1.1 This report outlines proposals for development of traffic and transport measures for the A660 corridor.

2.0 Background Information

2.1 The A660 corridor has been identified as part of the proposed New Generation Transport (NGT) scheme which is being developed as a replacement for the former Leeds Supertram scheme. Phase 1 of this scheme has been endorsed by the Regional Transport Board for the Regional Funding Allocation (RFA), and Phase 2 which includes the A660 is due to be considered by the RTB in January 2009. However, if the funding is endorsed a start of construction is not likely before 2014 at the very earliest.

2.2 In view of the NGT timetable. Investigations are being undertaken to develop an interim package of measures that will provide early improvements, especially to the reliability and timing of bus services. These proposals will be designed to be compatible, as far as possible, with the ultimate NGT scheme.

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3.0 Main Issues

- 3.1 Studies assessing congestion on the major radials in the Leeds District have shown the A660 to be one of the most congested. Morning peak inbound traffic speeds were among the lowest of those studied and similarly the evening peak speeds outbound were the lowest in the district.
- 3.2 Peak traffic flows on this corridor are low in comparison to other major radials, however bus patronage is amongst the highest. Given the higher than average ratio of bus users to car users, there is potential for bus priority measures to be particularly effective on this corridor with significant benefits for existing and future passengers.
- 3.3 Issues of reliability and timing for the large number of bus services are a matter of continuing concern for passengers and the local community. These concerns are shared by the Council, Metro and the bus operators.
- 3.4 High flows of pedestrians and cyclists are also a feature of the inner sections of the A660 route. Surveys indicate over 100 cyclists traveling towards Leeds city centre in the busiest peak hour.
- 3.5 There are also a number of issues with regard to road safety with the junctions at Rampart Road, Hyde Park Corner, North Lane, Shaw Lane and the Ring Road identified in the Council's sites for concern listings. There is also a long standing aspiration to improve the provision for pedestrians at the junction with Clarendon Road and to address the very poor bus facilities at this location. In addition, a study for Leeds Cycling Action Group and funded by the area committee has identified issues relating to cycling.
- 3.6 Traffic surveys indicate the following key data in relation to this corridor:
- Bus flows – There are 27 service buses (34 south of Clarendon Road) scheduled each way in the peak hours along this corridor. Journey time data shows considerable variation at all times of day but particularly in the peak where variability is almost twice as high as the inter-peak. In the evening peak outbound buses have the lowest speeds on any radial route in Leeds, averaging well below 10mph for the entire length of the route. For example between Hyde Park Corner and Headingley centre buses take an average of ten minutes longer than at other times
 - Bus patronage – Over 2500 passengers use services on the A660 during the morning peak with similar levels in the evening. Services are also very well used during the off-peak periods.

Appendix 2

- Traffic flow – Whilst relatively low in comparison to other key radials, congestion has similar effects on journey time and public transport reliability to those experienced elsewhere on the network. Flows in the morning peak have reached 1897 vehicles, whilst the evening peak flows are slightly lower at 1726 vehicles.
- Cycle flow – Cycle traffic is relatively high on this corridor with around 175 cyclists observed throughout the morning peak, with similar flows in the evening albeit dispersed over a longer period.
- Pedestrian flows – There are heavy pedestrian flows along this corridor at peak periods particularly South of Headingley centre. All crossing points along the route are busy including (but not limited to) the main junctions at Hyde Park Corner and Clarendon Road. Morning counts indicate an hourly total of 634 pedestrian crossing movements at the Woodhouse Lane/Clarendon Road junction.

3.7 The delays and congestion affecting bus movements in this corridor are such that it is considered that there is a strong case in conjunction with the other issues identified to identify interim measures for introduction prior to the proposed NGT scheme.

4.0 Proposals

4.1 In order to address the issues identified above, initial desk top studies have been undertaken to identify where measures might have the greatest impact in reducing some of the key problems along this route. These key locations are identified on the plan provided on the route plan at Appendix 1 and discussed further as follows.

4.2 Whilst ideally the range of problems described above would be tackled as part of a single integrated scheme, their complexity is such that it may be more practical to bring forward proposals in a phased manner as their evaluation and development proceeds. At the present time approval has been granted for the fees needed to develop to a more detailed level the outline proposals identified below for the Clarendon Road junction and to take forward further investigation and development of solutions for the other issue identified later in this section.

Woodhouse Lane Clarendon Road (Section 1)

Appendix 2

4.3 As a first stage outline proposals for the provision of improved pedestrian facilities at the junction of Clarendon Road and Woodhouse Lane including new controlled facilities across the Clarendon Road leg of the junction. This has been a long standing request. At the same time as part of the junction works, which require the reconfiguration of the traffic signals it is proposed to take the opportunity to address the sub standard bus stop facilities by providing a bus priority facility. Details of the outline scheme are included in Appendix 2 and identified as Section 1 on the route plan.

4.4 Elsewhere on the A660 corridor, using the data described in Section 3, a number of key locations are currently being examined further prior to bringing forward outline proposals for further discussion and consultation.
Hyde Park Corner area (Section 2)

4.5 This site and the adjacent Rampart Road junction are both identified in the Council's road injury sites for concern. At Hyde Park Corner there are long standing issues concerning the adequacy of the existing pedestrian facilities and also the present layout is not best suited to the movement of traffic with a number of conflicting turning movements. At the same time the traffic signal installation is dated and does not provide for the most efficient priority to be given to public transport movements. In terms of Rampart Road there are particular issues relating to the turning movements onto and off the A660 which could be addressed by the introduction of traffic signals integrated with improvements at Hyde Park Corner and the proposals for the Clarendon Road junction.

Hyde Park Corner to Headingley Centre (Section 3)

4.6 As identified earlier, in the outbound direction this location is a major source of delay to bus services. Taking a typically peak hour outbound flow of 1200 passengers, these extra peak delays with a cumulative cost to passengers of around 200 hours in travel time and in this context there is a compelling economic case for action, aside from the real benefits that could accrue to passengers. It is likely that the most effective measure would be the provision of an outbound bus lane which has been investigated. Such a proposal would have implications for the present cycle lane provision which would require to be modified and further advice is being taken on this matter.

Headingley Centre and Otley Road (Section 4)

4.7 A study is being undertaken to assess what steps can be taken to improve conditions in Headingley Centre in particular in terms of the bus queuing and stopping arrangements. Similarly the section of route between Shaw Lane and the Ring Road is being examined, including the junctions with Weetwood

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Lane and Church Wood Avenue. This work will form the basis for developing and consulting on possible solutions during 2009.

A6120 Ring Road junction (Section 5)

- 4.8 This location has been identified as requiring improvements as part of the NGT with particular issues relating to the need for improved public transport priorities, together with formal provision for pedestrians and cyclists across all legs of the junction. In this regard an outline bid for resources to be allocated from the Regional Funding Allocation has been submitted to the Regional Transport Board for the improvement of key junctions along the A6120 route including the A660. Subject to the development of detailed proposals and the approval of the Department for Transport this scheme could begin on site in 2014.

A660 North of the A6120 (Section 6)

- 4.9 Whilst the NGT scheme will include proposals for a park and ride site at Bodington and the associated priority facilities, at the present time the Council does not have sufficient resources from its core LTP funding to bring forward a scheme of this magnitude without specific major scheme funding. Therefore, work is being undertaken with the NGT project team to evaluate the options for bringing forward this scheme earlier. Any further decisions on this element of the scheme will need to await the decisions of the Regional Transport Board concerning the bid for Phase 2 of the NGT scheme.

5.0 Implications for Council Policy and Governance

5.1 Compliance with Council Policies

- 5.1.1 Environmental Policy: The proposals contained within this report are in accordance with the aims of the Policy in that the improvement works will reduce the number and severity of accidents thereby creating a safer local environment and will help encourage the use of public transport.
- 5.1.2 Mobility: The provision of dropped crossings and pedestrian facilities will provide a positive aid to all pedestrians and ease pedestrian movement across the A660 Woodhouse Lane and Clarendon Road.
- 5.1.3 Local Transport Plan (LTP): The proposals contained in this report are in accordance with Primary Objectives of the Local Transport Plan: to improve safety, security and health in particular to reduce the number and severity of accidents thereby creating a safe environment, making public transport more accessible for the public, improve the highway network and provide facilities for each road user

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5.1.4 Ethnic minorities, women and disabled people: This report has no implication for ethnic minorities or women.

5.2 Legal and Resource Implications

5.2.1 Funding: With the exception of the scheme at the Ring Road roundabout (which is the subject of a major scheme bid) it is anticipated that the potential capital costs of any measures agreed will be met from the Council's Local Transport Plan funding

5.2.2 Staffing: There are no additional staffing implications arising from these proposals.

6.0 Consultation

6.1 Ward Members have been consulted on the proposals for Clarendon Road and have supported the outline proposals. Members of the Area Committee have requested further discussion of these proposals especially with regard to the proposed bus measures and the proposals were presented to the Area Committee's transport sub group at its 11th November meeting. Funding for the final proposals will require a further approval once detailed consultation and design has been completed.

6.2 NGT Project Team: The preliminary scheme proposals have been fully considered with the NGT Project Team in order to ensure that any proposals implemented at this time would not be detrimental to future NGT proposals.

6.3 The development of the corridor generally is at very early stage with further detailed consultation planned with Ward Members, Area Management, Metro and the bus operators on the various elements set out in this report.

6.4 Residents, businesses and stakeholders: As the various proposals are developed, comments from local stakeholders and residents associations will be accepted and taken into account in the finalisation of any proposals and formal reporting of the proposals.

7.0 Conclusions

7.1 The initial assessment of the traffic and transport issues on the A660 indicates that a case exists for the early investment in the infrastructure of the route to provide improvements in the interim period before the introduction of the proposed NGT scheme. As a result of this work early improvements to the junction with Clarendon Road are being developed and consulted upon.

Appendix 2

8.0 Recommendations

8.1 Members are requested to note and comment on the content of this report.

9 Background information

9.1 There are no background papers supporting this report.

Appendix 3

EXTRACT FROM THE MINUTES OF THE NORTH WEST (INNER)AREA COMMITTEE OF 18TH DECEMBER 2008

A660 TRANSPORT CORRIDOR ISSUES

- a) That the contents of the report and appendices be noted.
- b) That in respect of the Design and Cost Report dated 24th November 2008 submitted by the Chief Highways Officer and Director of Resources for the detailed design and public consultation on the A660 Woodhouse Lane/Clarendon Road, Woodhouse Proposed Inbound Bus/Cycle Lane and Junction Improvement Measures, this report be referred to the Scrutiny Board (City Development) for discussion, together with addressing the rationale behind a decision by officers to cancel the Scrutiny Board (Central and Corporate) Call-In meeting on 22nd December 2008 to consider the officer delegated decision on this scheme from the Director of Resources.
- c) That in respect of the former officer delegated decision of the Chief Highways Officer in relation to the A660 Woodhouse Lane/Clarendon Road, Woodhouse Proposed Inbound Bus/Cycle Lane and Junction Improvement Measures, this Committee requests that this decision be withdrawn by the Chief Highways Officer.
- d) That this Committee unanimously opposes the first phase of the design proposals of works to be undertaken along the A660 corridor and requests the Chief Highways Officer to cancel this scheme.
- e) That this Committee supports the principle of improvements to the A660 corridor within the North West Inner area and requests full consultation to be undertaken on the proposals.
- f) That this Committee supports the proposal for a Inner North West Transport Strategy being developed, with specific reference to parking provision, cycle and bus use to reduce unnecessary car journeys along the A660 and that this issue be debated at the Transport Sub Group.

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Originator: S Wynne

Tel: 39 50440

Report of the Director of Environment and Neighbourhoods

Executive Board 13 May 2009

Response to the City and Regional Partnerships Inquiry into the Inquiry into the role of the voluntary, community and faith sectors (VCFS) in council led community engagement

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In
(Details contained in the report)

EXECUTIVE SUMMARY

1. This report provides the Executive Board with details of the recommendations from the recent City and Regional Partnerships Scrutiny Board into the role of the voluntary, community and faith sectors (VCFS) in council led community engagement and details how the Director proposes to respond to these recommendations. The report asks the Board to approve the proposed response.

RECOMMENDATIONS

2. Executive Board are recommended to:

Approve the proposed responses to the Scrutiny Board's recommendations.

1.0 Purpose Of This Report

- 1.1 This report provides the Executive Board with details of the recommendations from the recent City and Regional Partnerships Scrutiny Board inquiry into the role of the voluntary, community and faith sectors (VCFS) in council led community engagement and details how the Director proposes to respond to these recommendations. The report asks the Board to approve the proposed response.

2.0 Background Information

- 2.1 From September 2008 to February 2009, the City and Regional Partnerships Scrutiny Board conducted an inquiry into the role of the VCFS in council led community engagement activity.
- 2.1 The inquiry had a broad remit and looked at barriers to the involvement of VCFS organisations in community engagement activity including resources available to the sector and how these might be addressed. The final scrutiny report, containing full details is attached at appendix 1.
- 2.2 The report makes 8 recommendations for action. The Director of Environment and Neighbourhoods has accepted these recommendations and actions are underway or planned to address with involvement from the sector through the VCFS Partnership Group established under the Narrowing the Gap Board of the Leeds Initiative.

3.0 Main Issues

- 3.1 The Scrutiny Board's 8 recommendations are listed below along with a response from the Director of Environment and Neighbourhoods.

3.2 Recommendation 1:

That the Director of Environment and Neighbourhoods co-ordinates work across the Council to undertake a Compact for Leeds awareness and compliance self assessment. This will enable the Board to assess the extent to which Council services engage with and recognise the value of VCFS in developing and improving their plans and policies in order to deliver a customer based service.

The Director of Environment and Neighbourhoods has identified an officer in the Regeneration Service to undertake an awareness raising exercise and compliance audit of Council Services. The outcomes of the audit and recommendations for action will be reported to Scrutiny Board. The timetable for this work is linked to recommendations 4 a and 4b.

3.3 Recommendation 2:

That through the VCFS Partnership Group the Director of Resources and the Director of Environment and Neighbourhoods:-

- (a) reviews the period of funding attached to grant awards to VCFS organisations with a view to phasing in 3 – 5 year awards from April 2010 for appropriate schemes.*
- (b) identifies and provides appropriate support to enable VCFS organisations to develop planned exit strategies to better manage expiry of funding awards*

- (c) *strengthens leadership and collaborative arrangements within the Council and in the VCFS to minimise the potential for the duplication of commissioned activity in order to maximise the effectiveness and efficiency of the services being provided by April 2010*
- a) The Resources Sub-group of the Partnership will work with representatives of Council Services to review grant funding periods to VCFS organisations. This work will focus initially on mainstream grant funded activity that is wholly within the Council's control and identify where change, if any, may be required. The work will also document which external grant funding bodies do and do not provide funding beyond 1 financial year. The findings of the review and any recommendations for change will be reported to Scrutiny Board by end of June 2009.
- b) A guidance and advice booklet will be published on developing forward strategies and the closure of schemes will be produced by end of May 2009. This will identify named contact officers within services that can offer further information and advice where funding is due to come to an end.
- c) The VCFS Partnership Group received a report at its last meeting on the VCFS proposals for Third Sector Together. This is a proposal to strengthen leadership and the coherence of the sector and support greater collaboration and co-operation across and within the sector. Commissioning opportunities and improved access to these feature strongly in this proposal. Officers have broadly welcomed this proposal and the Regeneration Service is supporting work on commissioning through funding the Supporting Commissioning Links project led by Leeds Voice and re'new. The project aims to develop more coherent relationships and information flows between the Council and the VCFS about commissioning opportunities and guidance and training to access these. This requires Council services to work collaboratively with the aim of minimising the opportunity for duplication and improving efficiency and supporting the sector to improve the effectiveness of commissioned activity. The Resources Sub-group, which includes representation from Council Services, will oversee the delivery of the Supporting Commissioning Links project and will agree a timetable for reporting on the project outputs at its meeting on 2 April 2009.

3.4 Recommendation 3:

That through the VCFS Partnership Group the Director of Environment and Neighbourhoods identifies

- (a) *what further improvements could be made to simplify the current procedures and processes (including funding) and how the Council in conjunction with the VCF sector could better provide quality support including training and advice to local voluntary organisations.*
- (b) *the impacts of current commissioning strategies on smaller organisations and identifies what safeguards could be developed to prevent losing the valuable services of these smaller organisations that provide a valuable service to the local community.*
- (c) *the opportunities to develop federated or collaborative working across VCFS infrastructure organisations to extend support to a wider range of organisations within the sector and benefit both their organisation and their service user and maximise the impact of public and other resources.*
- (d) *the opportunities to develop targeted information and support to community organisations to support their development and enable them to address local issues.*

- a) The Resources Sub-group of the VCFS Partnership Group will offer guidance and advice to services and partners on ensuring that processes and procedures are proportionate to the level of funding and risk in line with the Council's VCFS Grant Funding Framework. The Resources Sub-group oversees the delivery of the Supporting Commissioning Links project. This is a partnership with the voluntary sector, led by the Regeneration Service working with Leeds Voice and re'new to facilitate and support the sector to access commissioning opportunities. It will include the provision of guidance, advice and training to VFSC organisations. A timetable for the completion of this work will be agreed at the Resources Sub-group meeting on 2 April 2009
- b) Information on commissioning strategies of key services and the current and previous providers will collated by the Resources Sub-group of the VCFS Partnership to assess the impact on smaller organisations and their ability to access resources through these commissioning strategies. This will identify the current weaknesses in the approach. A timetable for the completion of this work will be agreed at the Resources Sub-group meeting on 2 April 2009.
- c) Collaborative activity to support a wide range of VCFS organisations takes place through the Leeds Infrastructure Consortium, a group made up of the key VCFS infrastructure organisations in the City. Through the Partnership, Leeds Infrastructure Consortium will be asked to consider its current work programme and potential future opportunities to extend support to a wider range of organisations. A timetable for completing this work will need to be agreed with Leeds Infrastructure Consortium.
- d) The VCFS Partnership Group will establish a Community Engagement Sub-group in April. It is proposed that the group will include in its work programme action to collate information on the current levels of information and support offered to community organisations, identify gaps in provision and recommend actions to address these within available resources. A timetable for completing this work will need to be agreed with partners once the group is established.

3.5 Recommendation 4:

That through the VCFS Partnership Group the Director of Environment and Neighbourhoods:-

- (a) *encourages all signatory partner organisations to undertake a self assessment to monitor awareness and compliance with the "Compact" Codes of Conduct and that this be monitored by the Council from January 2010.*
 - (b) *reviews the effectiveness of the "Compact" Codes of Practice in 2009/2010 in the light of changes in the environment and infrastructure, and that the outcome be reported to this Scrutiny Board.*
- a) The Compact for Leeds will be a key element of the work programme of the VCFS Partnership and its sub-groups. This will enable partner organisations to better understand the benefits of the Compact and contribute to its review and development. Partner organisations will be provided with advice, guidance and support to undertake a compliance self assessment and identify areas for further action. A timetable for undertaking this work will need to be agreed with partners at the next meeting of the VCFS Partnership on 16 April 2009.

- b) The VCFS Partnership, its sub-groups and a designated officer in the Regeneration Service will support the work of the Compact Implementation Group led by Leeds Voice to review the Compact Codes of Practice to ensure that they remain fit for purpose. Discussion will take place with the Director of Leeds Voice to agree a detailed work programme and timetable for completing this.

3.6 Recommendation 5:

That the Director of Environment and Neighbourhoods identifies opportunities and initiatives that will further improve and enhance links with local VCFS organisations to support the delivery of the Area Committee's work in localities and that they be reported to this Scrutiny Board.

An officer within the Regeneration Service will be identified to work with the Area Managers to identify existing links and the potential to enhance these to support the delivery of the Area Committee's Area Delivery Plans. These include the VCFS brokering community engagement and influencing service delivery at the local level; undertaking commissioned community engagement activity; and contributing to Area Delivery Plan priorities and outcomes. This work will be completed by the end of June 2009.

3.7 Recommendation 6:

That the Director of Environment and Neighbourhoods supports the VCFS Partnership Group to map the available resource and expertise within the sector to improve the targeting and engagement of "hard to reach" groups.

The VCFS Partnership Group will establish a Community Engagement Sub-group in April. It is proposed that the group will include in its work programme action to map the available resource and expertise within the sector to improve the targeting and engagement of "hard to reach" groups. The sector offers a means for improving the targeting of engagement and extending its reach and the outcomes of this work will be reported to the Corporate Consultation Manager and disseminated to the relevant services. A timetable for completing this work will need to be agreed with partners once the group is established.

3.8 Recommendation 7

- (a) *That the Head of Scrutiny and Member Development arranges a seminar in 2009/2010 for members on the aims, benefits and use of Talking Point.*
- (b) *That the Assistant Chief Executive (Planning, Policy and Improvement) considers how best to promote this service amongst officers and the wider community.*
- a) A number of presentations have been made to elected members since the Corporate Consultation Manager submitted evidence to Scrutiny Board. The Corporate Consultation Manager is working with Member Development officers to arrange briefings to all political groups by early summer 2009.
- b) Further work is now taking place with partner organisations through the LAA Strategy Group and further developments of Talking Point will be communicated to elected members. The Corporate Consultation Manager and communications colleagues are delivering communications to all internal and external Talking Point stakeholders, including via the new A to Z of Services delivered with Council Tax

booklets. Discussion is continuing with partners (PCT, ALMOs) about future sharing of Talking Point.

3.9 Recommendation 8

That the Director of Environment and Neighbourhoods develops a time-tabled action plan to implement any changes identified in 2009/10 and submit these to Scrutiny Board for consideration

A number of the recommendations require the active involvement of a wide range of Council Services, partner organisations and the VCFS. The work programme flowing from the recommendations will be subject to discussion and agreement with partners through the next cycle of meetings. A work programme will then be drawn up detailing actions to be taken by a designated lead against a timetable and submitted to Scrutiny Board.

4.0 Implications For Council Policy And Governance

4.1 There are no immediate implications for Council Policy and Governance arising from these recommendations.

5.0 Legal And Resource Implications

5.1 There are no immediate resource implications arising from the planned action to respond to the recommendations.

6.0 Conclusions

6.1 The City and Regional Partnerships Scrutiny Board's Inquiry into issues around the VCFS involvement in Council led community engagement activity has highlighted the need for a consistent and coherent approach to VCFS issues from services across the Council and from partner organisations. The recommendations made by the Scrutiny Board will help to strengthen practice in this regard and enable the Scrutiny Board to monitor progress in this area. The actions proposed in response to these recommendations will be taken forward with involvement from VCFS organisations to ensure that both the needs of the Council and the sector are being met.

7.0 Recommendations

7.1 Executive Board are recommended to:

Approve the proposed responses to the Scrutiny Board's recommendations

8.0 Background Papers

There are no specific background papers relating to this report.



**Inquiry into the Role of the
Voluntary, Community and
Faith Sector (VCFS)
in Council Led Community
Engagement**

Scrutiny Inquiry Report

Introduction and Scope



Introduction

1. In developing our work programme for 2008/2009 we recognised the important role that the Voluntary, Community and Faith Sector (VCFS) has to play in Council led community engagement and agreed to undertake an inquiry on this issue.
2. We wanted to explore the context of, and the drivers for, an inquiry on this issue which we recognised as being complex.
3. We knew that the recently published Empowerment White Paper, 'Communities in Control: Real People, Real Power' sets out new expectations and opportunities for Local Government. These include:
 - extending the duty to involve partner organisations
 - streamlining consultation and engagement with partners
 - supporting and promoting volunteering opportunities
 - improving access to information to support involvement
 - creating opportunities to influence – e.g. participatory budgeting, establishing neighbourhood, community or village councils
 - incentives to encourage voting
 - accountability through scrutiny and public hearings
4. In addition in 2009 the Comprehensive Area Assessment (CAA) will replace the current Corporate Performance Assessment for measuring local authority performance and standards. The new CAA includes clear and significant focus on community engagement and specifically the equality aspects of engagement. Current guidance for the new CAA indicates inspectors will explore and expect to see 'how well councils engage with, involve and empower local people including through the use of the third sector'.
5. Moreover, the Leeds Strategic Plan 2008 - 2011 which incorporates the Local Area Agreement includes improvement priorities and targets linked to engagement and empowerment. (see Appendix 1 attached). These measures recognise the important role and contribution that the VCFS plays in the life of the city and its residents. The indicators drawn from the national indicator set are to be measured by the Place Survey. The first survey to provide a baseline from which progress would be measured was carried out in the Autumn of 2008.
6. As Members of Council we all have our own experiences of voluntary, community and faith sector participation and views about its strengths and weaknesses and the potential for improvement. Pressure to engage with the VCFS is

Introduction and Scope



coming from a variety of sources including the fact that:

◇ There is a Central Government agenda promoting greater levels of engagement including the White Paper referred to in paragraph 3.

◇ The Leeds Strategic Plan 2008-2011 includes an improvement priority and a national indicator on increasing the number of people who feel they can influence decisions in their locality (see Appendix 1).

◇ The Council has legal obligations that it must meet in respect of equality legislation.

◇ The Council is required to evidence appropriate arrangements for engaging with all communities.

◇ The Council is a signatory to the Compact for Leeds, where community participation and equal partnerships are key areas of focus.

7. In addition we are aware that Area Committees are about to significantly strengthen their community engagement responsibilities, including a brief to agree Area Community Engagement Plans with the goal of delivering better outcomes from local services.
8. Other partners and partnerships across Leeds have their own drivers and arrangements for engagement and many of these are also in transition.
9. We know that within the VCFS there are some well established and some newly emerging networks and structures facilitating effective engagement, but as the Council and other partners undergo transition to new structures and systems, so the VCF Sector is required to adapt to meet changing needs as well as respond to changing resourcing opportunities.
10. Finally, the recent wave of migrant workers from other European Countries which Leeds has experienced has highlighted the need to engage with new communities as they move to the City, to enable them to establish themselves and to ensure that services are aware of and can respond to changing demands. In reality we need to identify routes to engage with all of the communities in Leeds for the same reasons. The VCF Sector may have a key role to play in delivering this goal.
11. The drivers and context exemplify the challenges and opportunities of the engagement agenda for Leeds at this time. We consider that the scrutiny focus is timely and provides an opportunity to draw together a number of issues whilst spotlighting some specific areas of focus.

Introduction and Scope



12. We acknowledge the lead role that the Environment and Neighbourhoods Directorate has for Council lead community engagement with the VCFS and the excellent work that is being carried out and developed in this regard.

13. We recognised whilst developing the terms of reference for this inquiry the importance of looking at specific case studies to help us identify the issues and understand the role of the VCFS. Their experiences would help us to identify what was working and where possible improvements could be made.

14. We are very grateful to everyone who gave their time to participate in this inquiry and for their commitment in helping us to understand and review this matter.

15. We would particularly like to thank the Director of Leeds Voice for her help, support and guidance during our deliberations.

The Scope of this Inquiry

16. In the light of our discussions we agreed terms of reference for this inquiry on 21st July 2008.

17. We agreed that the purpose of the inquiry was to make an assessment of and where appropriate, make recommendations on the following areas:

◇ the opportunities and barriers for engagement that exist for the VCFS and wider community as the Council

and others work towards achieving the LAA targets set for Leeds.

◇ what good practice exists in Leeds and beyond that can be used and developed.

◇ what resources and other support is required by the VCFS in order to play a full role in delivering on the engagement and other targets for Leeds.

◇ the changes that may be necessary in the Council's policy, practice and culture to deliver improved engagement outcomes for Leeds.

Leeds Voice



Voluntary Action – Leeds

the Leeds Initiative

Local partnerships making things happen



Conclusions and Recommendations



18. We wanted to identify what is meant by community engagement and the duties of the Council in this regard. We also wanted to understand the way in which the Voluntary, Community and Faith Sector is now a fundamental part of Council-led community engagement. We have summarised the background and our subsequent findings under the following headings:

- A. Community Engagement and Duties of the Council
- B. Engagement with the VCFS to support strategic developments
- C. Engagement with the VCFS to support service development and implementation
- D. Engagement with the VCFS to support Area based Initiatives
- E. Funding to VCFS
- F. Key Issues Identified with Representatives from VCFS

A. Community Engagement and Duties of the Council

19. Community engagement was described to us as an umbrella term that includes consultation, involvement, community capacity building and similar activities designed to enhance citizens' roles in local decision making. Community engagement must include people with disabilities, with different ethnic, cultural, faith or religious heritages, all genders, ages and sexualities.

20. Community engagement is essential to improving services, shaping the future of the city and the quality of life of its residents. It helps to unite local people and communities,

builds citizenship and community pride. It helps the council and its partners understand what communities want from our services.

21. We were informed that the Council's Community Engagement Policy and Toolkit was approved by Executive Board in December 2006. The policy sets out the Council's strategic approach to engagement and consultation which consists of four key components:

- a corporate Community Engagement Policy
- a corporate Community Engagement Toolkit
- a council-wide community engagement networking group
- an on-line consultation portal and information database

22. These components are all linked and complement one another and form an overall approach towards joined up community engagement. The full document was made available to us.

23. We learned that the Council aims to achieve Level 4 of the Equality Standard for Local Government by March 2009.

24. We understand that the Equality Standard is an evidence based assessment framework setting out expectations and benchmarks under a number of key headings: Leadership, Impact Assessments,

Conclusions and Recommendations



Monitoring, Consultation,
Employment and Procurement.

25. The Standard overlaps with and sets challenges for the engagement agenda. The Council will need to demonstrate that it is monitoring and can evidence who it engages with, to ensure that all appropriate stakeholder communities are involved. Equality is a key element of the new CAA framework. The inspection will consider how well public services know, and are meeting, the needs of the diverse groups within communities; and focus on whether groups and individuals that are vulnerable to discrimination and prejudice receive equitable outcomes. The standard will change to the Equality Framework from April 2009.

26. We were advised that the Council's Equality Team is developing an Equality Assembly with Equality Hubs. This work is still in development but it will provide opportunities to engage with representatives from all equality strands at all levels across the city. This will not always be the most appropriate engagement route in all cases and other ways of engaging with diverse and minority communities may need to be explored in specific geographical and thematic areas. We acknowledge that using voluntary, community and faith organisations as facilitators and routes to some communities may be appropriate but will need encouraging and supporting where services have no experience or links.

27. Relationships between the Council and VCFS are embodied in the Compact for Leeds. Launched in 2003, this document is a voluntary agreement to improve relations between public and voluntary, community and faith sector partners in Leeds. It sets out a framework to facilitate better working and is built around the four key principles of:

- Promoting equal partnerships
- Encouraging effective use of resources
- Recognising and valuing volunteering and community activity
- Improving the quality of communication, consultation and information exchange

28. The Council actively supports work with the sector to review and update the codes of conduct contained within the agreement.

29. Within the VCF Sector in Leeds we were surprised to learn that there are over 3,000 organisations and a large number of these support and facilitate community engagement both formally and informally. A number of organisations provide a representative role at a city-wide level engaging in work to support the development of city-wide plans and policies, whilst others have a specific service, community of interest or neighbourhood focus.

Conclusions and Recommendations



B. Engagement with the VCFS to Support Strategic Developments

30. We were advised that the Local Government and Public Involvement in Health Act sets out a stronger role for local government in leading its communities and bringing services together to address challenges working closely with their partners.
31. We acknowledged that the VCFS is a key partner in this 'place shaping' role helping the Council to answer the question 'what are the biggest challenges facing the city and what are we going to do about them?'
32. The VCFS represents the views of service users and residents throughout the city in local forums and bodies at strategic and key decision making levels in the city. Over 100 VCF Sector representatives participate in the partnership and strategy groups of the Leeds Initiative, the city's local strategic partnership. The development of the Sustainable Community Strategy, the Vision for Leeds, and Leeds Strategic Plan 2008-11 including the development of the Local Area Agreement (LAA) could not have been achieved without a robust VCFS framework that speaks for and represents citizens and service users.
33. We know that the partnerships, both with and within the sector, have been strengthened through the work to develop the current LAA supported by Leeds Voice. The process enabled the VCFS to engage equally and consistently in the design process resulting in the identification of the sector's key contributions for each of the new priorities and indicators.
34. We were informed that the Narrowing the Gap Board of the Leeds Initiative has recognized the importance to the city of maintaining a vibrant and thriving VCFS and has recently established a new partnership group to support the sector, the VCFS Partnership Group. The group will be a vehicle for developing and securing a consensus approach to policies, strategies and action which will enable the VCF sector to contribute to the delivery of the Leeds Strategic Plan 2008 -11.
35. The Group will have a focus on the service improvement priorities of community engagement, active citizenship and a thriving VCF Sector.
36. We referred to this during our discussions with representatives from the VCFS including Leeds Voice and thought it useful to attach to our report the terms of reference and the outline work programme for this Strategy Group as Appendix 1.

Conclusions and Recommendations



C. Engagement with the VCFS to Support Service Development and Implementation

37. There is considerable engagement activity led by Council services taking place on a daily basis. Engagement can be with individual citizens or with and through voluntary, community and faith sector groups to extend the reach and effectiveness of this activity. It would not be possible to detail all the engagement activity involving the VCFS, therefore a sample of these activities has been provided at Appendix 2 using examples provided by Children's Services and Adult Social Services.

38. Children's Services has worked with VCFS organisations to develop more creative ways in which to engage with children and young people from different backgrounds and communities across the city. The examples provided by Adult Social Services demonstrate engagement activity from consultation with service users, involvement in strategy and service development and redesign, through to involvement in decision-making to commission services.

D. Engagement with the VCFS to Support Area Based Initiatives

39. There are a range of engagement activities described in Appendix 3 that have been employed to support the work of the Area Committees in South Leeds. These provide an indication of the VCFS involvement

in area-based community engagement activities. These include the VCFS brokering community engagement and influencing service delivery at the local level; undertaking commissioned community engagement activity; and contributing to Area Delivery Plan priorities and outcomes.

40. The review of Area Working considered by Executive Board in July 2008 set out the need for Area Community Engagement Plans that will set out the planned engagement activity for an area. This will include the production of a community profile; a calendar of planned communication and engagement activity; and an annual report. This annual report will provide the Area Committees with an overview of the engagement activity along with key outcomes delivered in their wards over the last year and the forward plan for the year ahead. This planned approach provides an opportunity to consider and plan for the involvement of VCFS organizations in the delivery of this activity.

E. Funding to VCFS

41. We received details of the total payments made by the Council to the VCFS in 2007/2008 amounting to £114m.

42. We were provided with detailed audited accounts for this period showing grants and other financial

Conclusions and Recommendations



assistance provided to the VCFS in Leeds in 2007/2008.

43. A summary of this information is set out in Appendix 4 attached.

F. Key Issues Identified with Representatives from VCFS

44. We heard from and met with representatives from Leeds Voice, St Luke's Cares and South Leeds Health for All.
45. Members of our working group visited SLATE (South Leeds Alternative Trading Enterprise), Hope of Africa, the Guru Nanak Nishkam Sewak Jatha temple and St Luke's Cares Smoothie Bar.
46. We recognised the valuable work being done and the potential opportunities and challenges of working with the VCFS organisations to enhance community engagement.
47. We identified from our discussions with the VCFS a number of common issues and concerns.
48. We applaud the fact that the Council has established a range of policies and procedures that require the Council to engage with the VCF Sector including:
- ◇ Community Engagement Policy (see paragraph 21)
 - ◇ Community Engagement Toolkit (see paragraph 21)
 - ◇ Aspiring to achieve Level 4 of the Equality Standard for Local Government (see paragraph 24)

- ◇ Developed the VCFS Partnership Group (see paragraph 34)
- ◇ Established a community engagement sub-group of the above which includes representatives of Leeds Voice, Leeds City Council and VCFS organisations.
- ◇ Is a signatory to the Compact for Leeds (see paragraph 27)

49. We were concerned that whilst some Council services are already fully engaged and have recognised the value of involving VCFS at an initial or early stage in reviewing services (example Children's Services Commissioning Board), there are other areas, where the VCFS perceive that they have not been involved, or where the degree of involvement and communication were minimal. Whilst we recognise that there may be good reason for this we thought it appropriate for a review to be undertaken.

Recommendation 1:

That the Director of Environment and Neighbourhoods co-ordinates work across the Council to undertake a Compact for Leeds awareness and compliance self assessment. This will enable the Board to assess the extent to which Council services engage with and recognise the value of VCFS in developing and improving their plans and policies in order to deliver a customer based service.

50. We were repeatedly told during our

Conclusions and Recommendations



discussions with the VCFS of the significant funding pressures they are suffering as a consequence of the end of the Single Regeneration Budget and the Neighbourhood Renewal Fund and the budget constraints being faced by the Council. Funding has been withdrawn from many organisations including the Sikh Temple as new commissioning requirements are established. We acknowledged that VCFS schemes are highly vulnerable to financial variations. Sustainability of VCFS organisations and projects are essential if they are to be successful.

51. We noted from the funding and grant arrangements summarised in Appendix 4 that many schemes are only funded for a 12 month period which prevents or reduces incentives to develop medium and long term strategies and initiatives. By the time a project is established and staff recruited and trained, in reality there are only six months useful output from a project.

52. It was stressed to us by the VCFS that there has been a marked move in recent years away from a 'grants culture' to a service commissioning and outcomes-based system, with local VCFS organisations recognised and acknowledged as vital partners in a wide range of complex and comprehensive service provision, including the planning and implementation of those services demands stability of funding.

53. We feel that if the Council is genuine about ensuring that the VCFS is business ready for commissioning activities then it

must try and offer greater financial stability by guaranteeing funding for longer periods.

54. It is clear from what we were told by representatives from the VCF Sector that there also needs to be more work undertaken to ensure that project sponsors are supported to develop planned exit strategies and that this should be introduced at an early stage in circumstances where the Council decides to cease funding a particular project to avoid lack of continuity of service, uncertainty for the organisation and project concerned and the potential for bad publicity for the Council when funding ceases.

55. We believe that there is strong leadership within the sector which is supported by the Council and that there is greater co-ordination and collaboration amongst all parties concerned. However, the size, diversity and complexity of the VCFS in Leeds means that sometimes it is difficult for service managers to identify which groups are best placed to support and deliver engagement activity. The potential exists to improve and further strengthen leadership and collaborative arrangements within the sector to improve the service offered to the Council and its partners and for Council service managers to use the skills and knowledge of the sector to greater effect.

56. We were concerned that because of the complexity of this matter

Conclusions and Recommendations



there was likely to be an element of overlap in services provided by VCFS, if not direct duplication. Some organisations may be competing against one another as a result. Clearly competition can be healthy or destructive but we have not been able from the small sample of VCFS organisations we met to take an informed view on this except to say that further research should be undertaken to support improvements in this area.

establish whether the Council provides a consistent and coherent approach to engaging with the VCF Sector and whether resourcing and monitoring of contracts / funding agreements are effectively communicated and that resourcing opportunities are disseminated properly, fairly and easily understood. The response from the VCF Sector on this complex issue was as expected mixed.

Recommendation 2:

That through the VCFS Partnership Group the Director of Resources and the Director of Environment and Neighbourhoods

(a) reviews the period of funding attached to grant awards to VCFS organisations with a view to phasing in 3 – 5 year awards from April 2010 for appropriate schemes.

(b) identifies and provides appropriate support to enable VCFS organisations to develop planned exit strategies to better manage expiry of funding awards

(c) strengthens leadership and collaborative arrangements within the Council and in the VCFS to minimise the potential for the duplication of commissioned activity in order to maximise the effectiveness and efficiency of the services being provided by April 2010.

58. We were informed that advice is available through the Council's and Leeds Initiative's websites on funding and commissioning issues.

59. However, it was generally felt by representatives from the VCFS and accepted by Council officers that more could be done to simplify the funding process and provide better quality advice and support to local VCFS organisations.

60. We were concerned that some smaller organisations would not have the capacity to compete under the commissioning process. We were advised by officers that the level of information required from organisations would be appropriate for the level of funding and risk involved.

61. We noted how some VCFS organisations are working together as a federation of voluntary organisations as in Hull which has brought economic advantages and empowerment.

62. We know that the VCF Sector has been responding to a number of

57. In our discussions we wanted to

Conclusions and Recommendations



changes in the external environment. This includes the ending of a number of external discretionary grant programmes; a shift in the funding priorities of other programmes; and public sector partners moving to a commissioning approach which can require a changed approach from those seeking resources. The Council and its partners are also subject to changing central government expectations and periodically review and revise their priorities and arrangements to deliver on these. This can create both challenges in terms of managing change but also new opportunities for agencies to work together. To enable the meaningful involvement of the VCFS in delivering community engagement during such periods of change, we feel that greater emphasis and priority should be placed on providing quality training and support to the VCF Sector.

63. We were concerned to ensure that information and support is provided to grass roots community groups. They can provide a real opportunity for communities to come together to meet their local neighbourhood needs and for a different range of voices to be heard. These groups are often dependent on voluntary activity and the leadership abilities and efforts of a small number or single key individual within the community and for this reason can face difficulties in sustaining activity over the longer term. We also recognised that the strength and importance of community groups is not in delivering services to their communities but in articulating effective and coherent responses to change and opportunity so that each locality continues to thrive (rather than recoil as events appear to threaten and even overwhelm them). This contrasts

with voluntary organisations which tend to be agencies tooled up to deal with particular areas of interest and need.

Recommendation 3:

That through the VCFS Partnership Group the Director of Environment and Neighbourhoods identifies

(a) what further improvements could be made to simplify the current procedures and processes (including funding) and how the Council in conjunction with the VCF sector could better provide quality support including training and advice to local voluntary organisations.

(b) the impacts of current commissioning strategies on smaller organisations and identifies what safeguards could be developed to prevent losing the valuable services of these smaller organisations that provide a valuable service to the local community.

(c) the opportunities to develop federated or collaborative working across VCFS infrastructure organisations to extend support to a wider range of organisations within the sector and benefit both their organisation and their service user and maximise the impact of public and other resources.

(d) the opportunities to develop targeted information and support to community organisations to support their development and enable them to address local issues.

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64. We referred to the “Compact for Leeds” during our discussions with the VCFS.
65. This "Compact" is an agreement between the Voluntary, Community and Faith Sector and the public sector to improve their relationship for mutual advantage. The Compact for Leeds, was launched by the Leeds Initiative in September 2003, and was the starting point for transforming the relationships between the statutory and voluntary sectors. This work has been driven forward by the Compact Implementation Group. It has provided a useful framework document to outline the respective roles of the Council and the VCFS and the expectations of each relative to the other. It has been a very effective tool to support and improve the relationship between the Council and the VCFS.
66. A view was expressed by the VCFS that the “Compact” could be used by all partner organisations to undertake self-assessment awareness and compliance with the Compact Codes of Conduct.
67. We were advised that the Compact Codes needed to be reviewed in the light of changes made to the structure and operation of VCFS.

Recommendation 4:

That through the VCFS Partnership Group the Director of Environment and Neighbourhoods

(a) encourages all signatory partner organisations to undertake a self assessment to monitor awareness and compliance with the “Compact” Codes of Conduct and that this be monitored by the Council from January 2010.

(b) reviews the effectiveness of the “Compact” Codes of Practice in 2009/2010 in the light of changes in the environment and infrastructure, and that the outcome be reported to this Scrutiny Board.

68. Working with the VCF Sector to promote and deliver engagement activity is well established in Leeds and the sector has a real role to play. Arrangements are in place that involve the VCFS at a city-wide level with representation through Leeds Voice on the Leeds Initiative, the local strategic partnership; at a service level there is a wide range of partnerships with service specific expertise; and at a locality level, each of the area committees have varying mechanisms for engaging with the sector to reflect the needs of their communities and the skills of the local VCFS groups.

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69. We are aware that Area Committees are about to significantly strengthen their community engagement responsibilities, including a brief to agree Area Community Engagement Plans with the goal of delivering better outcomes from local services.

70. The role which Area Committees could play in improving and enhancing links with local VCFS organisations by promoting initiatives such as the Extended Schools programme for example, is one that the VCF Sector wants to develop. We feel this should be encouraged.

Recommendation 5:

That the Director of Environment and Neighbourhoods identifies opportunities and initiatives that will further improve and enhance links with local VCFS organisations to support the delivery of the Area Committee's work in localities and that they be reported to this Scrutiny Board.

71. We acknowledged that a key benefit of working with the VCFS to improve and enhance community consultation and engagement is that VCFS groups are generally community based and have direct contact with large numbers of local people, some of which focus on those groups who can be 'hard to reach'. The sector can offer a means for improving the targeting of engagement and extending its reach. However, we understand that further work is required in some thematic and

geographical areas to map the available resource and expertise to maximize its potential impact.

Recommendation 6:

That the Director of Environment and Neighbourhoods supports the VCFS Partnership Group to map the available resource and expertise within the sector to improve the targeting and engagement of "hard to reach" groups.

72. A number of VCF Sector organisations expressed a view that they thought there was a gap in youth service provision for 8 to 13 year olds and that this should be investigated through consultation with VCFS groups to identify local needs and offer solutions. It was reported that this was a discretionary service and that the Children's Services Scrutiny Board had undertaken an inquiry on this service for 8 to 13 year olds in 2007/08 which had made a number of recommendations. The final report and recommendations was published in May 2008.

73. We noted that Talking Point, the Council's consultation database, is a tool to help teams across the council share information on consultations currently underway, as well as recording the results of past consultations.

74. We feel that Talking Point needs more publicity and promotion

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amongst Council Staff, Elected Members and the wider community.

Recommendation 7:

(a) That the Head of Scrutiny and Member Development arranges a seminar in 2009/2010 for members on the aims, benefits and use of Talking Point.

(b) That the Assistant Chief Executive (Planning, Policy and Improvement) considers how best to promote this service amongst officers and the wider community.

Recommendation 8

That the Director of Environment and Neighbourhoods develops a time-tabled action plan to implement any changes identified in 2009/10 and submit these to Scrutiny Board for consideration.

Monitoring Arrangements



Monitoring arrangements

- Standard arrangements for monitoring the outcome of the Board's recommendations will apply.
- The decision-makers to whom the recommendations are addressed will be asked to submit a formal response to the recommendations, including an action plan and timetable, normally within two months.
- Following this the Scrutiny Board will determine any further detailed monitoring, over and above the standard quarterly monitoring of all scrutiny recommendations.

Evidence



Reports and Publications Submitted

- Minutes of Scrutiny Board (City & Regional Partnerships) meeting held on 21st July 2008
- Terms of Reference for the Board's Inquiry dated 21st July 2008
- Report of the Head of Scrutiny and Member Development with the report of the Chief Regeneration Officer which focused on how the VCFS supports Council engagement activity considered on 25th September 2008
- Minutes of Scrutiny Board (City & Regional Partnerships) meeting held on 25th September 2008
- Fact sheets from South Leeds Health For All and St Luke's Cares circulated to the Board on 23rd October 2008
- Links to the internet circulated to Board Members providing access to additional background documents on
 - ◊ The Ripple Effect : The Economic Contribution of the VCFS in Leeds
 - ◊ A Strategic Review of Voluntary, Community and Faith Sector Representation
 - ◊ The Voluntary, Community and Faith Sector Approach to Reducing Worklessness
 - ◊ Smoothie Bar Business Plan
- Pie chart showing total payments to VCFS 2007/08
- Pie chart providing breakdown by type of funding to VCFS 2007/08
- Headline analysis of VCFS payments 2007/08
- Minutes of Scrutiny Board (City & Regional Partnerships) meeting held on 23rd October 2008
- Notes of VCFS Partnership Group meetings held on 11th December 2008
- Notes of meetings held with the organisations Hope for Africa (16th February 2009) and St Luke's Urban Bar (2nd March 2009)

Evidence



Witnesses Heard

- Sue Wynne, Head of Regeneration Policy & Planning, Environment & Neighbourhoods Directorate
- Keith Lander, Deputy Area Manager, South East Team. Environment & Neighbourhoods Directorate
- Matthew Lund, Corporate Consultation Manager, Chief Executive's Directorate
- Ms Lisa Wright, Director, Leeds Voice
- Ms Louise Megson, Chief Executive, St Luke's Cares
- Ms Judith Hickman, Operations Manager, South Leeds Health for All
- Mr Richard Lancaster, Priority Neighbourhood Worker, South Leeds Health for All

Dates of Scrutiny

- 23rd June 2008 Scrutiny Board (City & Regional Partnerships) Meeting
- 21st July 2008 Scrutiny Board (City & Regional Partnerships) Meeting
- 25th September 2008 Pre Meeting Scrutiny Board (City & Regional Partnerships) Talking Point Presentation
- 25th September 2008 Scrutiny Board (City & Regional Partnerships) Meeting
- 23rd October 2008 Scrutiny Board (City & Regional Partnerships) Meeting
- 11th December 2008 Voluntary, Community & Faith Sector Working Group Visit to the Guru Nanak Nishkam Sewak Jatha (Leeds) Temple and South Leeds Alternative Trading Enterprise (SLATE)
- 16th February 2009 Voluntary, Community & Faith Sector Working Group Visit to the Hope of Africa project
- 2nd March 2009 Voluntary, Community & Faith Sector Working Group St Luke's Smoothie Bar
- 15th January 2009 Scrutiny Board (City & Regional Partnerships) Meeting

Scrutiny Board (City & Regional Partnerships) – Voluntary, Community & Faith Sector
Final Inquiry Report – Published on the 11th March 2009

scrutiny.unit@leeds.gov.uk

Appendix 1



Appendix 1

VCFS Partnership Group

Terms of Reference

1. Role and purpose

The VCFS High Level Partnership Group will be a vehicle for developing and securing a consensus approach to policies, strategies and action which will enable the VCF Sector to contribute to the delivery of the Leeds Strategic Plan 2008-11. The Group will have a focus on the following service improvement priorities: -

Service Improvement Priority	Measure
<ul style="list-style-type: none">• Enable a robust and vibrant voluntary , community and faith sector to facilitate community activity and directly deliver services• An increased number of local people engaged in activities to meet community needs and improve the quality of life for local residents• An increase in the number of people who feel they can influence decisions in their locality	<ul style="list-style-type: none">• NI 7 Environment for a thriving third sector• NI 6 Increased number of people participating in regular volunteering• NI 4 Percentage of people who can feel they can influence decisions in their locality

2. Responsibilities

Developing collaborative approaches to support and work with the VCFS organisations in the City to enable the sector play a full and equal part in the delivery and review of the Leeds Strategic Plan 2008-11

Improving the knowledge and understanding of the VCF Sector and the interface between partner organisations and the sector

Sponsoring debate and discussion with all stakeholders on policy, operational and resourcing issues that impact on the viability of the VCF Sector

Contributing to and influencing the service planning and commissioning frameworks of the Leeds Initiative strategy and partnership groups and partner organisations

To work collaboratively on the development of specific policies, strategies and programmes to enable VCF organisations to contribute to identifying service needs,

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shaping interventions and participating in service delivery and decision-making processes where appropriate

To monitor progress and evaluate the impact of interventions, capture learning and disseminate good practice across service providers and the VCF Sector

Responding on behalf of the Leeds Initiative to central and regional Government for on third sector policy initiatives

3. Frequency of meetings

Meetings will be held bi-monthly. A schedule of meetings for the year will be drawn up and circulated.

4. Membership:-

- Sandie Keene - Director of Adult Social Services (Chair)
- Ian Cameron - Director of Public Health
- Rosemary Archer - Director of Children's Services
- Mark Milsom - Chief Superintendent, West Yorkshire Police
- Richard Norton - VCFS Strategy Group
- Richard Jackson - VCFS Infrastructure Consortium
- Kathy Kudelnitzky - Leeds Initiative
- Lelir Yeung - Head of Equality
- Sue Wynne - Head of Policy & Planning - Regeneration
- Lisa Wright - Director of Leeds Voice
- Jane Stageman - Senior Policy Manager/ Leeds Area Agreement

Responsibilities of individual representatives are:-

- To attend meetings regularly on an agreed basis
- To consult with relevant staff / networks to inform their contribution to meetings
- To report back through the relevant management structures in their respective organisations
- To share information with relevant staff and networks

5. Linkages

The Group will provide oversight and strategic direction to the VCFS Task Group to enable the delivery of its work programme.

The Group will report periodically to the Narrowing the Gap Board on its achievements and forward work programme.

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The Group will engage with partnership and strategy groups of the Leeds Initiative as appropriate and in particular those with responsibility for commissioning services.

The Group will receive information and intelligence reports from the City Council's VCFS Resources Group to inform future strategy to support the delivery of Leeds Strategic Plan Outcomes

6. Work programme priorities

Resourcing

- Establish a shared understanding of commissioning frameworks and approaches employed by partners including the use of terminology relating to contracts, grants and service level agreements.
- Support to increase the capacity of the sector to respond to commissioning opportunities
- Identify new resourcing opportunities to support VCF Sector activity to deliver active citizenship, community empowerment and public services to communities
- Identify opportunities for support other than financial e.g. joint working.
- Compact code of practice - review effectiveness and review in light of changes in environment / infrastructure

Active Citizenship

- Developing a directory of civic participation opportunities, training and support
- Supporting the recruitment and retention of volunteers
- Sustainable asset transfer and delivery of community benefits - development of policy / option appraisal and risk assessment
- Compact code of practice - review effectiveness and requirement to update in light of changes in environment / infrastructure

Community Empowerment

- Map existing key community engagement mechanisms and activities that will contribute to the achievement of NI4
- Identify and disseminate best practice
- Identify new opportunities / challenges to be addressed to contribute to the achievement of NI4
- Identify appropriate shared partnership engagement mechanisms
- Build a shared understanding of residents' perceptions of public service delivery

To be reviewed periodically - 6 monthly intervals minimum.

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VCFS ENGAGEMENT IN SERVICE BASED ACTIVITY

Leeds City Council's Children's Services and Adult Services provide good examples of effective service led engagement, delivered in partnership with the Voluntary, Community and Faith Sector.

Children's Services

Children's Services supports the work of Children Leeds, which has developed the Children and Young People's Participation Strategy 2007 in response to a number of initiatives and policies that require organisations to involve children and young people. They include:

- Every Child Matters and the Children Act 2004
- National Service Framework for Children's and Maternity Services 2004
- Youth Matters 2006.

The aims of the strategy are:

- To provide a framework for all organisations across the Children Leeds partnership to assist them in involving children and young people in the design, delivery and review of the services that affect them
- To provide a mechanism for establishing and embedding good participatory practice in Leeds and
- To set out the range of activities underway in Leeds and the support available.

The Voluntary, Community and Faith Sector play key roles in developing and delivering the strategy and supporting and enabling children and young people to take active roles in developing and delivering strategy and services in Leeds e.g. Leeds Children and Young People's Plan 2006-2009 places a strong emphasis on developing services and strategies *with* children, young people and families. A revised plan for 2009-14 is in development. All partners involved in children's services as well as children and young people themselves, will be involved in shaping the plan.

There is an infrastructure which supports the development and implementation of the CYPPS, it includes:

The Strategic Participation Group, which works alongside services to ensure that they involve children and young people. Membership comprises representatives from various statutory and voluntary organisations.

Leeds Participation Team, which is a forum of practitioners who come together to influence and support the work of the strategic participation group. Many of the members are voluntary sector organisations, including:

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- BARCA
 - The Cupboard
 - The Project
 - Getaway Girls
 - The Market Place
 - Youth on Health
 - Youth Point
 - Young Sexual Health Action Group
 - National Children's Homes
- Public sector members include:
- Arts and Regeneration
 - Education Leeds
 - Leeds Careers
 - Youth Service

The Children and Young People's Participation Strategy has led to the development of some creative and effective approaches to engaging children and young people, examples include:

Youth Point, a voluntary sector member of the Leeds Participation Team, delivers a wide range of services for young people in North West Leeds, including youth arts projects, volunteering projects, information and support. Youth Point's 'Make it Happen' project supports young people to be involved in decision making. They provide young people with information about the participation opportunities available to them such as steering group meetings and youth forums and are supported to access those opportunities.

ROAR (Reach Out and Reconnect) – is a city wide partnership group for children and young people to work at a strategic level in the planning and development of services for children and young people. ROAR is not a fixed group, but a forum that involves many different groups working with children and young people. ROAR is facilitated by The Project (voluntary organisation).

Youth Offer: Breeze Youth Promise

Leeds Youth Council (LYC) was consulted in December 2006 about the general principles, expectations and shape of the youth offer. They decided to call it the Breeze Youth Promise and gave the council's youth service a clear steer about what it should look like.

The youth service then consulted 400 service providers through Open Forums in March 2007 based on LYC's steer. It also held a multi agency seminar, attended by 40 people in April 2007, where proposed entitlement statements were devised. The draft entitlement statements were presented to LYC and to Reach Out And Reconnect (ROAR) groups of young people to find out young people's views. LYC and ROAR carried out consultation with 972 young people in summer 2007. This consultation resulted in changes to the entitlement statements proposed by agencies in April.

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LYC and ROAR produced a brilliant promotional Breeze Youth Offer DVD and this was shown in numerous settings. For example it was presented to Scrutiny Board and was shown twice in November at the switch on of the Christmas lights event.

LYC and ROAR have continued to work hard on the Breeze Youth Promise and have made further changes which they believe make it a more deliverable and relevant youth offer. Approximately 30 young people have sustained involvement in this.

LYC has merged two of its sub groups, Enjoy and Achieve and Economic Wellbeing, to form a new sub group responsible long term for the Breeze Youth Promise.

The Breeze Youth Promise is finalised but the young people want it to be formally signed off by LYC (very imminent) before it is officially launched. The next stage for the LYC sub group is to agree a communication strategy.

Adult Social Care

In line with government priorities and strong local tradition, the engagement of the voluntary and community sector plays a key role in the commissioning, design and delivery of services; in promotion of personalised services; and in maintenance of quality. The sector is also a key ally to local statutory organisations in connecting to those who are disadvantaged, socially excluded, or reluctant to access formal statutory services. The overall focus is on health and wellbeing as part of a whole system. New Joint Commissioning arrangements are being set up in which the VCF Sector will be fully represented.

Adult Social Care is supporting engagement in a number of different ways:

Local Involvement Network (Leeds)

The Local Government and Public Involvement in Health Act 2007 brought an end to Patient and Public Involvement Forums (there were three in Leeds) and the national Commission for Patient and Public Involvement on 31st March 2008. The national budget was reassigned by the Department of Health to enable Local Authorities (as required under the Act) to commission an organisation to act as host for a new Local Involvement Network (LINK) in their area. The LINK replaces local PPI forums and also extends to social care.

A procurement exercise has just been completed, led by Adult Social Care, to appoint the host organisation which has involved representatives of the VCF Sector as members of both the Project Team and the Procurement Board. This was handled by the VCF sector with great tact because local VCF organisations were potential or actual bidders.

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The purpose of the LINK as described in the Act is to:

- promote and support the involvement of people in commissioning, provision and scrutiny of local care services (“care services” refers to both health and social care)
- enable local people to monitor and review the standard of local care services and report on how they could be improved
- obtain the views of local people about their experience of local care services and their care needs.

The LINK will have powers to visit local health and social care service (with the exception of social care for children) raise issues of concern in relation to health and social care services with statutory organisations, and the right to make representation directly to Scrutiny Board. An especial responsibility of the LINK is to reach people whose voices are seldom heard.

The LINK includes both individuals and VCF Sector organizations; membership / participation are flexible and subject to local decisions about governance.

Local Authorities were charged with making LINK transitional arrangements to ensure that section 221 activities (Local Government and Public Involvement in Health Act 2007) are carried out in the interim period between the dis-establishment of the PPI Forums and the establishment of the LINK. Adult Social Care supported by the local NHS and VCF Sector established a LINK Preparatory Group from 1st April which has been meeting regularly, with commissioned independent support from the Leeds Older People’s Forum.

A Host organisation for Leeds was appointed at the beginning of September (the Shaw Trust) and it is commencing work to establish the LINK on a more formal basis.

It is likely, as the LINK develops, that it will become the source for patient, service user and carer representation on health and social care matters. However VCF representation is likely still to be organised separately, for example through Leeds VOICE.

Specialised Involvement Networks

Adult Social Care, working with Leeds PCT and others where appropriate, supports the **Leeds Older People’s Forum** and the **Leeds Advocacy Network**. It also contributes to the Leeds VOICE Health Forum and the Community Health Development Network.

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Organisations funded by Adult Social Care to focus on Community Engagement

Adult Social Care Services with the Leeds PCT provide funding to Leeds Involvement Project (a voluntary sector organisation) to develop engagement and involvement with the Service User and Carer communities. Using this funding, Leeds Involvement Project supports and maintains a number of Service User and Carer led forums that includes the Alliance of Service User and Carers, Black and Minority Ethnic Disabled People's Consultation Group and the Equipment Users Advisory Group. Some groups (e.g. the Alliance of Service User and Carers also receive direct joint funding from Adult Social Care and the PCT).

Additionally, funding is provided through the Leeds Strategic Partnership and Development Team to support three reference groups, the Disability Reference Group, the Older People's Reference Group and the Black and Minority Ethnic Disabled People's Consultation Group.

The Reference Groups and the Forums supported by Leeds Involvement Project are used by Adult Social Care Services, amongst other statutory organisations, to support their engagement and involvement with Service Users and Carers. Additionally, the Forums as they are led by Service Users and Carers, raise their own issues of concern with Council employees and Elected Members.

Examples of their involvement as representatives of these groups are as follows:

- A representative of the Alliance of Service Users and Carers sits on Scrutiny Board (Social Care)
- The Alliance of Service Users and Carers is working with Adult Social Care Commissioning Services and Independent Sector Providers on the quality of service provision – this is a long term arrangement.
- Representatives from each of the Reference Groups sit on the Leeds Strategic Partnership and Development Boards.
- Representatives of the Equipment Users Advisory Groups sits on the Partnership Board
- A representative of the Alliance of Service Users and Carers Chairs the LINK (Local Involvement Network) Preparatory Group.

Adult Social Care also contributes funding to local community health projects such as South Leeds Health for All and Women's Health Matters which have engagement as one of their primary objectives. Local Healthy Living Centres have a similar role.

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Mental Health

Adult Social Care supports Volition, which is an alliance of voluntary sector organisations that either provide mental health services for or work with people who have mental health needs. It is part of Volition's remit to promote the contribution of the voluntary sector in strategic planning and the development of services. Volition has over 60 members from all areas of the voluntary sector providing services to people in Leeds.

The Independent Disability Council (Leeds)

Adult Social Care Services, together with the Corporate Equality Unit have provided support to the development of the Independent Disability Council (Leeds). The IDC(Leeds) is an organisation of disabled people who are committed to the positive and meaningful involvement of disabled people in the development and delivery of public services. It was launched in July 2008 with the intention of seeking to represent the disabled people of Leeds and Organisations of disabled people through peer led representation.

Service re-design

Adult Social Care services is committed to the involvement of VCF Sector organisations in the re-design of services. The Adult Social Care Business Plan 2008/09 states: "Our vision represents a broad approach to working with partners across the Council, the PCT, and the independent, Voluntary, Community and Faith Sector to ensure the best use of all our resources to improve the wellbeing of the population of Leeds."

All projects and programmes must identify key stakeholders, including VCF Sector organisations, and in many instances, organisations are represented on Project and Programme Boards.

Supporting Wellbeing

Adult Social Care is directed towards the seven Health and Wellbeing outcomes promoted by Government Green and White Papers:

- improved health and emotional well-being;
- improved quality of life;
- making a positive contribution;
- choice and control;
- freedom from discrimination;
- economic well-being; and

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- personal dignity.

These objectives cannot be achieved without the engagement of individuals and community groupings at all stages. They also depend not just on the availability of services but more general community wellbeing. A recent report of the Local Wellbeing Project confirms that wellbeing is enhanced through processes of neighbourhood and community engagement / empowerment through

- providing greater opportunities for residents to influence decisions affecting their neighbourhoods
- facilitating regular contact between neighbours
- helping residents gain the confidence to exercise control

Adult Social Care recognises its role in promoting wellbeing in this way and sees the contribution of the VCF Sector as being absolutely crucial.

Appendix 3



VCFS Involvement in Area Committee Engagement Activity

This appendix presents examples of the way in which area committees in South Leeds have worked with VCF Sector organisations to enhance community engagement activity and improve the delivery of services which seek to take advantage of the extensive history that some VCF Sector organisations have of positive community relationships. These cover 3 aspects of the relationship of the Area Committees and the VCF Sector:-

- The role that the VCF Sector plays in brokering community engagement and influencing services.
- The role of the VCF Sector in delivering commissioned services.
- The role of the VCF Sector in delivering services which contribute to area delivery plan outcomes.

The VCF Sector in South Leeds

South Leeds has an extensive array of VCF Sector organisations. These are distributed throughout the whole area, but exist in either greater numbers, or where they cover the whole area, are more active in the less affluent inner city areas. Many of these organisations, particularly in the faith sector have been in existence for long periods of time, but there are also examples of voluntary based organisations that have been successfully delivering services for tens of years.

This history has been influenced by the relative deprivation of parts of South Leeds and the potential to attract funding. Beeston Hill and Holbeck for example has over the last ten years benefited greatly from funding streams such as the Single Regeneration Budget, Neighbourhood Renewal Funding and European funding. Such funding streams have increased the financial support available for those organisations who are delivering outcomes which accord with the regeneration priorities inherent in the funds objectives.

The role of the VCF Sector in brokering community engagement and influencing services.

The nature of the VCF Sector is both diverse and disparate, and whilst much collaboration takes place there are also elements of competition between organisations. Because of these factors LCC frequently relies on support from VCFS umbrella organisations such as Leeds Voice and Voluntary Action Leeds (VAL). These organisations have in the past been able to attract various forms of funding to underpin the important role that they play in coordinating, supporting and helping to progress and sustain organisations within the sector. However over the last couple of years such funding has become increasingly scarce.

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To ensure that the VCF Sector is able to influence and shape policy and planning, Leeds Voice has developed the South Leeds Super Forum. The forum membership is open to all VCF Sector organisations operating in South Leeds, and as such has the potential to draw upon and include a large number of local people from a great variety of different backgrounds and interests. Amongst other things the Super Forum elected representatives on to the board and sub groups of the South Leeds District Partnership. The forum met in advance of the meetings of the former District Partnership Board and was able to consult with the membership of individual organisations on the content of Board papers. In this manner the VCF Sector was able to contribute in a coordinated manner to the discussions at the Board. With the demise of the District Partnership board the Super Forum will still meet, and coordinate input into the various thematic partnerships that exist in the area.

As changes take place in the ways in which area committees undertake community consultation it is anticipated that the VCF Sector will continue to play a key role in supporting the committees to undertake engagement. Several area committees are making plans to put in place a systematic approach to consulting their communities on the achievement of the Leeds Strategic Plan (LSP) priorities, so far as they are relevant to the area committee area. In South Leeds, this will take the form of a meeting held in advance of the area committee, focusing on one of the key themes from the LSP. The first of these events will take place in September at the Inner South Leeds Area Committee and be led by Children's Services. It is hoped that this will attract a wide audience from the local population and the VCF Sector will be supporting both the content of the event and attempts to attract the audience. Whilst we will need to review the effectiveness of this as an approach as we go along, at this point it is intended to hold similar events, albeit with different themes before each of the South Area Committee meetings. This will enable the committees to have an overview of each of the themes of the LSP. On the whole VCF Sector organisations involved in this form of activity receive no specific payment from the Area Committees.

In addition to such ongoing activities, the VCF Sector also play an important role in assisting with time limited or service specific engagement activity. There are numerous examples of this, however the most ambitious scheme to take place in South Leeds over recent years involved Leeds Voice undertaking participatory appraisal research in 2006. This programme of consultation was designed to influence the priorities and spending profile for the Intensive Neighbourhood Management (INM) programme delivered as part of the Safer Stronger Communities Fund Programme. Local people were trained to lead the consultation and they planned and delivered the project with the assistance of a team of staff from Leeds Voice. The team stood at bus stops, outside shops and schools and many other places to talk to local residents and hear their views. This approach involved over 1,000 people, a full evaluation report was written by Voice which helped to determine

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the priorities and projects that formed the INM programme which has subsequently been implemented over the last two years. The participatory appraisal programme received a national award for good practice in relation to adult learning.

The role of the VCF Sector in delivering commissioned services.

The South Leeds Area Committees have taken an approach to the use of their well being funding which seeks to commission services in accordance with the priorities identified in their Area Delivery Plans. Such priorities are at least in part based upon a local interpretation of the LSP. Some of these services, for example the mobile youth bus commissioned from St Luke's Cares, and the 'I Love South Leeds' Festival commissioned from Health for All, may be designed to promote engagement amongst other priority outcomes, in these examples reducing anti social behaviour and promoting cohesion. However, there are other examples of the VCF Sector delivering commissioned services which primarily focus on engagement activity. For example, South Leeds Area Committees have since 2005, developed small scale action plans designed to improve the most problematical neighbourhoods (Neighbourhood Improvement Plans commonly known as 'NIPs'). Community development activity takes place, to engage the local community as fully as possible in this work, prior, during and following the conclusion of the NIP. In 2006, both South Area Committees agreed funding for one 'Priority Neighbourhood Development Worker' post in each area. Health for All were commissioned to manage the project and employ the workers. The project has been very successful and has since secured two further years of funding from the Area Committees. The Development Workers have played a crucial role in the successful implementation of several NIPs as well as supporting 'in bloom' groups, and they provide a useful link between the residents of Leeds, the Council in general and in particular the Area Committees.

The role of the VCF Sector in delivering services which contribute to ADP outcomes

Many VCF Sector organisations deliver services which accord with stated area committee priorities or contribute to the achievement of ADP outcomes, without recourse to well-being support. The most frequent example of this probably relates to activities for young people. Supporting the delivery of services to young people, with the aim of promoting community cohesion, and diversion from anti-social behaviour, has been a consistent priority for South Leeds Area Committees. Indeed a scrutiny enquiry in 2006 found that approximately 30% of the overall revenue allocation to the ten Area Committees was spent on such activity, and many community consultation exercises frequently cite services for young people as being a key priority.

Appendix 3

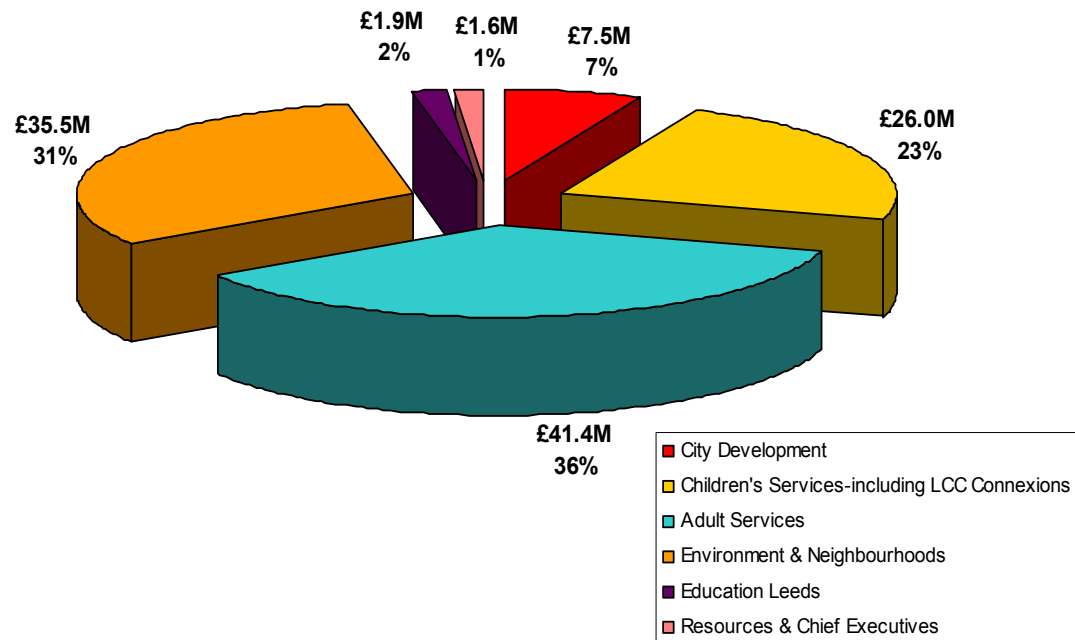


In South Leeds, several organisations provide such services. One of these is the Hamara Healthy Living Centre, which provides traditional open access youth clubs two nights per week, sports activity aimed at promoting cohesion by linking up young people in LS11 and LS10, whilst encouraging Asians youths to become involved in rugby. They also run holiday clubs, junior gym based training, accredited coaching awards courses, information advice and guidance sessions, and focused cohesion work. Whilst Hamara, clearly have their own mechanisms for capturing these outcomes and there is some links with the statutory youth service there is no clear overall process for capturing the detail of such outcomes. Hence it is difficult to be entirely prescriptive in describing (to central government for example) the extent of such activity.

Appendix 4



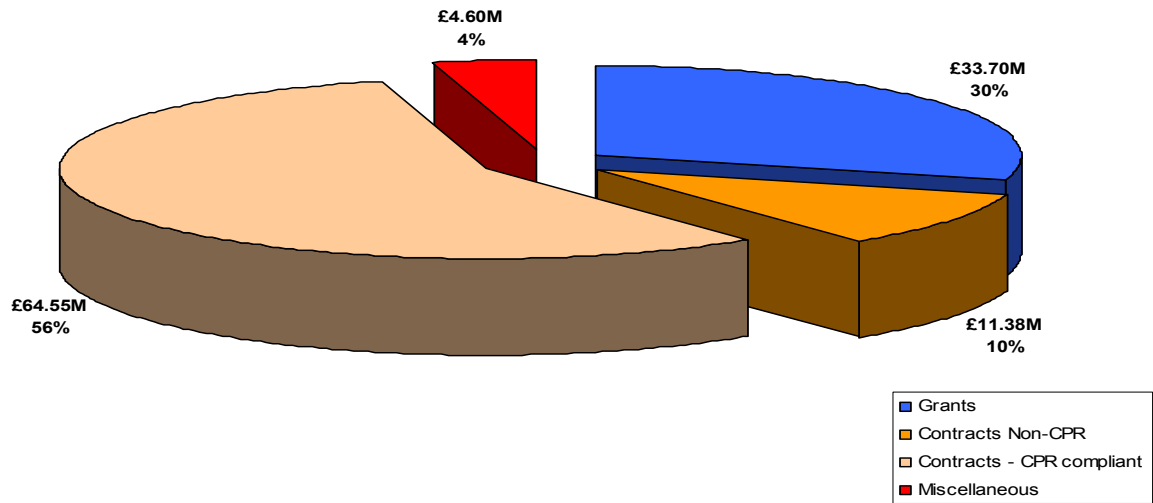
Total VCFS Payments 2007/8 - £114M



Appendix 4



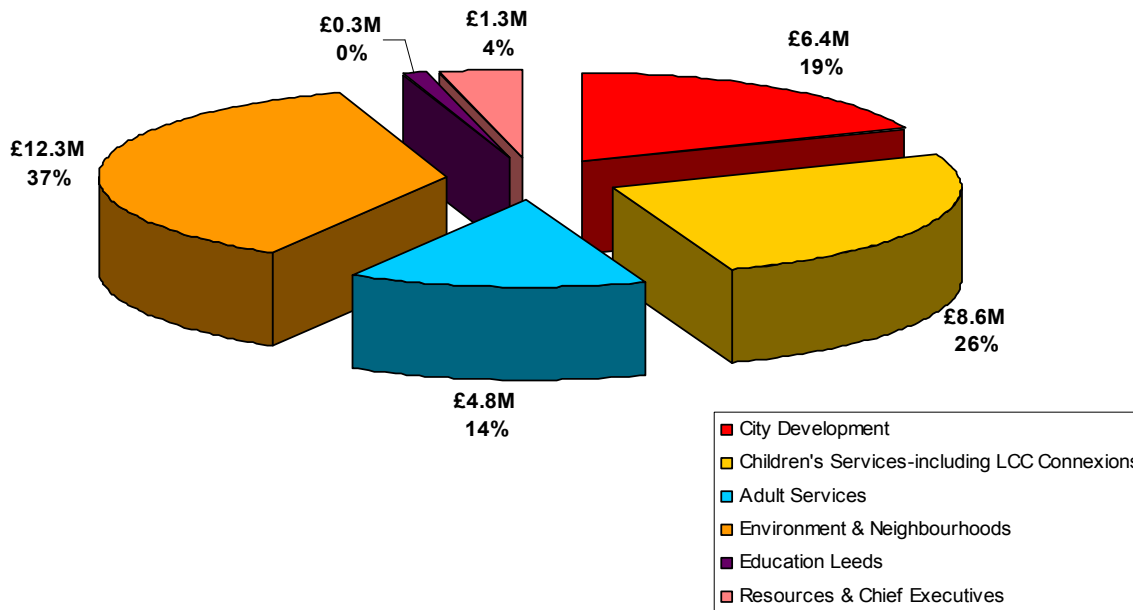
Breakdown by Type of Funding - £114M



Appendix 4



Grants to VCFS 2007/8 - £33.7M



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Originator: Sue Morse

Tel:0113 3951398

Not for publication: Report exempt from Access to Information Procedure Rules by reason of 10.4(3)-Appendices 1, 2 & 4 only

REPORT OF THE DIRECTOR OF NEIGHBOURHOODS AND HOUSING

TO EXECUTIVE BOARD

Date: 13 May, 2009

Subject: REGENERATION OF THE GARNETS, BEESTON

<p>Electoral wards affected:</p> <p>City and Hunslet</p>

Specific Implications For:	
Equality and Diversity	<input type="checkbox"/>
Community Cohesion	<input type="checkbox"/>
Narrowing the Gap	<input checked="" type="checkbox"/>

Eligible for call in

Not eligible for call in (details contained in the report)

Executive Summary

It has been confirmed that Leeds will receive £13.3m from the Single Regional Housing Pot (SRHP) for 2009-11, in addition to the £6.585m which was allocated and spent in the first year of this 3 year programme (2008/11). The funding allocation for the remaining two years of the programme will continue to be spent on tackling poor quality, pre 1919 housing stock in the regeneration priority areas of the city and will help to deliver the objectives of the Vision for Leeds 2004-2020 and the Leeds Housing Strategy.

The proposals set out in this report will utilise £3m of this allocation to commence acquisition and demolition within the Garnets area of Beeston to provide a development opportunity for new housing, a proportion of which will be affordable. This will be the first phase of a longer term strategy to regenerate the area which serves as a gateway to Beeston Hill and the retail centre on Dewsbury Road.

This report outlines the options considered for an area encompassing 112 back to back properties (as shown on the plan at Appendix 1, addresses are listed at appendix 2) and details the results of an option appraisal. The report recommends commencement of the acquisition and demolition of these properties by utilising £3m of SRHP funding over the financial years 2009-11 and seeks approval to proceed with the acquisition of the properties within the target area by agreement with their owners. In the event that agreement cannot be reached with owners authorisation will be requested from the Director of Environment and Neighbourhoods and the Director of City Development to make and promote any necessary Compulsory Purchase Orders.

1.0 Purpose of This Report

- 1.1 The purpose of this report is to consider the options for regeneration of the Garnets area and to seek approval for the commencement of acquisition and clearance of 112 properties within the Garnets by utilising £3m of confirmed funding during 2009/11.

2.0 Background Information

- 2.1 Beeston Hill and Holbeck are identified as target areas for large scale improvement within the Vision for Leeds 2004-10, the Corporate Plan 2005-8 and the Leeds Regeneration Plan 2005-2008. The aims and aspirations of these plans are reflected in the Beeston Hill and Holbeck Land Use Framework (2005) and in the draft Beeston Hill and West Hunslet Regeneration Plan (2009) which marry city wide aspirations with local community aspirations and sustainable development principles.

- 2.2 Discussions between stakeholders have been ongoing over a number of years regarding proposals for the regeneration of the Garnets area. Leeds Federated Housing Association (LFHA) owns a significant proportion of homes within the Garnets and investment in their stock had been suspended pending a decision by the Council on proposals for regeneration of the area. Without a commitment to the comprehensive regeneration of the area LFHA have serious concerns about the areas sustainability and may take a decision to dispose of their holdings. The withdrawal of LFHA investment could prove decisive in view of the proportion of stock in their ownership with the obvious knock on effect to the sustainability of the area as a whole and to Council owned stock managed by Aire Valley Homes (AVH).

- 2.3 Prior to a submission for SRHP funding ward members were presented with three scenarios which had been developed by the Civic Architects office in relation to the remodeling of the Garnets area to achieve comprehensive regeneration objectives.

1. Comprehensive redevelopment
2. Combination of selective demolition/redevelopment and refurbishment of retained housing
3. Minimal change refurbishment

Of the 3 scenarios Councillors felt that the major disruption to the community which would be caused by scenario 1 (total clearance) was not appropriate and so expressed a preference for scenario 2 which included some selective demolition, reprovion of housing and future proposals for group repair to retained stock in the area.

- 2.4 Now that funding has been secured to progress the regeneration of the Garnets the option appraisal set out below in para 3.6 onwards seeks to assess scenario 2 along side another two options

- Do minimum to meet legal conformity
- Group Repair and internal remodeling

3.0 Main Issues.

- 3.1 The area which is the subject of this report comprises of 112 brick, terraced, street lined, back to back houses. It is proposed that the properties, as identified in Appendix 2, are acquired and demolished to produce a cleared site which would provide a development opportunity for new housing.
- 3.2 Subject to further consultation and formal approvals, redevelopment of the site once cleared has the potential to be progressed via the Leeds Affordable Housing Strategic Partnership Board (LAHSPB). Executive Board at its meeting of 12 March, 2008 approved the transfer of sites currently being cleared with SRHP funding to the LAHSPB and an announcement is due to be made shortly regarding the successful development partner for these sites.
- 3.2.1 Local ward members have expressed concern that if private sector funding is not secured this could result in the site lying vacant for an indefinite period. In the current financial climate it is considered that the LAHSPB route is the most likely to lever in funding in terms of grant from the Homes and Communities Agency (HCA).
- 3.2.2 Despite the current economic climate there has been a considerable amount of interest in the current RHB funded clearance sites and an in principle agreement from HCA to consider bids for grant funding favourably. Officers are, therefore, confident that the redevelopment of this high profile site will attract similar interest from social housing providers but potentially also from the private sector. In view of the potential timescale for clearance, which could be between 2-3 years there is the prospect that the housing market could be on the way to recovery by the time the site is ready for redevelopment.
- 3.2.3 Further consultation with Council officers, with ward members and the Beeston Hill and Holbeck Regeneration Partnership Board will take place as part of the decision making process on the future redevelopment of the site prior to seeking the necessary formal approvals if transfer to the LAHSPB is recommended.
- 3.3 The location provides a particularly significant regeneration opportunity due to the fact that it serves as a gateway to Beeston Hill and the retail centre on Dewsbury Road. Consultation to date has highlighted a number of community aspirations for the regeneration of the wider area. Future rounds of consultation will focus more specifically on their implementation.
- 3.4 The proposals contained within this report consider how best to address the aims of the Vision for Leeds and the Leeds Housing Strategy by reducing unpopular and unfit housing so as to be able to replace it with modern decent homes with the resources available. The option appraisal has considered 3 options for the area with reference to their ability to meet the defined objectives:
- Option A: Do minimum to meet legal conformity
Option B: Group Repair and internal remodeling
Option C: Acquisition and redevelopment of the site.

3.7 Option A: Do minimum to meet legal conformity

- 3.7.1 Aire Valley Homes (AVH) have a legal obligation to ensure that all the housing stock that they manage meets the Governments Decent Homes Standard by 2010. The estimated cost of maintaining the 52 properties owned by LCC and managed by AVH, at the Governments Decent Homes Standard is estimated at £630,550 over

the next 10 years. However, even with investment of this nature the poor design and layout of the properties would not be tackled and added to sustainability issues, investment in these properties would prove financially unviable.

3.7.2 The conclusion to be drawn from this option is that the expenditure required to comply with the Decent Homes Standard would not

- address all of the issues identified by residents as unsatisfactory
- prove to be cost effective
- prove to be sustainable
- enable the levels of change required to regenerate the area to be achieved

3.8 Option B: Group repair and internal modeling.

3.8.1 Enveloping works to the exterior of the properties would create a visually superior and uniform street scene. This, coupled with major remodeling of the properties could create through terraces with better layout and room sizes which would meet, and potentially exceed, the Decent Homes Standard. It is estimated that the remodeling of two back to backs to form 1 family house would cost at least £70,000 per conversion in construction costs alone. The cost of remodeling all 112 properties in the target area, including acquisition and conversion costs, is estimated at over £7.9m (see Appendix 4) excluding the costs of road closure and environmental works to provide private gardens to the converted properties.

3.8.2 Even if ultimately these properties were sold on the open market for an optimistic £100,000 each this could potentially result in a net loss to the Council of approximately £2.3m. It is also doubtful whether long term demand exists even after conversion.

3.8.3 The conclusion to be drawn from this option is that the high level of investment would address some of the issues with poor condition but it would not

- tackle poor housing mix
- tackle issues of over density
- tackle poor environment
- be cost effective

3.9 Option C. Acquisition, Clearance and redevelopment of the site for housing

3.9.1 Acquisition of the 43 privately owned properties within the target area and clearance of all 112 properties would form the first phase of the longer term strategy to commence transformational change of the area and provide a catalyst to the regeneration of the wider area.

3.9.2 Once cleared this site would create a development opportunity for the provision of modern high quality housing, a proportion of which would be affordable homes, as well as tackling the issues of poor environment. A development of this nature would fit with the regeneration plans for the area.

4.0 Option Appraisal

4.1 A formal Option Appraisal in accordance with the corporate procedure has been carried out to assess Options A and C; option B having been ruled out on grounds

of affordability. Both financial and non financial aspects of Options A and C have been considered.

A discounted cash flow exercise has been carried out for options A and C and the net present values are as follows

Option	Description	NPV £000
A	Do minimum to meet legal conformity	372.5
C	Acquisition and redevelopment of the site for housing	4,300

4.2 This exercise and the table above illustrate the cost of each option over the next 25 years at today's value. Although the financial element of the option appraisal would suggest that Option A is preferable the pursuance of the stated objectives of this project are critical to the achievement of the strategic aims of the Vision for Leeds and the Leeds Housing Strategy.

4.3 Option C (Acquisition, clearance and redevelopment) scores highly against the objectives of the Leeds Housing Strategy and the Vision for Leeds. Clearance and redevelopment facilitates the potential to create high quality housing, which is of a type and size matched to the needs and choices of residents, in an attractive environment which would as a consequence contribute to the improved image and regeneration of the area and community. Option A (Do minimum to meet legal conformity), is able only to meet some of the objectives to a limited extent and potentially for a limited timescale. Other objectives, i.e. matching housing to needs and choice and tackling poor environmental quality, are not met at all by Option A. This is due to the fact that the governments Decent Homes Standard is a minimum standard which focuses on fitness, disrepair and the provision of modern facilities within the dwelling. It does not consider the external environment or the internal layout, size or number of rooms.

4.4 Whilst the financial analysis in isolation would seem to support option A the assessment of non financial factors must be given careful consideration also. The contribution of Option C to key strategic objectives outweighs the differential in financial terms in this instance. Option C is, therefore, the one recommended to Executive Board.

5.0 Implications for Council Policy and Governance

5.1 The acquisition and demolition will follow Council policies.

5.2 The public interest in maintaining the exemption in relation to appendices 1,2 and 4 attached to this report outweighs the public interest in disclosing the information by reason of the fact that:-

a) Appendix 1 and 2 - The success of the scheme could potentially be prejudiced by speculative investors acquiring properties in advance of the Councils action.

b) Appendix 4 - The costs attributed to the purchase of private properties are purely estimates at this stage and their disclosure could prejudice the council's ability to reach an agreement on the purchase price with owners.

5.3 Copies of the exempt appendices 1, 2 and 4 will be circulated to members of the Executive Board once members of the public have been excluded and will be collected in at the conclusion of the meeting.

6.0 Consultation

- 6.1 A consultation exercise was carried out in January/February, 2009. Visits to the 112 properties in the target area established that 14 are currently unoccupied. Of the remaining 98 contact was made with 67 householders and responses secured either by face to face or telephone interviews, or by the return of a questionnaire.
- 6.2 The full results of the consultation are set out in Appendix 3. In summary, 55 out of 67 residents who responded (82%) were in favour of demolition. Of the other respondents 5 stated that they were not in favour of demolition and 7 state that they “do not know”. 37 of the 67 respondents state that they are thinking of moving away from the area
- 6.3 The 27 private landlords who operate in the area own 34 properties and were also consulted. Of the 11 private landlords who responded, 4 are in favour of demolition, 3 are not in favour and 3 “do not know”.
- 6.4 Major stakeholders in the area, AVH and Leeds Federated Housing Association, have been consulted on the proposals set out in this report and are committed to working together to ensure the successful regeneration of the area if the proposals contained within this report are approved.
- 6.5 Initially some ward members expressed concerns regarding the potential demolition of part of the Garnets area, one of the main concerns related to the belief that other areas in Beeston Hill, were in greater need of regeneration. However whilst it is apparent that other areas of Beeston Hill are also in need of attention, the Garnets area is in particular need, and it is of note that in the 2007 Index of Multiple Deprivation , the area ranked 58th out of 36000 areas in terms of the living standards domain. In discussing this issue and when presented with the 3 scenarios discussed at para 2.3 and following advice relating to the regeneration impact that such a proposal could make, members expressed a preference for the option of selective demolition and redevelopment. Ward members have since received a briefing note on the results of the residents survey and the proposals for acquisition and demolition and have declined a face to face briefing on these proposals.
- 6.6 If approval is secured to acquire and demolish these properties residents, elected members and other stakeholders will be kept fully apprised of developments.

6.7 Equality Impact Assessment

- 6.7.1 An Equality Impact Assessment has been carried out in order to highlight any issues of inequality which may be created by a decision to approve the proposals contained within this report. Equality Information has been gathered on the following issues
- Ethnicity
 - Faith/Religion
 - Disability
 - Sexuality
 - First language

- 6.7.2 It has been established that 92% of residents who responded to the residents survey have English as their first language. For any residents who have another language as their first language translations and interpretation will be offered. 45% of respondents classed themselves as White British and 71% classed themselves as Christian or having no religion.
- 6.7.3 For those residents who wish to move away from the area in which they currently live the award of priority extra on the Leeds Homes Register and the receipt of home loss and disturbance compensation means that this is a very real possibility for some residents who may never have had this opportunity ordinarily. For those residents who wish to remain to be close to a community of similar ethnic background or faith and to the facilities which this affords there is also the opportunity to be rehoused locally. The use of choice based lettings in the first instance rather than "Direct Lets" means that displaced residents have the opportunity to choose, subject to normal qualification criteria, where they wish to be rehoused. This is seen as advantageous to integration and community cohesion.
- 6.7.4 Five residents of the 67 who responded classed themselves as disabled. Named Project officers will be allocated to deal directly with each household. Particular attention will be paid to addressing the needs households containing vulnerable residents to ensure that they receive equal access to the service and that they are able to secure replacement homes which meet their specific needs.

7.0 Legal and Resource Implications

- 7.1 The estimated total scheme costs of £4.3m are detailed at Appendix 4. This estimate includes acquisition of the 43 privately owned properties; compensation and disturbance payments for owners, private tenants and AVH tenants, and full site clearance including temporary work to secure the site.
- 7.2 The preference is to acquire properties by agreement with owners and details of the compensation package are set out at Appendix 5. Ultimately, however, if agreement cannot be reached, authorisation will be sought to make any necessary Compulsory Purchase Orders (CPOs).
- 7.3 Should Compulsory Purchase action become necessary, in this instance, Section 226(1)(a) of the Town and Country Planning Act 1990 (as amended by Section 99 of the Planning and Compulsory Purchase Act 2004) is the most appropriate legislation in the circumstances. Regard must be had to the Human Rights Act 1998 including Article 8 (respect for private family life and home). The recommendation to authorise officers to make and promote any necessary CPOs strikes a clear balance between the public interference with private rights, which will arise if a CPO is pursued. Compensation would be payable to the person affected, and the provision of the above Acts are considered to be compatible with the Human Rights Act.
- 7.4 The costings for these proposals are based upon a requirement for LFHA to contribute the 15 homes in their ownership to the scheme at nil cost. A proposal has been tabled by LFHA which would mean that, subject to all necessary approvals these 15 properties would be exchanged for the 6 remaining LCC owned properties in the area. These 6 properties are all located on Garnet Road and Garnet Terrace. As LFHA are the major social landlord in the area owning 68% of properties on Garnet Road and Terrace the proposed rationalization of ownership would create consistency and enhance sustainability of the retained stock.

7.5 Subject to approval of the proposals contained within this report formal approval will be sought from LFHAs Board and via Environment and Neighbourhoods Housing Decision Panel for approval of the proposed exchange. An in principle agreement has been secured from LFHA and consultation with AVH on this proposal has resulted in an agreement from their Senior Management team to negotiate with the Council and LFHA to gain the best outcome for the area.

7.6 LFHA would be responsible for the payment of home loss and disturbance compensation to their tenants and for the costs of demolition of the 15 properties they currently own.

8.0 CAPITAL FUNDING and CASHFLOW

Previous Authority to Spend on this scheme	TOTAL £000's	TO MARCH 2008 £000's	FORECAST		
			2009/10 £000's	2010/11 £000's	2011/12 £000's
LAND (1)	0.0	0.0			
CONSTRUCTION (3)	0.0				
FURN & EQPT (5)	0.0				
DESIGN FEES (6)	0.0				
OTHER COSTS (7)	0.0				
TOTALS	0.0	0.0	0.0	0.0	0.0

Authority to Spend only required for this Approval	TOTAL £000's	TO MARCH 2008 £000's	FORECAST		
			2009/10 £000's	2010/11 £000's	2011/12 £000's
LAND (1)	2943.1		686.8	2256.3	
CONSTRUCTION (3)	0.0				
FURN & EQPT (5)	0.0				
DESIGN FEES (6)	56.9		13.2	43.7	
OTHER COSTS (7)	0.0				
TOTALS	3000.0	0.0	700.00	2300.0	0.0

Total overall Funding	TOTAL £000's	TO MARCH 2008 £000's	FORECAST		
			2009/10 £000's	2010/11 £000's	2011/12 £000's
Confirmed SRHP Grant Funding	3000.0		700.0	2300.0	
Future SRHP Grant Funding 2011/12	1300.0				1300.0
Total Funding	4300.0	0.0	700.0	2300.0	1300.0
Balance / Shortfall =	1300.0	0.0	0.0	0.0	1300.0

9.0 REVENUE EFFECTS

9.1 There are no revenue implications within this scheme.

10.0 Risks

- 10.1 Total scheme costs for the necessary acquisition of 43 properties and clearance of 112 properties amounts to £4.3m. To date £3m has been allocated from the current 2008/11 programme.
- 10.2 A further £1.3m had originally been injected into the capital programme for this project in 2008/11 but in light of the 11.3% cut introduced within the West Yorkshire investment programme the Leeds allocation has been cut by £2.5m over the remainder of the three year programme. In an attempt to accommodate this reduction a decision was made in January 2009 by Leeds City Councils Regional Housing Programme Board to slip expenditure on 2 schemes one of these being the residual £1.3m on the Garnets scheme. Both schemes have been highlighted to the WYHP as priorities for Leeds should further funding be identified in the 2008/11 programme or failing that as priorities for the next programme. The WYHP has already made a bid to HCA for additional funding to reconcile the 11.3% cut across the 2008/11 programme.
- 10.3 While there is a risk to commencing this project without all of the necessary funding in place officers are confident that sufficient funding will be made available in 2011/12 if not before. A delay in commencement of acquisitions could result in the loss of funding if quarterly spend targets with the WYHP are not met. Also by delaying this project until all funding is in place could mean that the cost of house purchases has begun to increase by the time that acquisitions can commence.
- 10.4 If Compulsory Purchase action is required this will inevitably have implications for the timescale of the project. Compulsory Purchase action would also involve additional costs i.e. publicity costs, officer time including legal fees, and the costs incurred surrounding the staging an Inquiry if objections are made.
- 10.5 Displaced residents who apply for tenancies through the Leeds Homes register are awarded 'Priority Extra' in recognition of their additional housing need caused by the action of the Council. Council officers will liaise regularly with officers of the ALMOs and RSLs to progress rehousing requests as efficiently as possible in an attempt to minimize the risk of delay to progression of the scheme.

11.0 Conclusions

- 11.1 The commencement of acquisition and demolition in the Garnets will support the regeneration of the area in line with the Vision for Leeds and the Leeds Housing Strategy.
- 11.2 Of the options considered option C is considered to provide the more holistic solution.

12.0 Recommendations

Executive board are requested to:

1. Authorise Scheme expenditure to the amount of £3m.
2. Agree to allow officers to proceed in accordance with option C.
3. Instruct officers to bring a future report to Exec Board when further funding is made available through successful bids for the residual £1.3m.
4. Agree to allow the Director of Environment and Neighbourhoods and the Director of City Development to authorise and promote any necessary Compulsory Purchase Orders should a CPO become necessary

Appendices

1. Plan 1 target area (Exempt from Access to Information Procedure Rules 10.4(3))
2. Address list (Exempt from Access to Information Procedure Rules 10.4(3))
3. Summary of residents survey results
4. Costs associated with option B and C (Exempt from Access to Information Procedure Rules 10.4(3))
5. Compensation Payments
6. Equality Information

Previous Reports:-

Aug 08 – To Director of Resources
Injection of remaining Single Regional Housing Pot 2008/11 - £13.94m

GARNETS

SUMMARY OF RESIDENTS SURVEY RESULTS .

Tenure.

Total of 112 properties in the target area. 34 privately rented properties, 9 owner occupiers, 15 Leeds Federated Housing Association, 52 properties managed by Aire Valley Homes & 2 properties owned by the Council but not managed by the Aire Valley Homes (1 business and 1 property leased to LFHA)

Occupation.

98 Occupied properties - 9 Owner Occupiers, 24 Private Landlord tenancies, 49 AVh, 15 LFHA & 1 LCC
1 Business leased by LCC.
13 Void properties – 3 AVh, 10 Privately tenanted properties.

Respondents.

67 respondents (including 6 owner occupiers, 10 private tenants, 40 AVh, 11 RSL) out of 98 possible respondents. **68% response rate from the residents**

Privately Rented Properties

These 34 properties they are owned by 27 different landlords.

10 owners of the 34 Privately rented properties have replied. **29.4% Response rate**

Length of Occupation.

Less than 1 year	15 households
Between 1 – 5 years	30 household
Between 5 -10 years	11 households
More than 10 years	11 households.

Satisfaction with Home.

4 respondents very satisfied with home	(6%)
16 respondents satisfied with home	(24%)
26 respondents dissatisfied with home	(39%)
21 respondents very dissatisfied with home	(31%)

Problems with homes.

In order of Priority.

ITEMS	POINTS
General Repairs	208
Room size / number of rooms	87
Lack of Garden	83
Dampness	170
Staircase	102
No Central Heating	47
Insulation	61
Refuse/ Bin yards	24
No Clothes Drying Facilities	27
Car Parking	17

Satisfaction with the Area

3 respondents very satisfied with area	(4%)
18 respondents satisfied with area	(27%)
26 respondents dissatisfied with the area	(39%)
20 respondents very dissatisfied with the area	(30%)

Problems with the area.

In order of Priority.

ITEM	POINTS
Crime & Anti social behaviour	234
Dumped rubbish	86
Poor quality housing	172
Empty properties	29
Lack of facilities for teenagers and children	115
Narrow Roads	28
Poor parking	23
Layout of the area	88

Positive points about the area.

In order of number of times chosen:

Local shops and facilities x 38
Good bus routes x 48
Sense of Community x 9
Being close to relatives x 8

Options for improvements.

In order of priority.

ITEM	POINTS
Demolition of selective properties	133
Repairs to properties	105
Play facilities for teenagers & children	58
Improve Traffic calming	22

Thinking of moving (out of 67 who responded).

Yes 37
No 30

Wish to be involved in further consultation (out of 67 who responded).

Yes 62
No 5

Demolition Results

In favour of demolition – owner occupiers

Yes 4
No 0
Don't Know 2

In favour of demolition – AVh Tenants

Yes 34
No 2
Don't Know 2

In favour of demolition – Private Tenants

Yes 5
No 2
Don't Know 2

In favour of demolition – RSL

Yes 10
No 1
Don't Know 1

In favour of demolition – Total Residents

Yes 55 -
No 5
Don't Know 7

In favour of demolition – Private Landlords

Yes 4
No 3
Don't Know 3

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Appendix 5

Compensation payments payable	Owner Occupier	Owner not occupier	Tenant
Value of the land taken (open market value in the absence of the scheme) less sum due in respect of any mortgage	✓	✓	
Homeless payment if resident for one year or more (Owner =10% of value of property Max £47,000-Min £4,700 Tenant = flat rate £4,700)	✓		✓
Basic Loss payment (7.5% of value of property)		✓	
Fees (reasonable surveyors and legal fees for dealing with the claim and transfer)	✓	✓	
Disturbance (costs and losses as a result of being disturbed from occupation, e.g. removals, redirection of post, disconnection of services)	✓		✓
Costs of re-investment if incurred within one year		✓	

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Appendix 6

Equality Information - Garnets Option Appraisal

Ethnicity

Asian Bangladeshi	4
Asian Other	1
Asian Pakistani	4
Black African	8
Black British	1
Mixed Race (White & Asian)	1
White British	44
White Irish	1
White Other	1
Other Ethnic Group (Albanian)	1
Did not answer	1

Faith / Religion

Buddist	1
Christian (Inc 6 C of E)	28
Muslim	9
No religion	20
Sikh	1
Other (1xPagan / 1x Methodist / 1x Church of Scotland 1x United Reformed)	4
Did not answer	4

Disabled

Yes	5
No	60
Did not answer	2

Sexuality

Straight / Hetrosexual	61
Bisexual	1
Did not answer	5

1st Language

English	62
Bangladeshi	1
Urdu / Punjabi	1
Lithuanian	1
Did not answer	2

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Report of the Director of Environment and Neighbourhoods

Executive Board 13th May 2009

Subject: Update on Council Rents - 2009/2010

<p>Electoral Wards Affected:</p> <div style="border: 1px solid black; display: inline-block; padding: 2px;">ALL</div> Ward Members consulted (referred to in report)	<p>Specific Implications For:</p> <p>Equality and Diversity <input type="checkbox"/></p> <p>Community Cohesion <input type="checkbox"/></p> <p>Narrowing the Gap <input type="checkbox"/></p>
<p>Eligible for Call In <input checked="" type="checkbox"/></p>	<p>Not Eligible for Call In (Details contained in the report) <input type="checkbox"/></p>

EXECUTIVE SUMMARY

Executive Summary

The purpose of this report is to note the change in the 2009/10 average rent increase for council dwellings from 6.2% to 3.1%.

1.0 Purpose Of This Report

1.1. This report sets out:-

- the updated position on rent changes in 2009/10.
- the cost implications of changing the rents in 2009/10.

2.0 Background Information

2.1 The final subsidy determination for 2009/10, issued by Communities and Local Government (CLG) on the 18th December 2008, incorporated a fixed guideline rent increase of 6.2%, implying national average rent increases of 6.2%.

2.2 Based upon these assumptions, the average rent increase for Leeds was set at 6.2% by Executive Board on the 13th February 2009. This decision was further approved by Council on 25th February 2009.

2.3 On Friday 6th March, the Housing Minister Margaret Beckett announced that the government recommended national guideline rent increase of 6.2% would be halved to 3.1% and that this would require the issue of new 2009/10 guideline rents to all local authorities. The government's proposal is to change the housing subsidy position of those authorities who reduce their actual average rent increase in line with the new national average.

3.0 The New Subsidy Proposals

- 3.1 On the 26th March 2009, details of the proposed changes to the subsidy arrangements for housing authorities were released. This comprised an 'offer' to change the 2009/10 guideline rent from 6.2% to 3.1%, thus releasing additional subsidy funding to offset the loss in rental income. Councils had until the 24th April to respond to this offer by confirming and affirming the implementation of a new average rent increase of 3.1% for their council dwellings. The change in subsidy was not unconditional and was linked to Councils' agreeing to changing their actual average rent increases to 3.1%.
- 3.2 Following on from the Executive Board's decision on the 1st April to pass onto tenants the full cash change in housing subsidy, the Director of Environment and Neighbourhoods, under delegated powers, agreed to change the average rent increase from the original 6.2% to the lower 3.1%. This change in the Council's rental income equated to the estimated cash change in the housing subsidy after the reduction in the guideline rent from 6.2% to 3.1%.
- 3.3 A formal response was sent to the Government before the 24th April deadline accepting the offer of a 3.1% guideline rent increase and agreeing to an average rent increase of 3.1%, replacing the original 6.2% average rent increase. The Government has now confirmed the Council's new guideline rent and issued a new subsidy determination for 2009/10.

4.0 Cost Implications and Timetable

- 4.1 Working in conjunction with Housing Benefits, the ALMOs/BITMO, Leeds Tenant Federation and the Contact centre, a letter informing tenants of their change in rent, back dated to the 6th April 2009, has been sent out to all tenants along with information on how tenants can recover any overpaid rents arising from the earlier higher rent charge. The new rent charge will apply from early June, after allowing a 28 day notification period.
- 4.2 The costs of implementing the change in rents are still ongoing and are being monitored to ascertain the full costs. Housing Benefits have estimated that the total cost of implementing the rent change could be around £36k after the costs of mailing, overtime and system downtime have been included. The estimated figure for the HRA is lower due to a different mix of costs but is still assessed at around £15k; this figure excludes any additional costs that the Contact Centre and ALMOs/BITMO may directly incur as a result of this rent change.

5.0 Recommendations

- 5.1 Executive Board is asked to note the contents of this report and the change in the 2009/10 average rent increase for council dwellings from 6.2% to 3.1%.

Background Documents

- Revenue Budget 2009/10 – Executive Board 13th February 2009.
- Written Ministerial Statement – Local Authority Rents – 6th March 2009.
- CLG Letter – Council Rent Increases 2009-10 – 11th March 2009.
- Council Rents – 2009/2010 – Executive Board 1st April 2009.
- Draft Housing Revenue Account Subsidy Determination 2009-10: Amending Determination.



REPORT OF THE CHIEF EXECUTIVE OF EDUCATION LEEDS

EXECUTIVE BOARD: 13 May 2009

SUBJECT: SCHOOL CALENDAR 2010-11

EXECUTIVE SUMMARY

PURPOSE OF THE REPORT

1. The purpose of this report is to seek approval from the Executive Board to approve the adjustments to the school calendar for a fixed break between terms two and three and a full two week holiday period at Christmas

Background Information

2. School Calendar dates in Leeds are set on an annual basis. In 2006 it was to consult on fixing the Easter break as the first two weeks of April. For the 2007-8 calendar there was concern that this would mean there would be four school days after Easter Monday, then the holiday break. This was felt to be unhelpful as this was the first year of the fixed break approach. From 2008-9 the plan was to have a fixed break at the beginning of April, regardless of the date of Easter, introducing as much stability and balance to the two halves of the spring term as possible. The main challenge with the 2010-11 academic year is that Easter falls very late.
3. The 22 LEAs across the region agreed to consult on two proposed patterns for the Easter break in 2011. Leeds has also consulted widely on a third option.

RECOMMENDATIONS

The Executive Board are asked to:

4.
 - note the extensive consultation undertaken to consider the implications for the 2010/11 school calendar in Leeds;
 - approve the school calendar dates detailed in option 3 in paragraph 3.1 above as recommended in 3.3.9, and detailed in Annex 3
 - approve a move in Leeds from 2011/12 onwards to adopt a fixed break between term 2 and 3, irrespective of when Easter falls with a corresponding adjustment to the summer vacation which ensures a two week Christmas break.

REPORT OF THE CHIEF EXECUTIVE OF EDUCATION LEEDS

EXECUTIVE BOARD: 13 May 2009

SUBJECT: School Calendar 2010-11

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality & Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call-in

Yes

Not Eligible for Call-in
(Details contained in the Report)

1.0 PURPOSE OF THIS REPORT

1.1 The purpose of this report is to outline the process for setting the school calendar in Leeds, provide an update on the consultation process for 2010-11, and recommend one option for approval.

2.0 BACKGROUND INFORMATION

2.1 Dates in Leeds are set on an annual basis. A draft (or drafts) are set in January, and then shared across the region. The draft(s) go to Headteacher Forum, Governors Forum and the JCC group for comments. The Education Leeds executive team receive a summary of feedback and make their recommendation on which dates to adopt.

2.2 The drafts are also shared at a regional meeting consisting of 23 local authorities across Yorkshire and the north east. This group meets twice a year and has brought about a more joined-up approach.

2.3 In 2006 the Education Leeds Board agreed to consult on fixing the Easter break as the first two weeks of April. For the 2007-8 calendar they were concerned that this would mean there would be four school days after Easter Monday, then the holiday

break. This was felt to be unhelpful as this was the first year of the fixed break approach. Consequently a modified option with the spring term ending on the Thursday before Good Friday was implemented.

From 2008-9 the plan was to have a fixed break at the beginning of April, regardless of the date of Easter, introducing as much stability and balance to the two halves of the spring term as possible.

3.0 MAIN ISSUES

3.1 The main challenge with the 2010-11 academic year is that Easter falls very late. The 22 LEAs across the region agreed to consult on two proposed patterns for the Easter break in 2011. Leeds has also consulted on a third option.

Option 1: The Easter bank holiday weekend falls at the end of the two-week school break. This coincides with the LGA recommendations.(See annex 1)

Pros:

- The spring and summer terms are fairly equal at 64 and 58 days in length;
- The Easter bank holidays are incorporated within the school Easter break, but at the end;
- Follows the LGA model.

Cons:

- The first two weeks of the summer term are four-day weeks;
- The first half term after Easter is short (5 weeks, two of which are four days);
- Schools return the day immediately after the Easter Monday bank holiday. (see 3.3.7 adjustment, as superintendents are not contracted to work this day)

Option 2: The Easter bank holiday weekend falls in the middle of the two week school break. Schools would not return to school until the day after the May Day bank holiday, reducing the number of split weeks in school. However, the term would not be split equally resulting in a very short first half term after Easter. (see annex 2)

Pros:

- The Easter bank holidays fall in the middle weekend of the Easter break;
- Most popular across authorities in the regional group.

Cons:

- The spring and summer terms are very different in length (69 and 53 days);
- The first half of the summer term is extremely short (3 weeks and four days);
- The two halves of the summer term have the greatest variation in length (19 and 34 days);
- The second half of the spring term is long (7 weeks).

Option 3: Schools have a separate Easter bank holiday weekend. They would experience three four-day weeks due to the occurrence of the May Day bank holiday the week after Easter Monday. (see annex3)

Pros:

- The spring and summer terms

Cons:

- There are three four-day weeks at

- have the least variation in length (59 and 62 days);
- The first half of the summer term is a manageable length (6 weeks);
- This follows the LGA recommended model for a fixed Easter break (although the LGA have modified their recommendation for 2011).
- the start of the summer term;
- The two halves of the summer term are similar in length (27 and 35 days);
- The Easter bank holidays fall entirely outside of the school Easter break.

3.2 Consultation

Given the challenges presented in 2010-11, Education Leeds decided to consult more widely on three options. A consultation ran on the EL website from November 2008 to February 2009, and was promoted on InfoBase, through the Headteachers update, and in the local press. Posters were issued to all schools, to encourage parents, pupils and school based staff to respond. A consultation was made available on the council's 'Talking Point'. The issue was discussed at governing body meetings, and Education Leeds staff were invited to offer feedback.

3.3 Feedback from consultation

3.3.1 In November 2007 the Headteacher Forum (27 heads) and Governor Forums (18 governors) considered the three options. Option 3 was by far the most popular with both groups. Heads strongly supported the school Easter break starting w/c 4 April to remain in line with LGA recommendations. This avoids a very short term leading up to spring bank half term, and allows greater consistency around curriculum planning and SATs preparation.

The Headteacher Forum believe that the school break for Easter should *always* be fixed at the beginning of April, regardless of the position of the Easter weekend. The group did not see the three, four-day weeks following Easter as a problem. Neither did they feel there was any evidence to suggest attendance would suffer as a result.

3.3.2 JCC Union group

Options for 2010-11 were discussed at the JCC Union group in May 2008. Staffside commented that the West Yorkshire branches of the ATL support the model where the Easter holiday includes the Easter weekend. Staffside leant towards option 2, as this fits with other authorities and is easier for parents.

Staffside were surprised that heads and governors feel there would be no problem with 4 day weeks, particularly in secondary schools.

3.3.3 Neighbouring authorities

Bradford	Likely to implement option 2.
Kirklees	Already agreed option 2.
North Yorkshire	Likely to implement option 1

3.3.4 Diocese

Bradford, Ripon and Leeds C of E Diocese is supportive of option 3, on the grounds that this offers the best educational opportunities to pupils. The traditional pattern (option) would leave extremely short half terms, which would not benefit best practice in teaching and learning and so they fully support the option which creates the most even term times.

The Catholic Diocese was consulted but did not respond.

3.3.5 The general public

The consultation was made available on Leeds City Council's consultation system 'Talking Point'. No responses were received.

The school community (parents, carers, children and young people, school based and Education Leeds staff). See also appendix 1.

In total there were 819 responses to the consultation.

3.3.6 Schools:

A total of 313 responses were received from school based staff. 11% of respondents were in favour of option 1, 13% in favour of option 2, and 76% in favour of option 3.

90% of respondents did not see four-day weeks as a problem.

3.3.7 Parents:

A total of 480 responses were received from parents. 23% of respondents were in favour of option 1, 29% in favour of option 2, and 48% in favour of option 3.

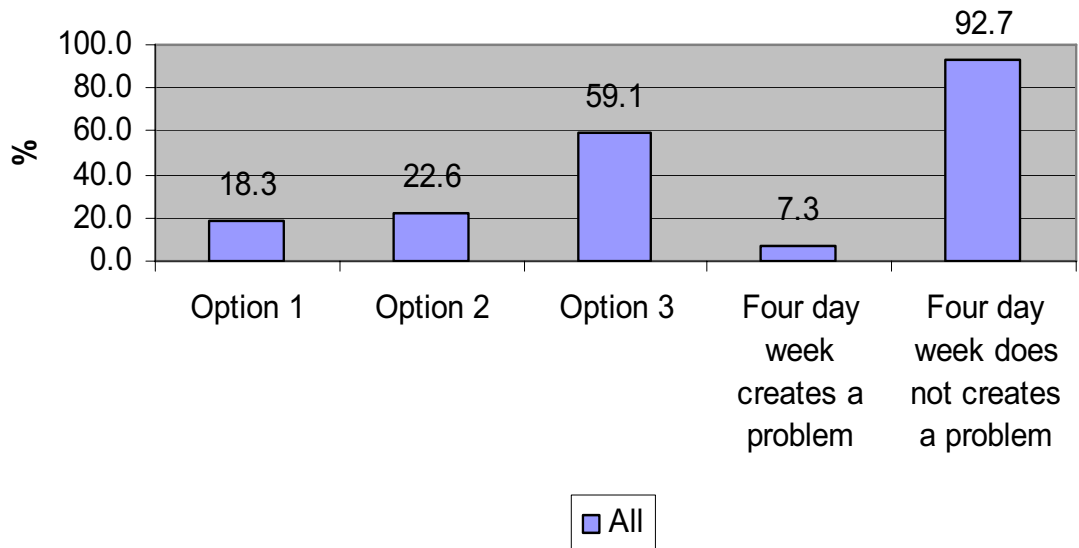
89% of respondents did not see four-day weeks as a problem.

3.3.8 Education Leeds staff:

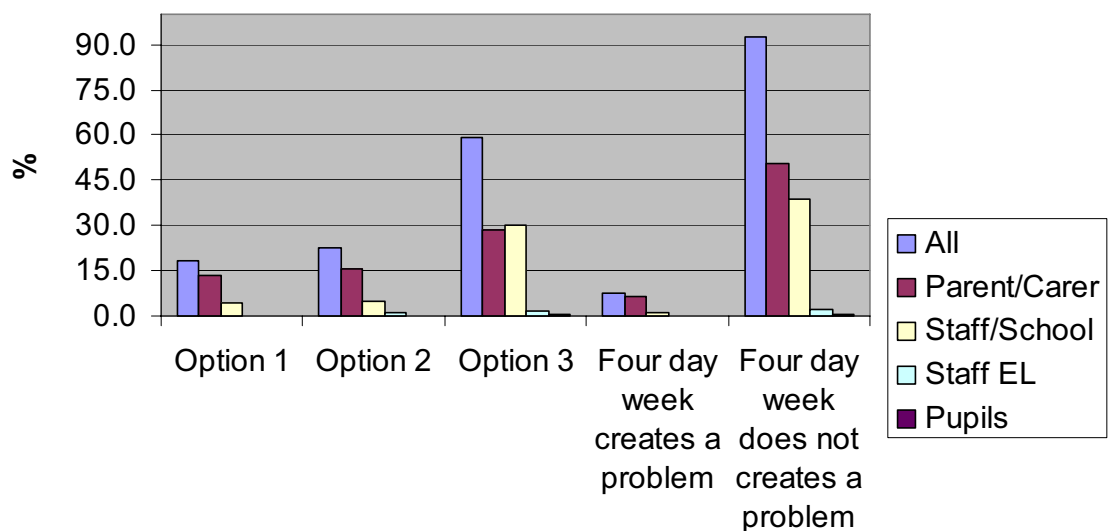
A total of 20 responses were received from Education Leeds staff. 10% were in favour of option 1, 35% in favour of option 2, and 55% in favour of option 3.

90% of respondents did not see four-day weeks as a problem.

Responses to school calendar consultation 2010-11



All responses to school calendar consultation 2010-11



In summary:

Of the 819 respondents, 18% are in favour of option 1, 23% in favour of option 2, and 59% in favour of option 3.

93% of respondents did not see four-day weeks as a problem.

3.3.9 Adjustment

Schools have highlighted an issue with option 3. If this option is implemented, an adjustment to the calendar would be needed. Schools could not open the Tuesday following Easter Monday, as superintendents are not contracted to work this Tuesday. Tuesday 26 April would therefore be holiday, and schools would open on Monday 20 December 2010 or Tuesday 26 July 2011, to make up this extra day.

3.4 Additional LGA consultation on length of summer / Christmas holidays

In November 2008 the LGA modified its recommendation for 2010-11. Following concerns raised, the LGA decided to probe more deeply the views around the timing of the summer and Christmas breaks.

Autumn term would begin on Wednesday 1 September and end on Friday 17 December (shorter 5.5 week summer holiday and longer 2 week Christmas break)
Or

Autumn term would begin on Monday 6 September and end on Wednesday 22 December (longer 6 week summer holiday and shorter 1.5 week Christmas break)

The Headteacher and Governor Forums and the JCC were asked to comment. Views were inconclusive although moderately in favour of the shorter summer break, to reduce the 'learning gap', and the longer Christmas break, as many industries take a two week break, families plan holidays accordingly, and to aid teacher recovery time.

3.5 A clear majority of respondents (60%) favour option 3, and it is therefore recommended that Leeds adopts this pattern of term dates for 2010-11, and a fixed Easter school break in subsequent years.

Although Leeds will be out of synchronisation with neighbouring authorities, some of these authorities are considering consulting on a fixed Easter and there is the potential for them to join up with Leeds from 2011.

3.6 Equality Impact Assessment

An equality impact assessment has been completed. This highlights that there could be a problem with working parents and four-day weeks. However, such problems will be avoided or minimised if the school calendar is published and promoted well in advance.

There could also be an impact on the 4190 (3.86%) of children in Leeds schools, that live in neighbouring local authorities which have not yet made decision to fix Easter. Some of these authorities have outlined their intentions to consult on fixing Easter. Negotiation will continue at the regional group.

As consultation has taken place and is overwhelmingly in favour of option 3, the depth of support across schools, parents and communities for this proposal is evident.

4.0 **IMPLICATIONS FOR COUNCIL POLICY AND GOVERNANCE**

Not applicable.

5.0 **LEGAL AND RESOURCE IMPLICATIONS**

Not applicable.

6.0 **RECOMMENDATIONS**

The Executive Board are asked to:

- note the extensive consultation undertaken to consider the implications for the 2010/11 school calendar in Leeds;
- approve the school calendar dates detailed in option 3 in paragraph 3.1 above as recommended in 3.3.9 , and detailed in Annex 3
- approve a move in Leeds from 2011/121 onwards to adopt a fixed break between term 2 and 3, irrespective of when Easter falls with a corresponding adjustment to the summer vacation which ensures a two week Christmas break.

Background Papers

There are no background papers

Appendix 1

Analysis of comments from consultation responses

The most popular choice amongst school staff who responded was option 3, receiving more than 75% of the vote. Option 3 also received 48% of the parents vote. Popular reasons for this choice were that this option would benefit the level of pupil's concentration. Other reasons cited by both staff and parents alike, were that family holidays were cheaper.

Where childcare was cited as a factor that motivated selection, Option 2 received significantly more votes than options 1 or 3.

Even though 93% of respondents said that 4 day weeks would not pose a problem, where it did, it was cited that the 4 day weeks would be difficult for working parents unless the days off school were bank holidays.

Some parents and school staff said that having consistent holidays across phases, and also with neighbouring authorities is important.

Annexe 1

NORTH EAST AND YORKSHIRE PROPOSED REGIONAL CALENDAR

2010/2011 OPTION 1 DRAFT

	July	August	September	October	November	December
Monday		23 30	6 13 20 27	4 11 18 25	1 8 15 22 29	6 13 20 27
Tuesday		24 31	7 14 21 28	5 12 19 26	2 9 16 23 30	7 14 21 28
Wednesday		25	1 8 15 22 29	6 13 20 27	3 10 17 24	1 8 15 22 29
Thursday		26	2 9 16 23 30	7 14 21 28	4 11 18 25	2 9 16 23 30
Friday		27	3 10 17 24	1 8 15 22 29	5 12 19 26	3 10 17 24 31
Saturday		28	4 11 18 25	2 9 16 26 30	6 13 20 27	4 11 18 25
Sunday		29	5 12 19 26	3 10 17 24 31	7 14 21 28	5 12 19 26

	January	February	March	April	May	June
Monday	3 10 17 24 31	7 14 21 28	7 14 21 28	4 11 18 25	2 9 16 23 30	6 13 20 27
Tuesday	4 11 18 25	1 8 15 22	1 8 15 22 29	5 12 19 26	3 10 17 24 31	7 14 21 28
Wednesday	5 12 19 26	2 9 16 23	2 9 16 23 30	6 13 20 27	4 11 18 25	1 8 15 22 29
Thursday	6 13 20 27	3 10 17 24	3 10 17 24 31	7 14 21 28	5 12 19 26	2 9 16 23 30
Friday	7 14 21 28	4 11 18 25	4 11 18 25	1 8 15 22 29	6 13 20 27	3 10 17 24
Saturday	1 8 15 22 29	5 12 19 26	5 12 19 26	2 9 16 23 30	7 14 21 28	4 11 18 25
Sunday	2 9 16 23 30	6 13 20 27	6 13 20 27	3 10 17 24	1 8 15 22 29	5 12 19 26

	July
Monday	4 11 18 25
Tuesday	5 12 19 26
Wednesday	6 13 20 27
Thursday	7 14 21 28
Friday	1 8 15 22 29
Saturday	2 9 16 23 30
Sunday	3 10 17 24 31

195 DAY ENVELOPE

	Bank Holiday
	Holiday

The number of term days shown is 195. Up to five of these days will be used as professional development days for teaching staff; pupils will not attend on these days. Each school determines when these will take place and will

Annexe 2

**NORTH EAST AND YORKSHIRE PROPOSED REGIONAL CALENDAR
2010/2011 OPTION 2 DRAFT**

	2010	July	August	September	October	November	December
Monday			23 30	6 13 20 27	4 11 18 25	1 8 15 22 29	6 13 20 27
Tuesday			24 31	7 14 21 28	5 12 19 26	2 9 16 23 30	7 14 21 28
Wednesday			25	1 8 15 22 29	6 13 20 27	3 # 17 24	1 8 15 22 29
Thursday			26	2 9 16 23 30	7 14 21 28	4 # 18 25	2 9 16 23 30
Friday			27	3 10 17 24	1 8 15 22 29	5 # 19 26	3 10 17 24 31
Saturday			28	4 11 18 25	2 9 16 26 30	6 # 20 27	4 11 18 25
Sunday			29	5 12 19 26	3 10 17 24 31	7 # 21 28	5 12 19 26
	2011	January	February	March	April	May	June
Monday		3 10 17 24 31	7 14 21 28	7 14 21 28	4 11 18 25	2 9 16 23 30	6 13 20 27
Tuesday		4 11 18 25	1 8 15 22	1 8 15 22 29	5 12 19 26	3 # 17 24 31	7 14 21 28
Wednesday		5 12 19 26	2 9 16 23	2 9 16 23 30	6 13 20 27	4 # 18 25	1 8 15 22 29
Thursday		6 13 20 27	3 10 17 24	3 10 17 24 31	7 14 21 28	5 # 19 26	2 9 16 23 30
Friday		7 14 21 28	4 11 18 25	4 11 18 25	1 8 15 22 29	6 # 20 27	3 10 17 24
Saturday		1 8 15 22 29	5 12 19 26	5 12 19 26	2 9 16 23 30	7 # 21 28	4 11 18 25
Sunday		2 9 16 23 30	6 13 20 27	6 13 20 27	3 10 17 24	1 8 # 22 29	5 12 19 26
	2011	July					
Monday		4 11 18 25					
Tuesday		5 12 19 26					
Wednesday		6 13 20 27					
Thursday		7 14 21 28					
Friday		1 8 15 22 29					
Saturday		2 9 16 23 30					
Sunday		3 10 17 24 31					

195 DAY ENVELOPE

Bank Holiday

Holiday

The number of term days shown is 195. Up to five of these days will be used as professional development days for teaching staff; pupils will not attend on these days. Each school determines when these will take

Annexe 3

NORTH EAST AND YORKSHIRE PROPOSED REGIONAL CALENDAR

OPTION 3 DRAFT

2010/2011	July	August	September	October	November	December
Monday		23 30	6 13 20 27	4 11 18 25	1 8 15 22 29	6 13 20 27
Tuesday		24 31	7 14 21 28	5 12 19 26	2 9 16 23 30	7 14 21 28
Wednesday		25	1 8 15 22 29	6 13 20 27	3 10 17 24	1 8 15 22 29
Thursday		26	2 9 16 23 30	7 14 21 28	4 11 18 25	2 9 16 23 30
Friday		27	3 10 17 24	1 8 15 22 29	5 12 19 26	3 10 17 24 31
Saturday		28	4 11 18 25	2 9 16 23 30	6 13 20 27	4 11 18 25
Sunday		29	5 12 19 26	3 10 17 24 31	7 14 21 28	5 12 19 26

2011	January	February	March	April	May	June
Monday	3 10 17 24 31	7 14 21 28	7 14 21 28	4 11 18 25	2 9 16 23 30	6 13 20 27
Tuesday	4 11 18 25	1 8 15 22	1 8 15 22 29	5 12 19 26	3 10 17 24 31	7 14 21 28
Wednesday	5 12 19 26	2 9 16 23	2 9 16 23 30	6 13 20 27	4 11 18 25	1 8 15 22 29
Thursday	6 13 20 27	3 10 17 24	3 10 17 24 31	7 14 21 28	5 12 19 26	2 9 16 23 30
Friday	7 14 21 28	4 11 18 25	4 11 18 25	1 8 15 22 29	6 13 20 27	3 10 17 24
Saturday	1 8 15 22 29	5 12 19 26	5 12 19 26	2 9 16 23 30	7 14 21 28	4 11 18 25
Sunday	2 9 16 23 30	6 13 20 27	6 13 20 27	3 10 17 24	1 8 15 22 29	5 12 19 26

2011	July
Monday	4 11 18 25
Tuesday	5 12 19 26
Wednesday	6 13 20 27
Thursday	7 14 21 28
Friday	1 8 15 22 29
Saturday	2 9 16 23 30
Sunday	3 10 17 24 31

195 DAY ENVELOPE

Bank Holiday

Holiday

The number of term days shown is 195. Up to five of these days will be used as professional development days for teaching staff; pupils will not attend on these days. Each school determines when these will take place and will inform parents.

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ITEM No:

Originator: Brian Tuffin / Dorothy
Smith / Alun Rees



Tel:

REPORT OF THE CHIEF EXECUTIVE OF EDUCATION LEEDS

REPORT OF THE CHIEF EXECUTIVE OF EDUCATION LEEDS

EXECUTIVE BOARD: 13 May 2009

SUBJECT: The Achievement of Looked After Children

EXECUTIVE SUMMARY

1.00 PURPOSE OF THE REPORT

This report outlines the achievement of Looked after Children in Leeds and identifies strategies for improving their outcomes

2.00 Background Information

Improving the achievement of Looked After Children (LAC) has been highlighted as a key issue in recent evaluations and Local Authority inspections. It is a priority in the Joint Area Review (JAR) and in the Children and Young People's Plan.

In 2007 the Leeds Extended School for Looked After Children (LEXS) was created, led by a headteacher to champion their welfare and progress. This has:

- raised the profile of looked after children across the city
- built closer working relationship with partners in Education Leeds and Children and Young People's Social Care
- raise expectations for the achievement of the young people; and developed a more strategic approach to improving outcomes.

4.00 SUMMARY OF THE MAIN ISSUE

There are Looked After Children in Leeds who have consistently high attendance and achievement. However, overall levels of achievement are well below that of their peers, although broadly in line with national comparative data.

5.00 RECOMMENDATIONS

The Board is asked to consider the main findings of this report and note its conclusions

Agenda Item:

Originators: Brian Tuffin /
Dorothy Smith / Alun Rees

Telephone:

REPORT OF THE CHIEF EXECUTIVE OF EDUCATION LEEDS

EXECUTIVE BOARD: 13 May 2009

SUBJECT: The Achievement of Looked After Children

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality & Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call-in

Not Eligible for Call-in
(Details contained in the Report)

1.0 PURPOSE OF THIS REPORT

1.1 This report outlines the achievement of Looked after Children in Leeds and identifies strategies for improving their outcomes.

2.0 BACKGROUND INFORMATION

2.1 Improving the achievement of Looked After Children (LAC) has been highlighted as a key issue in recent evaluations and Local Authority inspections. It is a priority in the Joint Area Review (JAR) and in the Children and Young People's Plan. In 2007 the Leeds Extended School for Looked After Children (LEXS) was created in Leeds, led by a headteacher to champion their welfare and progress. The headteacher has been able to improve the rigour of information and data held about these pupils.

2.2 The Leeds Extended School for LAC has raised the profile of its pupils, and built closer working relationship with partners in Education Leeds and Children and Young People's Social Care. It has sought to raise expectations for the achievement of the young people and developed a more strategic approach to improving outcomes. The success of these partnerships will be judged by the impact on the young people particularly by improvements in standards, attendance and behaviour

3.0 **MAIN ISSUES**

3.1 **Characteristics of the LAC cohort**

3.1.1 There are over 800 Looked after Children in Leeds schools (children who have been in care continuously for a period of 12 months or more) of which over a third attend Leeds primary schools and a slightly bigger proportion attend Leeds secondary schools. 10% of LAC are on the roll of a Specialist Inclusive Learning Centre (SILC) and a further 10% attend schools outside Leeds.

3.1.2 71% of LAC are on a special needs register compared with only 19% for all Leeds pupils. 51% of LAC have a statement of SEN or are registered as School Action Plus. The main need is behaviour, emotional and social difficulties, with moderate learning difficulties also being significant. It should be recognised that these conclusions are based on the 2008 (OC2) cohort and therefore further work would need to be undertaken in regard of pupil progress to assess individual children.

3.2 **Attendance of LAC**

3.2.1 Primary age LAC have rates of attendance higher than children overall. Attendance is higher at every age for both boys and girls, and increases with age, so that LAC have higher rates of attendance in year 6 than in year 1. Even though overall attendance fell very slightly in 2007-8, the attendance of LAC improved. The proportion of LAC with over 90% and with over 95% attendance is higher than for all pupils. This has also improved in 2007-8 along with a reduction in the proportion attending for less than 80% of the time.

3.2.2 This pattern of good attendance continues into year 7, but thereafter attendance declines with age until by year 11 attendance rates have fallen to less than 82%, over 6% lower than for all pupils. Unauthorised absence is particularly high in year 11. Secondary school attendance of LAC is not significantly influenced by gender.

3.2.3 54% of LAC at secondary school attend for over 95% of the time. This is better than for all pupils (48%). However, 18% attend for less than 80% of the time. This is twice the proportion compared with all pupils. Moreover, a quarter of LAC in year 11 were persistently absent.

3.2.4 Absence for 'other unauthorised reason' (truancy) accounts for a third of all absence for LAC in secondary schools. Absence due to exclusion has been cut from 14% to 8% but is still three times higher than for all Leeds pupils.

3.3 **Exclusions**

3.3.1 The number of LAC permanently excluded from Leeds schools has been reduced from eight in 2005/6 to two in 2007/8. Rates of fixed term exclusion are much higher for LAC with a higher proportion of pupils excluded and for longer periods than for all pupils. LAC are excluded for the same reasons as any children, with physical assault and verbal abuse given as the most common reason.

3.3.2 Fixed term exclusions from primary schools and PRUs are much lower than from secondary schools and SILCs. Within the SILC category most are from the BESD SILC. Boys experience many more exclusions than girls.

3.4 **Achievement in Primary Schools**

- 3.4.1 Only 11% of the 45 LAC in the foundation stage reached the benchmark level, compared with 47% of all pupils. The largest differentials are for social and emotional development, and all aspects of communication, language and literacy. Boys did significantly better than girls in the foundation stage.
- 3.4.2 At Key Stage 1, the proportion of LAC reaching level 2 for reading, writing and maths is substantially lower than for all children. The percentage point gap between LAC and all children is, however, broadly in line with the national figure. A larger proportion of LAC girls reached level 2+ at reading and writing than did boys, and the gap was significantly greater in maths.
- 3.4.3 At the end of Key Stage Two, a quarter of the LAC cohort were not entered for the English and math tests because they were assessed by teachers as working below the level of the test. While there was some improvement between 2007 and 2008 in the achievement of LAC, the levels are lower than national equivalent levels. The gap between LAC and all pupils was higher in Leeds than nationally. A larger proportion of LAC girls reached level 4+ at English and science than did boys, but the gap in maths was negligible.

3.5 **Achievement in Secondary Schools**

- 3.5.1 At Key Stage 3 test data was incomplete in 2008, but some notable issues can be discerned. A high number of LAC were absent from the tests and there was also a high number of pupils assessed below the level of the test or not registering a level, particularly in English. On the other hand, sixteen LAC achieved a level six, seven or eight in maths. A larger proportion of LAC girls reached level 5+ in English than did boys, but the difference in maths and science was negligible.
- 3.5.2 At Key Stage 4, if all qualifications are included, 16% of LAC achieved 5 or more A*-C, and 44% 5 or more A*-G. Half of pupils achieved no A*-C grades, and 7% no A*-G grades. The gap, therefore, between LAC and all pupils is large, and similar to national figures. LAC girls out performed boys in all the Key Stage 4 measures.
- 3.5.3 Predictions from Key Stage 2 estimate that 26% of LAC should have achieved 5A*-C and 71% 5A*-G. This indicates that we should expect significant improvement on current rates of achievement.

3.6 **Destinations of LAC**

- 3.6.1 In 2007 61% of LAC stayed in full time education. While this was a 9% increase on previous years, this is lower than national comparative rates and rates for all students. The proportion of LAC unemployed after year 11 was over 20% in 2006 and 2007, higher than national rates and much higher than for all students in Leeds.

3.7 **Conclusions from the Data Analysis**

- 3.7.1 It can be seen that significant numbers of LAC start out with difficult social and emotional issues that mitigate against them achieving the functional skills required to be successful on entering the secondary phase. For too many of these young people, this causes an early sense of failure in secondary schools, resulting in a lack of engagement, poor attendance and behavioural issues leading to relatively high exclusions and poor outcomes.

4.0 **STRATEGIC FRAMEWORK TO SUPPORT LOOKED AFTER CHILDREN**

- 4.1 The strategic focus to date has been on those LAC in secondary school most at risk of underachieving or disengaging with education. This focus is maintained through increasingly integrated and coordinated working across Children Leeds.
- 4.2 The Multi-Agency Looked After Partnership Executive (MALAP Exec.), chaired by Education Leeds (EL), brings strategic leaders from across Children's Services and its partners together with operational leaders from Children & Young People's Social Care (CYPSC); Early Years; Health; Integrated Youth Support; and the Youth Offending Service. It monitors the quality of the services to looked after children and care leavers (LAC) and their outcomes. It also oversees the implementation of the Care Matters Agenda and related aspects of the new Children & Young People's Act.
- 4.3 Chaired by the Lead Executive Member for Children's Services, the Elected Member Corporate Carer Group acts to support and challenge services working with looked after children and care leavers. The profile of LAC is raised through the collective and individual advocacy of Members who also attend the Area Committees. The group also acts as a 'lay Governing Body' for LEXS and as critical friend for the Head of LEXS. Finally the group's new terms of reference will formalise its relationship to the MALAP Exec. and ensure reports come to it not only from CYPSC and EL but the MALAP partners
- 4.4 There is a particular effort to support older LAC to achieve economic wellbeing & make a positive contribution stay safe & be healthy
- CYPSC Pathway Planning Team work closely with Connexions to ensure young people make a successful transition from school to education, training or employment;
 - LEXS brokered protocol between Pathway Planning and the Leeds Colleges to ensure LAC receive priority support when they join any Leeds college;
 - Residential homes have a named Youth Service contact;
 - The PCT has invested very significant additional resources into the LAC Health Team which has a vital role in both assessing and safeguarding young people's general health and well-being;
 - A sexual health specialist nurse is attached to the Pathway Planning Team to work closely with looked after young people at risk;

5.0 **DEVELOPING FOCUS FOR SUPPORT**

- 5.1 Continue to raise the profile of this underachieving cohort through the following:
- Headteacher writes regularly in the Governor Bulletin and attends Area Governor Forum meetings;
 - regular meetings between LEXS and secondary school personalised teachers are identifying barriers to progress and agreeing interventions for individual looked after children;
 - regular meetings with clusters of primary schools;
 - Integrated Support and Psychology Service (ISPS) and LEXS will jointly run professional development focusing on the statutory guidance relating to designated teacher job descriptions and competencies;
 - specialist LAC Attendance Officer supports schools and children's homes in improving the attendance of LAC;
 - the agreed protocol between EL Attendance Improvement Service and Children &

Young People's Social Care ensures carers and social workers are informed about good practice in maintaining attendance as well as when absence becomes a cause for concern; and

- an annual conference to celebrate good practice in Leeds.

5.2 Accelerate the social and emotional development of LAC in the primary phase:

- CYPSC Therapeutic Social Care team and CAMHS prioritise referrals of LAC to support stable care placements and engagement with learning and personal development;
- EL Integrated Support and Psychology Service (ISPS) prioritise LAC in their case work and in support for school professional practice. The team has also identified a named educational psychologist as the link between the service and LEXS;
- ISPS and LEXS collaborate to produce a leaflet for schools on good practice relating to LAC including two leaflets offering advice to individual school staff on de-escalation techniques and on the attachment disorder issues that many LAC display;
- CYPSC Fostering and Fieldwork Services work closely with LEXS to support the placement stability of LAC essential to the development of positive self esteem and resilience; monitor their personal development and well-being; and ensure they have the opportunity to participate in decisions about their care;
- foster Carers are well briefed on safeguarding and well-being and there is a strategy in place to develop their capacity and capability to care even more effectively for children and young people;
- EL Education Protects team offers small 'dowry grants' to support LAC in primary schools and to provide training for school staff, social workers and school governors; and
- Continuation of 'Find your Talent' Pilot that has supported work with LAC:
 - reading support and engagement with libraries for Year 3 into 4;
 - mixed age groups hosted by the Library Service and stimulating creativity;
 - research to identify what children and young people who are LAC would identify as future priorities;
 - a holiday project to engage LAC with the creation of a multi-media Heritage Trail useable by any young person; and
 - systems and processes to ensure all LAC can access Breeze and that their engagement can be monitored.

5.3 Improve the targeted acquisition of functional skills and personal learning and thinking skills in early years settings, primary and secondary schools

- EL School Improvement Service and School Improvement Partners prioritise LAC and their progress as part of their contact with schools and this is supported by pupil level target setting for all LAC in Leeds;
- 1-to-1 tuition by qualified teachers for LAC who have fallen behind or have gaps in understanding due to disrupted education has been piloted this year and will be mainstreamed next year;
- Study through Sport provides LEXS with study support programmes at both Elland Road and the John Charles Centre;
- Early Year's Service are working to support the early engagement of LAC and their carers with Children's Centres and giving them priority access to the programmes they offer;
- foster carers are being encouraged to develop the skills to support reading development among LAC;
- Leeds Inclusive Learning and 14+ strategies are taking account of the needs of

looked after children as they develop, as are the developing locality Children's Trusts and cluster based Extended Services;

- LAC are prioritised by Area Inclusion Partnerships and their Project Directors to increase the range of appropriate support for LAC; and
- Targeted Youth Support are working with LEXS to ensure priority access to support for LAC who may be at risk of becoming NEET and LAC have priority access to Youth Offending Service/'Dance United' provision.

5.4 Provide mentoring and coaching for all looked after children and young people in Leeds.

5.5 Ensure all schools share pupil level attendance, attainment and progress information held in school management information systems with the Local authority so that termly monitoring of improvement in outcomes can be evaluated.

5.6 The activities described above are categorised in Annex 2 against the Every Child Matters outcomes.

6.0 **IMPLICATIONS FOR COUNCIL POLICY AND GOVERNANCE**

6.1 The high level of special needs and comparatively low achievement of LAC compared with other children means that tackling this inequality should remain a very high priority for Leeds.

7.0 **LEGAL AND RESOURCE IMPLICATIONS**

7.1 The need to ensure that improvements described in this report means that LAC must remain a high priority when allocating resources.

8.0 **RECOMMENDATIONS**

- 8.1
- The Board is asked to consider the main findings of this report and note its conclusions.
 - The Board is asked to receive an update report in six months

Background Papers

There are two annexes to this paper:

Annex 1: 2008 education outcomes for looked after children

Annex 2: Main strategies for improvement and current action being taken to support the outcomes of Looked After Children

The Achievement of Looked After Children

Annex 1

2008 EDUCATION OUTCOMES FOR LOOKED AFTER CHILDREN

Publication Date: February 2009

NUMBERS AND CHARACTERISTICS OF LOOKED AFTER CHILDREN

This report is based on the 2008 OC2 cohort of Looked After Children (LAC) who were of statutory school age.

Over 40% of LAC were on the roll of a Leeds secondary school, with a third (33%) in Leeds primary schools. 10.4% of LAC were at a Specialist Inclusive Learning Centre (SILC), this is compared to less than 1% for all pupils in Leeds. Of those at SILCs, 26 were on the roll of the BESD (Behaviour, Emotional and Social Difficulties) SILC. Almost 10% of the 2008 OC2 cohort were on the roll of a school outside Leeds.

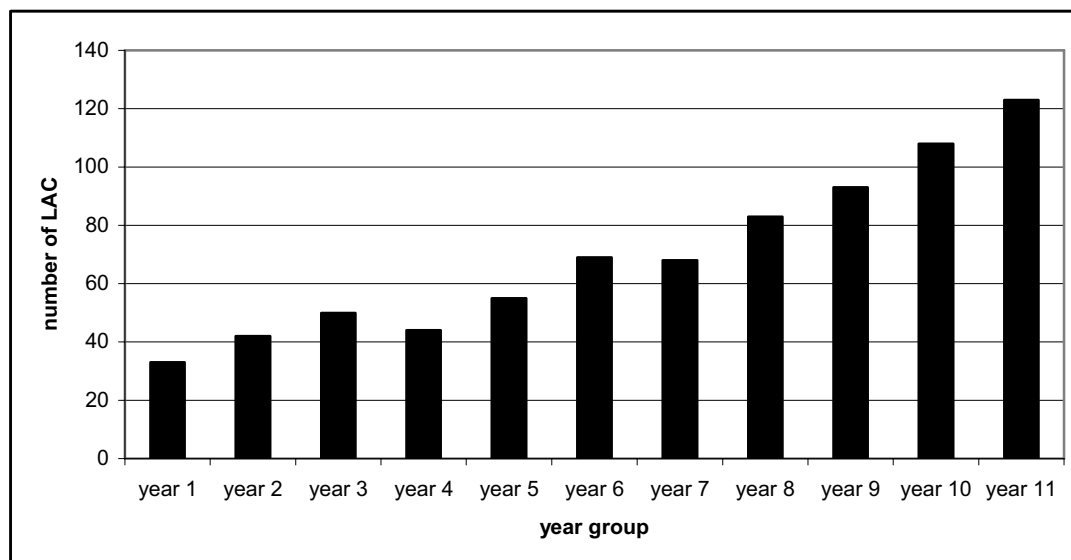
Type of schools attended by Looked After Children

	Number of LAC	% of LAC
Primary	299	36.4
Secondary	341	41.5
Specialist Inclusive Learning Centre (SILC)	81	9.9
Academy	14	1.7
Pupil Referral Unit (PRU)	7	0.9
out of area	75	9.1
other	5	0.6

Source: School Census

The numbers of LAC in each school year group are shown in the chart below, which indicates that the numbers of LAC tend to increase with age, with almost four times as many LAC in year 11 as in year 1.

LAC by year group



The following analysis is based on those young people in the OC2 cohort who were on the roll of a Leeds school as information is not available for those in out of area schools.

There are more boys than girls in the LAC cohort in Leeds. The rate of eligibility for free school meals is slightly below the average for Leeds, as is the proportion of LAC that are of Black and Minority Ethnic heritage. The starkest difference for LAC in terms of pupil

characteristics is in relation to Special Education Needs (SEN). Only 28.7% of LAC have no SEN, compared to 81% of all pupils in Leeds. 22% have statements of SEN, 21% are on School Action and another 29% on School Action Plus.

Pupil Characteristics of Looked After Children

	LAC	All pupils
female	41.2	
male	58.8	
Eligible for free school meals	17.5	18.7
BME	15.7	19.2
<i>Special Education Needs (SEN)</i>		
No SEN	28.7	81.0
School Action	20.7	11.3
School Action Plus	28.8	5.8
Statement of SEN	21.8	1.9

Source: School Census January 2008

The primary SEN for almost half of LAC on School Action Plus and almost 40% of LAC with statements is 'Behaviour, Emotional and Social Difficulties'. The second highest SEN is Moderate Learning Difficulties which accounts for almost a quarter of School Action Plus and 18% of statements. 16% of LAC with statements of SEN have Severe Learning Difficulties.

Primary SEN for LAC on School Action Plus and with a statement of SEN

Primary SEN	School Action Plus		Statement of SEN	
	number	%	number	%
Autistic Spectrum Disorder	0	0.0	8	5.3
Behaviour, Emotional & Social Difficulties	93	47.0	59	39.3
Hearing Impairment	0	0.0	0	0.0
Moderate Learning Difficulty	49	24.7	27	18.0
Other Difficulty/Disability	21	10.6	2	1.3
Physical Disability	2	1.0	2	1.3
Profound & Multiple Learning Difficulty	0	0.0	5	3.3
Speech, Language and Communication Needs	19	9.6	5	3.3
Severe Learning Difficulty	0	0.0	24	16.0
Specific Learning Difficulty	6	3.0	2	1.3
Visual Impairment	1	0.5	0	0.0
Multiple Sensory Impairment	0	0.0	0	0.0
not recorded	7	3.5	16	10.7

Source: School Census, January 2008

ATTENDANCE OF LOOKED AFTER CHILDREN

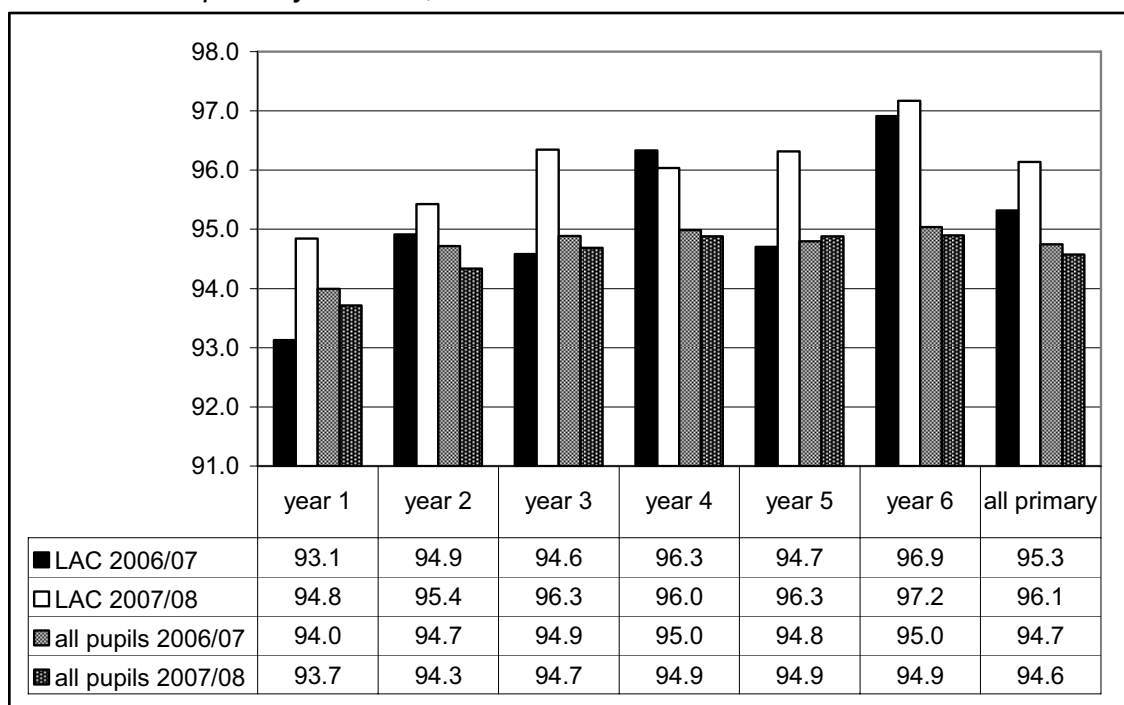
The analysis presented here is for LAC on the roll of a Leeds school as data is not available for pupils in out of area schools.

Attendance of Looked After Children in Primary Schools

Overall attendance and absence

In 2007/08, the attendance of LAC in primary school increased, this is in the context of a fall in attendance for all pupils in Leeds primary schools. Therefore attendance of LAC remained higher than the Leeds average and attendance for LAC was 1.6% higher than the Leeds average. Attendance improved for all year groups for LAC, except year 4, the increases achieved for year 1 LAC means that all year groups now have attendance above the Leeds average.

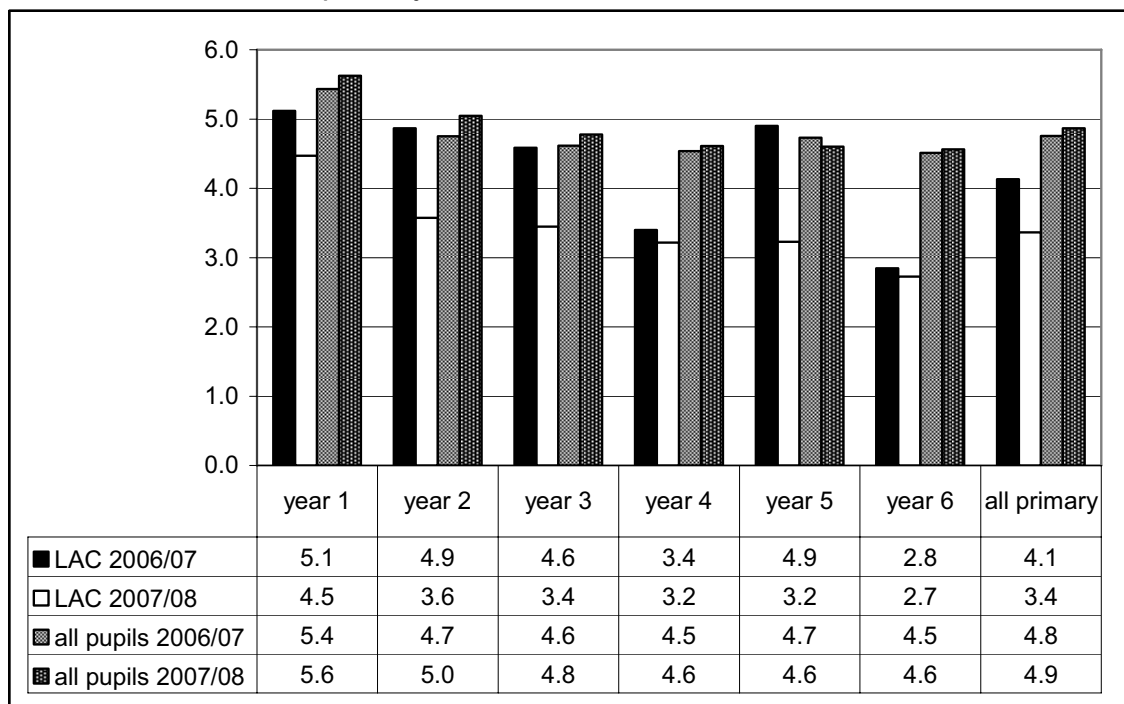
Attendance in primary schools; 2006/07 and 2007/08



Source: School Census

Authorised absence for LAC in primary schools fell by 0.8 percentage points in 2007/08 and was 1.5% lower than the Leeds average. Authorised absence was over one percentage point lower than the Leeds average for pupils in years 4 and 6.

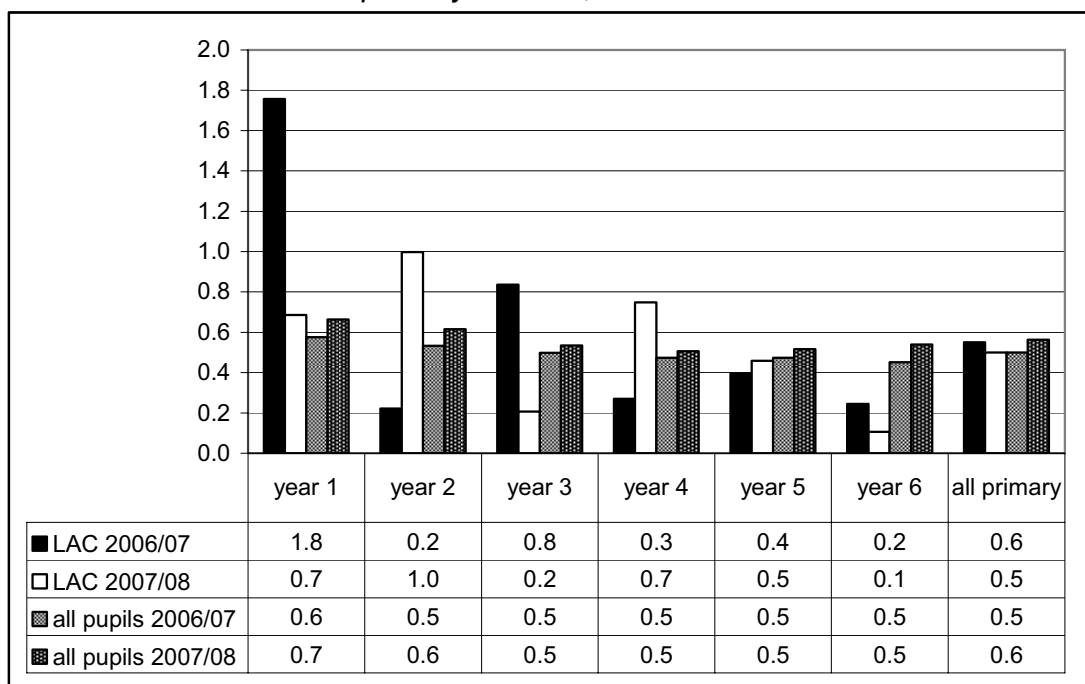
Authorised absence in primary schools; 2006/07 and 2007/08



Source: School Census

Overall, in 2007/08 unauthorised absence for Looked After Children in primary schools was 0.1% lower than for all pupils in Leeds primary schools. The high levels of unauthorised absence in year 1 seen in 2006/07 have now reduced, but levels of unauthorised absence in year 2 (last years year 1 cohort) has increased. The higher levels of unauthorised absence seen last year in year 3 have also followed through to higher levels of unauthorised absence in year 4 in 2007/08. Unauthorised absence for LAC in year 6 stayed low in 2007/08.

Unauthorised absence in primary schools; 2006/07 and 2007/08

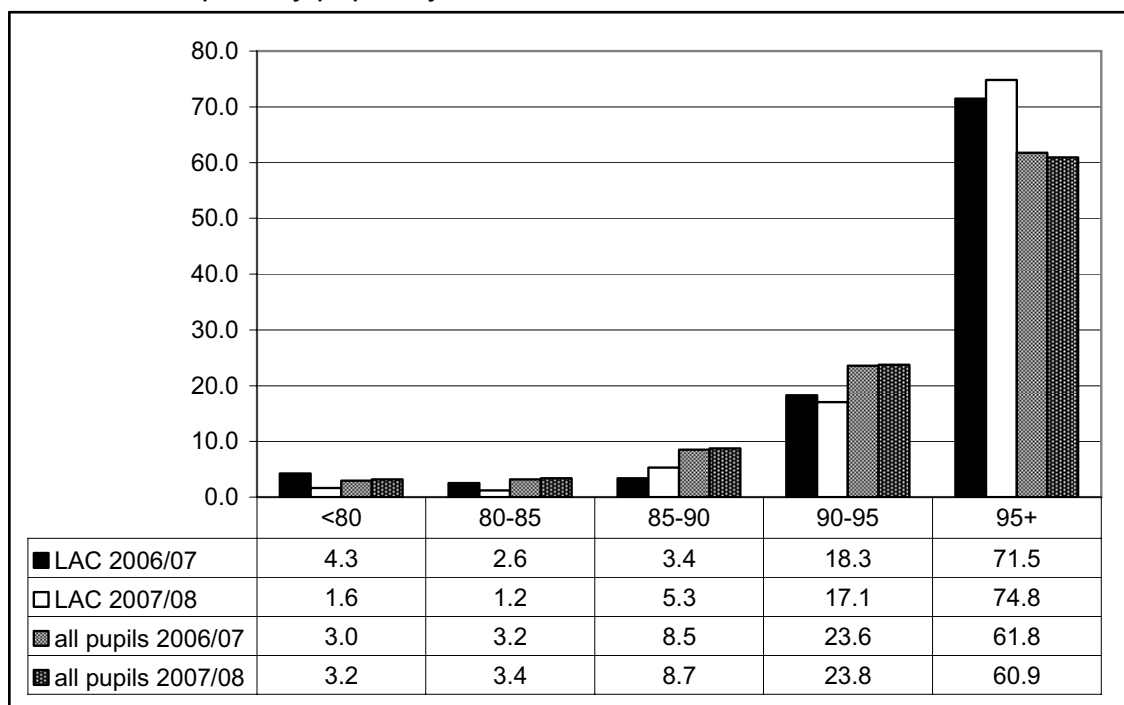


Source: School Census

Distribution of Pupils by Attendance Band

The chart below shows that the majority of primary school children have attendance above 95%. The proportion of LAC in primary school that attended at this level is higher than for all pupils and increased in 2007/08.

Distribution of primary pupils by attendance band; 2006/07 and 2007/08



Source: School Census

Notes: for pupils who were on a school roll for more than four weeks

Attendance of LAC by gender

	Female LAC	Male LAC	All LAC
% attendance	96.0	96.3	96.2
% authorised absence	3.2	3.2	3.2
% unauthorised absence	0.7	0.4	0.5

Reasons for Absence

The proportion of absences that were for illness is lower for LAC in primary schools than for all pupils, although LAC had a higher proportion of their absences for medical and dental appointments. LAC lost a higher proportion of their sessions due to being excluded than the average and also for other authorised reasons. The proportion of absence due to arrival after registers closed is almost three times higher for LAC than for all primary pupils, other unauthorised reason (truancy) rose in 2007/08 and is now higher than the average.

Reasons for absence as a percentage of all absences; 2006/07 and 2007/08

Reason for absence	LAC		All primary pupils	
	2006/07	2007/08	2006/07	2007/08
<i>Authorised Absences</i>				
Illness	41.7	42.4	61.6	61.7
Medical/Dental appointments	14.4	14.4	5.4	5.1

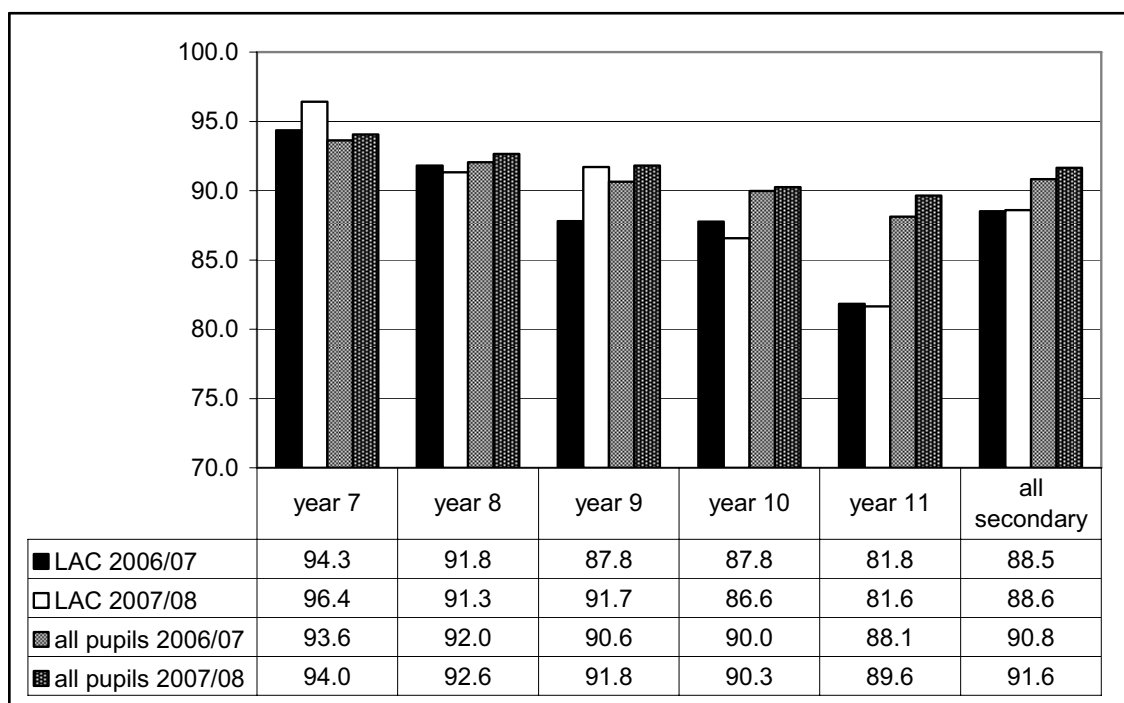
Religious observance	0.0	0.8	0.1	3.0
Study leave	0.0	0.0	0.0	0.0
Traveller absence	0.0	0.0	0.3	0.3
Agreed family holiday	12.7	14.6	14.9	14.6
Agreed extended family holiday	0.1	0.0	1.0	0.6
Excluded	3.2	5.1	0.3	0.3
Other authorised reason	15.1	9.4	4.9	4.1
<i>Unauthorised Absences</i>				
Not agreed family holiday	0.7	0.0	1.0	1.3
Arrived after registers closed	4.3	4.2	1.4	1.5
Other unauthorised reason	3.9	6.9	5.0	5.4
No reason yet provided	2.6	2.1	1.9	2.1

Source: School Census

Attendance of Looked After Children in Secondary Schools

Overall attendance and absence

As with all pupils, attendance falls as LAC progress through secondary school. Attendance for LAC is higher than the Leeds average for year 7. After year 7, attendance is lower than the Leeds average for LAC for each year group (only marginally for year 9). Overall attendance for LAC in secondary schools is now over three percentage points lower than for all secondary pupils as the improvements achieved across all pupils have not been matched by the LAC cohort. The differential is highest in year 11 where attendance for LAC is less than 82%, over eight percentage points lower than for all pupils in year 11.



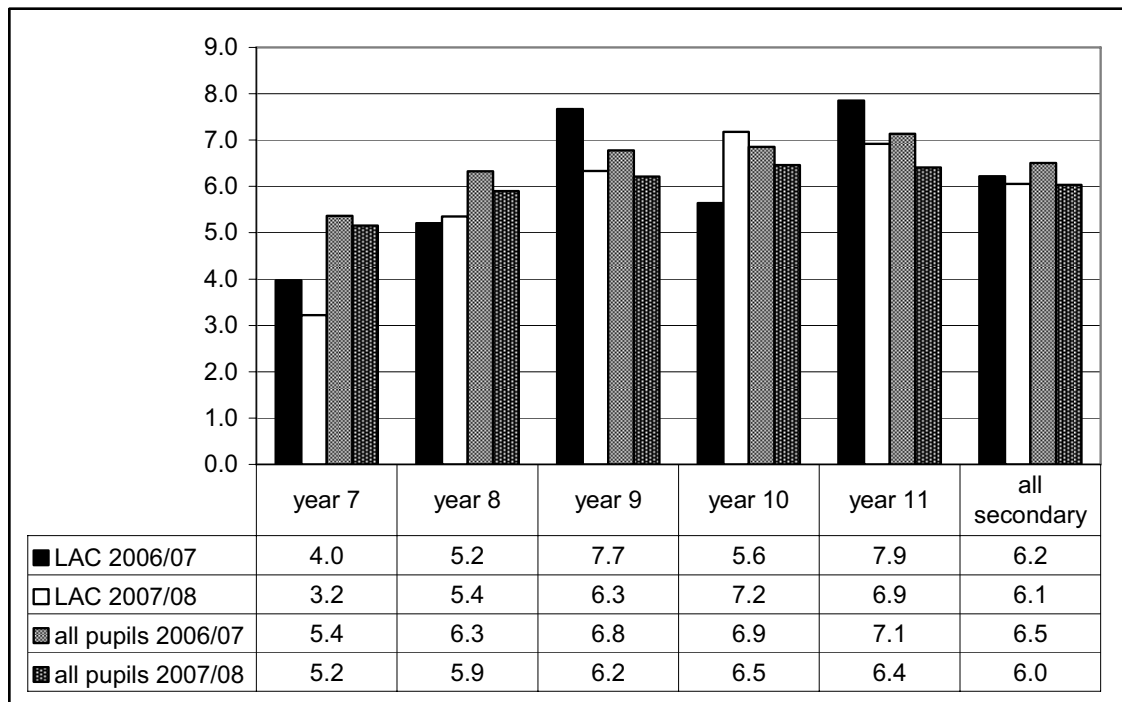
Attendance in secondary schools; 2006/07 and 2007/08

Source: School Census

Authorised absence for LAC is in line with the level of authorised absence for all pupils, therefore all of the discrepancy in attendance is caused by higher levels of unauthorised

absence. Authorised absence for LAC peaks in years 10 and 11 and it is these year groups where authorised absence is higher for LAC than for all pupils.

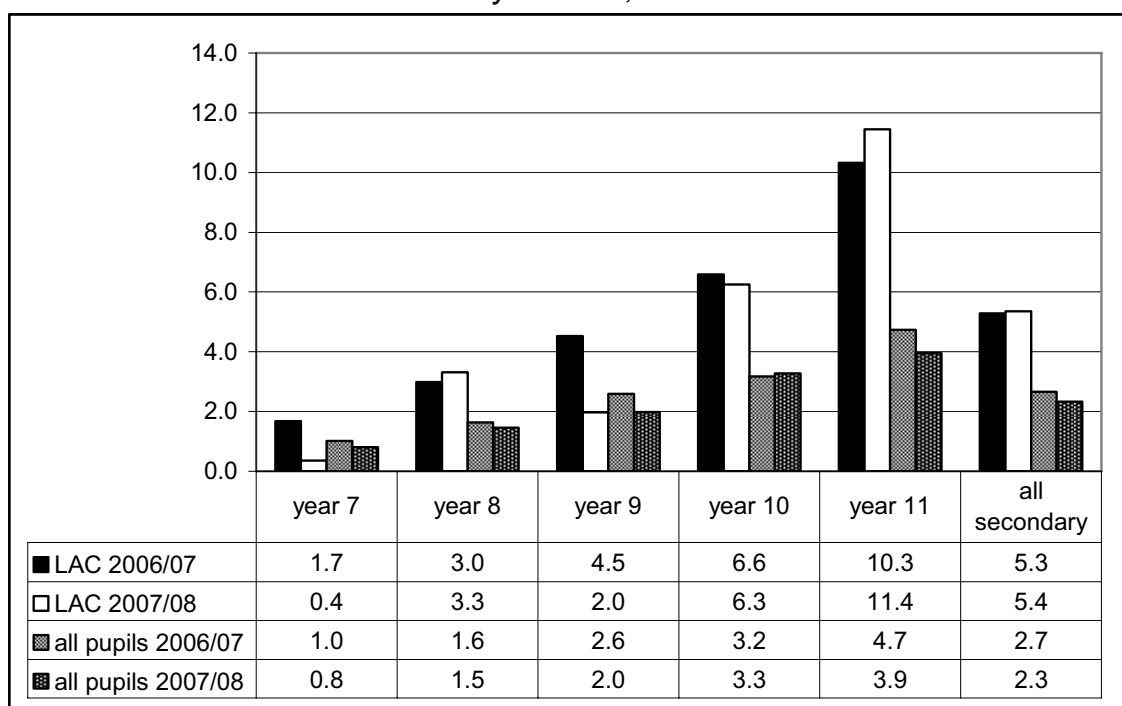
Authorised absence in secondary schools; 2006/07 and 2007/08



Source: School Census

Unauthorised absence is 3 percentage points higher for LAC than the average for all secondary pupils. The gap between LAC and all pupils increased in 2007/08 as unauthorised absence remained relatively static for LAC, but fell for all pupils. Unauthorised absence for LAC is higher in all year groups except years 7 and 9. Unauthorised absence is highest for LAC in year 11, where it reached over 11% in 2007/08, over seven percentage points higher than the Leeds average.

Unauthorised absence in secondary schools; 2006/07 and 2007/08

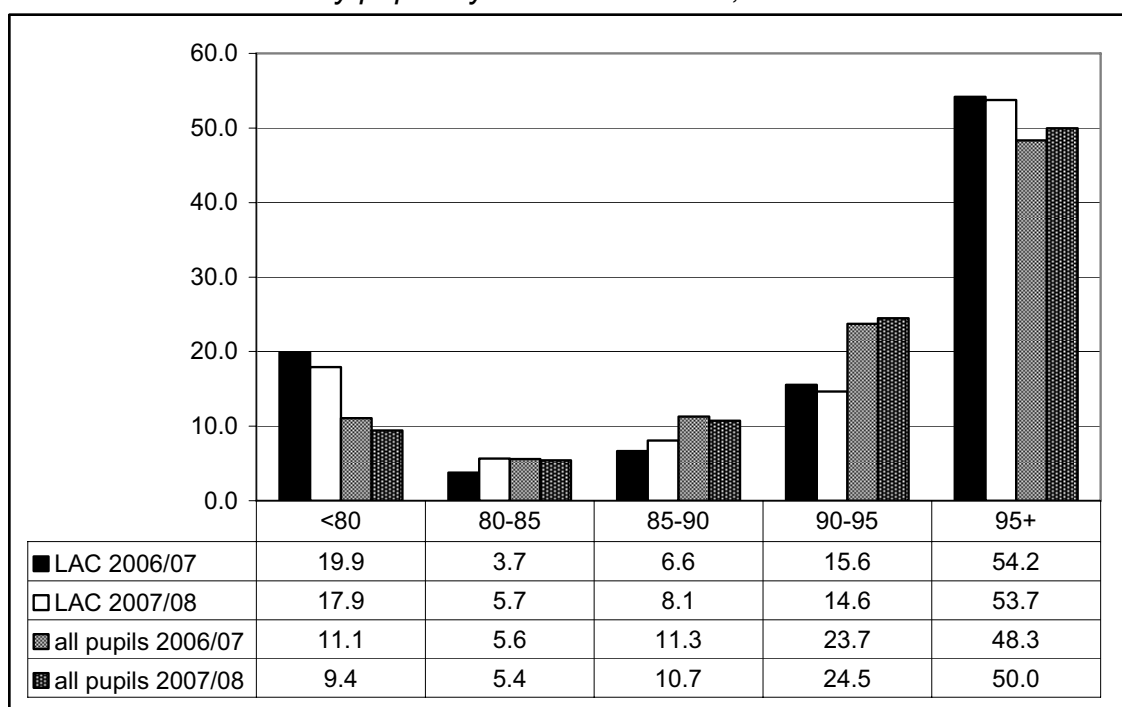


Source: School Census

Distribution of Pupils by Attendance Band

The chart below shows that over half of secondary LAC had attendance over 95%, this is a higher proportion than for all pupils. However, 18% of LAC attended for less than 80% of time, almost double the proportion for all secondary pupils, this was a decrease from 2006/07. The proportion of LAC with low levels of attendance is particularly important as research has shown the link between low school attendance and other outcomes such as attainment, NEET and youth offending.

Distribution of secondary pupils by attendance band; 2006/07 and 2007/08



Source: School Census

Notes: for pupils who were on a school roll for more than four weeks

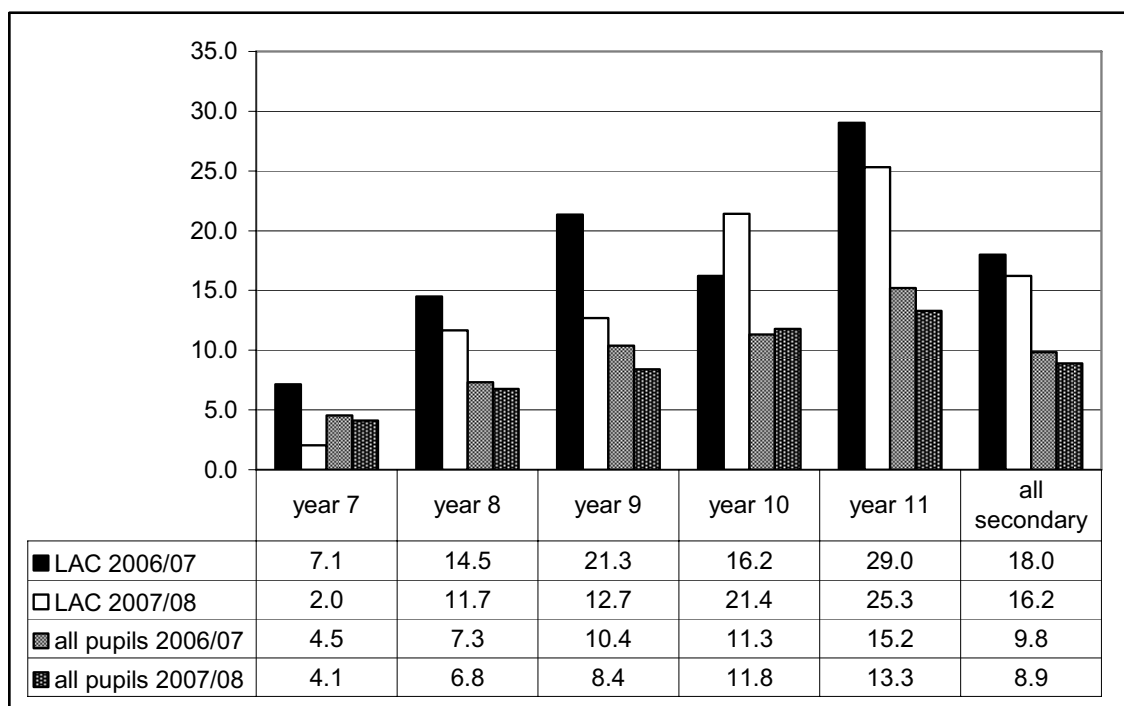
Persistent Absence

In November of the 2006/07 academic year, the DCSF announced a new drive to tackle persistent absence (PA) in schools. Persistent absence was defined as pupils who miss 20% or more of the school year. The figure of 20% absence was chosen as it is a widely-used threshold for intervention, recognising the significant impact that such low attendance has on outcomes for young people.

The measure of persistent absence is slightly different to the below 80% attendance band because it is not based on a percentage attendance but on meeting the criteria for the number of sessions missed (64 sessions or more in half terms one to five).

In 2007/08 the proportion of LAC in secondary schools that were persistently absent fell from 18% to 16%, double the drop achieved across all pupils. Persistent absence remains higher in older year groups for LAC, as it is across all pupils. Over a quarter of year 11 LAC were persistently absent. Persistent absence fell for all year groups for LAC, with the exception of year 10.

Percentage of pupils persistently absent; 2006/07 and 2007/08



Source: School Census (half terms 1-4)

Attendance of LAC by gender

	Female LAC	Male LAC	All LAC
% attendance	89.1	88.3	88.6
% authorised absence	6.3	5.5	5.9
% unauthorised absence	4.6	6.2	5.4
% persistent absentees	15	17	16

Reasons for Absence

The percentage of absence that were for illness is significantly lower for LAC than for all children. The percentage of absence for LAC due to exclusion has reduced from 14% in 2006/07 to 8% in 2007/08, but this is still over three times higher than for all Leeds pupils. Absence for 'other unauthorised reason' (equivalent of truancy) accounts for over a third of all absence for LAC in secondary schools and the proportion of absence due to this reason has increased from 2006/07, however this is likely to be accounted for by the decrease in absences coded as 'N' ('no reason recorded').

Reasons for absence as a percentage of all absences; 2006/07 and 2007/08

Reason for absence	LAC		All primary pupils	
	2006/07	2007/08	2006/07	2007/08
<i>Authorised Absences</i>				
Illness	15.9	17.9	45.4	48.8
Medical/Dental appointments	3.2	3.2	5.1	5.6
Religious observance	0.0	1.3	0.1	1.9
Study leave	0.7	1.1	0.6	0.3
Traveller absence	0.0	0.0	0.1	0.1
Agreed family holiday	4.3	2.8	5.4	5.6
Agreed extended family holiday	0.0	0.0	0.1	0.1
Excluded	14.3	8.2	3.8	2.6
Other authorised reason	12.8	18.4	7.5	7.3
<i>Unauthorised Absences</i>				
Not agreed family holiday	0.2	0.4	0.8	1.5
Arrived after registers closed	2.1	2.2	1.4	1.3
Other unauthorised reason	22.1	37.1	15.3	19.0
No reason yet provided	21.4	7.1	11.0	5.8

Source: School Census

EXCLUSIONS OF LOOKED AFTER CHILDREN

This analysis is for LAC excluded from Leeds schools.

Permanent Exclusions

The number of LAC in the OC2 cohort permanently excluded from school has dropped in each of the last three academic years. Although numbers are small, the rate of exclusion for LAC has consistently been higher than the rate for all pupils in Leeds.

Looked After Children permanently excluded from Leeds schools

	OC2	All LAC		All pupils
	Number excluded	Number excluded	Rate of exclusion	Rate of exclusion
2004/05	6	6	5.5	1.1
2005/06	5	8	7.7	0.8
2006/07	3	4	3.8	0.6
2007/08	1	2	1.8	0.5

Source: Education Data Management System

Fixed Term Exclusions

Fixed Term exclusions for Looked After Children in Leeds schools

	2005/06	2006/07	2007/08
number of exclusions	293	305	327
number of pupils excluded	119	110	96
number of days lost	1246	1094	828

Source: Education Data Management System

In 2007/08, 96 LAC received one or more fixed term exclusion, this is 12.6% of the cohort, down 1.5% from 2006/07. However for all pupils in Leeds only 3.1% of pupils were excluded. Although the number of LAC excluded fell in 2007/08, the number of exclusions for LAC rose, this is in the context of falling exclusion numbers for all pupils. This rise in the number of exclusions means that the rate of exclusion for LAC has risen and the rate of exclusion for LAC was almost 9 times higher than for all pupils. The average days lost for each excluded pupil is higher for LAC than for all pupils.

Comparative fixed term exclusions

	LAC OC2		All pupils	
	2006/07	2007/08	2006/07	2007/08
% of pupils excluded	14.1	12.6	3.1	2.4
rate of exclusion per 1000 pupils	390.0	429.1	60.2	48.2
average days lost per pupil	1.4	1.1	0.23	0.14
average days lost per excluded pupil	9.9	8.6	7.6	5.9

Source: Education Data Management System

The reasons for fixed term exclusion for LAC and all pupils are shown in the table below. The highest reason cited for LAC is verbal abuse against staff, which account for a quarter of all exclusions. The proportion of exclusions for persistent disruptive behaviour has decreased by 10% in 2007/08 for LAC. There is a higher proportion of exclusions for LAC for both physical assault of staff and verbal abuse of staff, as well as 'other' reason.

Fixed term exclusions of LAC by school type

School type	Number of exclusions
primary	20
PRU	31
secondary	167
SILC	109

Fixed term exclusions of LAC by gender

	Female LAC	Male LAC
Number of fixed term exclusions	94	233
% of fixed term exclusions	29	71
% of cohort	43	57

Reasons for fixed term exclusions (percentage of exclusions)

Reason for exclusion	LAC – OC2		All pupils	
	2006/07	2007/08	2006/07	2007/08
Physical Assault – Pupil	7	11	17	15
Physical Assault – Staff	10	13	5	7
Bullying	2	4	2	2
Dangerous Behaviour*	7	7	6	5
Persistent Disruptive Behaviour	24	14	25	23
Damage to Property	5	3	3	2
Drug and Alcohol Related	2	2	2	3
Other	11	17	10	13
Racial Abuse	1	1	2	2
Sexual Misconduct	1	0	1	1
Theft	3	0	3	1
Verbal Abuse – Pupil	2	1	3	3
Verbal Abuse – Staff	25	26	23	23

ATTAINMENT AND ACHIEVEMENT OF LOOKED AFTER CHILDREN

Foundation Stage Profile

The number of LAC in the foundation stage has almost doubled between 2007 and 2008 (from 24 to 45).

The benchmark level of attainment in the foundation stage is 78 points across all aspects plus at least a level 6 in all aspects of personal and social development and communication, language and literacy. In 2008, only 11% of LAC achieved this benchmark compared to a third of LAC in 2007. This is compared to 47% of all pupils in Leeds.

Of the 45 LAC in reception in 2008, 10 did not have an assessment for the Foundation Stage Profile (FSP). Of these, six are in a Leeds school or SILC and would be expected to have an assessment, one was in a school outside Leeds, one was in nursery, one entered a Leeds school after the assessment time and another had no school recorded.

The table below shows that LAC have lower outcomes than the Leeds average for all aspects of the Foundation stage profile (the percentages in the table are based on the 35 young people with assessments). The differences in outcomes vary between aspects. The largest differentials are for social and emotional development and all aspects of communication, language and literacy. The proportion of LAC achieving 6 or above has fallen in 2008 for all aspects of the foundation stage except calculating, shape space and measures and physical development.

Percentage of pupils attaining 6 or above in the Foundation Stage: LAC and all pupils in Leeds in 2007 and 2008

Number of pupils in OC2 Foundation Stage cohort: 45 (35 with FSP results)				
	LAC		All pupils	
	2007	2008	2007	2008
Personal and Social Development:				
Dispositions and Attitudes	79	66	85	81
Social Development	79	34	80	76
Emotional Development	54	29	74	71
Communication, language and literacy:				
Language for communication and thinking	63	46	77	74
Linking sounds and letters	63	51	70	73
Reading	67	37	71	69
Writing	46	23	60	59
Mathematical Development:				
Numbers as labels for Counting	83	71	86	85
Calculating	42	46	67	67
Shape, space and measures	67	69	78	77
Knowledge and understanding of the world	54	54	73	74
Physical development	71	74	89	85
Creative Development	63	57	76	74

Source: NCER KeyPAS

Foundation Stage Profile by gender

	Female LAC	Male LAC	All LAC
Cohort size	15	20	35
% with good level of achievement	7	15	11

Key Stage 1

The percentage of pupils attaining level 2 or above in Key Stage 1 rose for reading and maths in 2008, but fell for writing. In 2007 outcomes were below national levels for reading and maths and in line for writing. Details of outcomes for LAC in 2008 in Leeds are provided below. This shows that data is unknown for three pupils at present. The majority of pupils that did not achieve level 2 are either working towards a level 1 (W) or a level 1.

Percentage attaining level 2 or above in Key Stage 1

	Leeds – all pupils			Leeds - LAC			England - LAC	
	2006	2007	2008	2006	2007	2008	2006	2007
Reading	83	82	81	68	49	55	57	55
Writing	80	77	75	54	51	43	52	51
Maths	88	87	85	62	49	66	65	64

Source: DCSF statistical first release

Percentage attaining level 2 or above in Key Stage 1 by gender

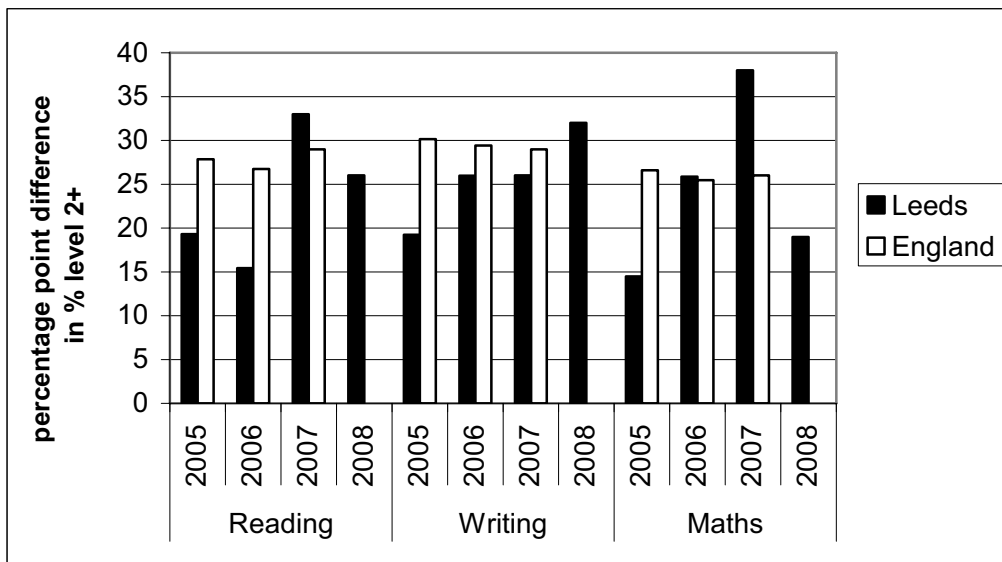
	Female LAC	Male LAC	All LAC
Cohort size	19	25	44
% level 2+ reading	58	52	55
% level 2+ writing	47	40	43
% level 2+ maths	79	56	66

2008 Key Stage 1 outcomes for Looked After Children

Number of pupils in OC2 Key Stage 1 cohort: 44						
KS1 Outcome	Number of pupils			Percentage of pupils		
	Reading	Writing	Maths	Reading	Writing	Maths
Working towards level 1 (W)	7	9	4	16	20	9
Level 1	10	13	8	23	30	18
Level 2	24	19	27	55	43	61
Level 3	0	0	2	0	0	5
Not known	3	3	3	7	7	7

The chart below shows that the percentage point gap between outcomes for LAC and all pupils in 2007 was lower in Leeds than nationally for writing but higher for reading and maths. Between 2007 and 2008, gaps in attainment decreased for reading and maths but increased for writing. In 2008 gap between LAC and all pupils in Leeds was over 30% for writing, over 25% for reading and almost 20% for maths

Percentage point difference in the percentage achieving level 2 or above in Key Stage 1 between LAC and all pupils



Source: DCSF statistical first release

Key Stage 2

Key Stage 2 Attainment

Provisional data indicates that the percentage of LAC attaining level 4 or above in Key Stage 2 tests has improved for all subjects in 2008. Improvements were particularly significant for maths (11% increase) and science (9% increase). However, attainment in Leeds remains below the national levels of attainment achieved in 2007.

Percentage attaining level 4 or above in Key Stage 2

	Leeds – all pupils			Leeds - LAC			England - LAC	
	2006	2007	2008	2006	2007	2008	2006	2007
English	79	81	80	35	40	43	43	46
Maths	76	77	77	35	30	41	41	43
Science	85	87	86	45	48	57	57	59

Source: DCSF statistical first release

A quarter of the LAC cohort were not entered for the English and maths exams due to being teacher assessed as working below the level of the test (B), a further 4% and 10% respectively for each subject took the test but did not register a level. A significant proportion of pupils achieved a level 3 in each subject.

Percentage attaining level 4 or above in Key Stage 2 by gender

	Female LAC	Male LAC	All LAC
Cohort size	26	44	70
% level 4+ English	50	39	43
% level 4+ maths	42	41	41
% level 4+ science	65	52	57

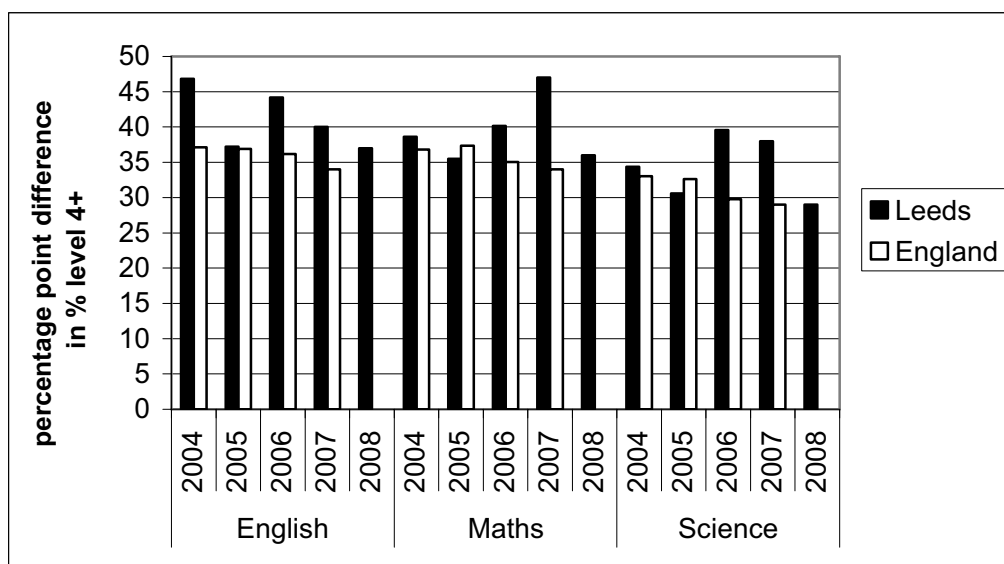
2008 Key Stage 2 outcomes for Looked After Children

Number of pupils in OC2 Key Stage 2 cohort: 70						
KS2 Outcome	Number of pupils			Percentage of pupils		
	English	Maths	Science	English	Maths	Science
Absent (A)	1	1	1	1	1	1

Working below the level of the test (B)	18	19	13	26	27	19
Took test but didn't register a level (N)	3	7	1	4	10	1
Level 2	2			3	0	0
Level 3	12	11	12	17	16	17
Level 4	27	20	32	39	29	46
Level 5	3	9	8	4	13	11
Disapplied	1	1	1	1	1	1
Taking test in future	1	1	1	1	1	1
Left before the test (L)	1			1	0	0
Not known	1	1	1	1	1	1

In 2007, the gap in the percentage of pupils achieving level 4 or above between LAC and all pupils was higher in Leeds than nationally, with the largest gap for maths. The gap decreased between 2007 and 2008 for all three core subjects. In 2008 the gap in Leeds was over 35% for English and maths.

Percentage point difference in the percentage achieving level 4 or above in Key Stage 2 between LAC and all pupils



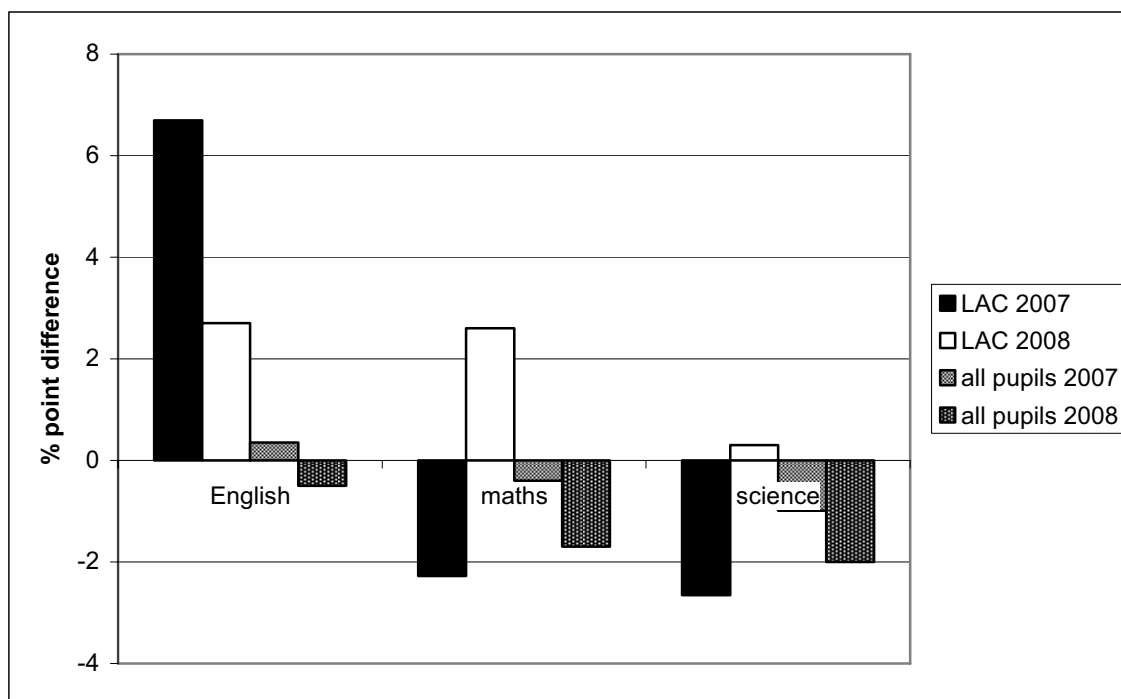
Source: DCSF statistical first release

Key Stage 1 to 2 Contextual Value Added

The Fischer Family Trust produce contextual value added (CVA) estimates of pupil performance based on their prior attainment, pupil characteristics and the context of the school which they attend.

The CVA analysis for LAC reveals that in 2008, the percentage of LAC that attained a level 4 or above in English and maths is higher than the percentage that were estimated to achieve that level. This performance is better than for all pupils in Leeds who were below their estimate. However, due to the small number of pupils in the LAC cohort, this equates to one additional pupil achieving level 4 or above. For science the percentage of LAC attaining level 4 or above is in line than the estimate. The CVA measure for LAC has improved for maths between 2007 and 2008, but reduced for English.

Percentage point difference between estimated and actual level 4 or above in Key Stage 2; 2008



Source: Fischer Family Trust
 Note: analysis is for LAC in Leeds schools only

Key Stage 3

Key Stage 3 Attainment

Provisional data for 2008 indicates that the percentage of pupils attaining the expected level 5 in Key Stage 3 has risen in each core subject in Leeds.. In 2007 outcomes for LAC in Leeds were below national levels of performance.

Percentage attaining level 5 or above in Key Stage 3

	Leeds – all pupils			Leeds - LAC			England - LAC	
	2006	2007	2008	2006	2007	2008	2006	2007
English	70	71	69	28	24	28	28	29
Maths	75	73	75	32	27	34	33	31
Science	69	69	69	29	21	24	29	29

Source: DCSF statistical first release

The improvement in outcomes at Key Stage 3 for LAC have been achieved despite there being missing marks for a quarter of the cohort. Issues with assessment of Key Stage 3 nationally has meant that many young people do not have marks for Key Stage 3 in 2008.

There is a relatively high level of absence from Key Stage 3 tests for LAC, with 12% missing the English exam and 6% the maths exam. In English there are a significant number of LAC that were assessed as working below the level of the test (7%) or who took the test but did not register a level (12%). There were some excellent results as well, with six LAC achieving a level 7 in maths and one a level 8.

Percentage attaining level 5 or above in Key Stage 3 by gender

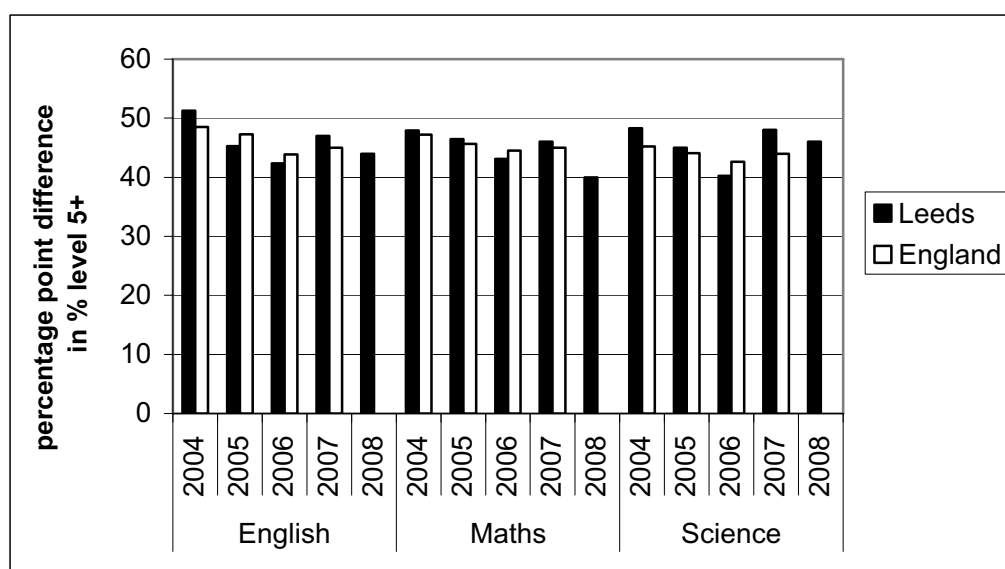
	Female LAC	Male LAC	All LAC
Cohort size	35	59	94
% level 5+ English	31	25	28
% level 5+ maths	34	34	34
% level 5+ science	23	25	24

2008 Key Stage 3 outcomes for Looked After Children

Number of pupils in OC2 Key Stage 3 cohort: 94						
KS3 Outcome	Number of pupils			Percentage of pupils		
	English	Maths	Science	English	Maths	Science
Absent (A)	11	6	10	12	6	11
Working below the level of the test (B)	7	6	6	7	6	6
Left before the test (L)	2	2	1	2	2	1
Took test but didn't register a level (N)	11	4	4	12	4	4
Level 3	3	8	9	3	9	10
Level 4	10	12	17	11	13	18
Level 5	20	16	13	21	17	14
Level 6	5	9	8	5	10	9
Level 7	1	6	2	1	6	2
Level 8		1		0	1	0
missing data	24	24	24	26	26	26

In 2007 the gap in attainment between LAC and all pupils was marginally larger in Leeds than seen nationally. The gap in attainment has decreased between 2007 and 2008 in Leeds for all core subjects.

Percentage point difference in level 5 or above in Key Stage 3 between LAC and all pupils



Source: DCSF statistical first release

Due to delays with national test results in 2008 and the cessation of Key stage 3 tests, contextual value added data from the Fischer Trust has not been produced for Key Stage 3 tests.

Key Stage 4

Key Stage 4 Attainment

The percentage of LAC in Key Stage 4 that sat exams rose in 2008. The percentage achieving 1 or more A*-G grades also rose slightly. The percentage achieving 5 or more A*-C increased to 9% but those achieving 5 or more A*-G fell. In 2007 the performance on all indicators was below national performance. The statutory OC2 return only counts GCSEs and GNVQs towards the benchmark indicators, however in the performance tables, other qualifications also count. If all qualifications are included then 16% of LAC achieved 5 or more A*-C and 44% achieved 5 or more A*-G.

Attainment in Key Stage 4

	Leeds – all pupils			Leeds - LAC			England - LAC	
	2006	2007	2008	2006	2007	2008*	2006	2007
% sat exams	96	97	98	69	66	70	66	68
% 1+ A*-G	95	95	97	67	62	64	63	64
% 5+ A*-G	87	88	91	49	39	34 (44)	41	43
% 5+ A*-C	52	56	62	6	8	9 (16)	12	13

Source: DCSF statistical first release

Notes: * figures in brackets are the percentage of LAC attaining that benchmark when all GCSE, GNVQ and equivalences are counted

50% of pupils entered for GCSEs or equivalent qualifications attained no A*-C grades, 7% achieved no A*-G grades. 5% achieved 4 A*-C. Some excellent results were achieved with 3 pupils achieving more than 9 A*-C.

Attainment in Key Stage 4 by gender

	Female LAC	Male LAC	All LAC
Cohort size	49	73	122
% sat exams	80	63	70
% 1+ A*-G	73	58	64
% 5+ A*-G	45	27	34
% 5+ A*-C	10	8	9

2008 Key Stage 4 outcomes for Looked After Children

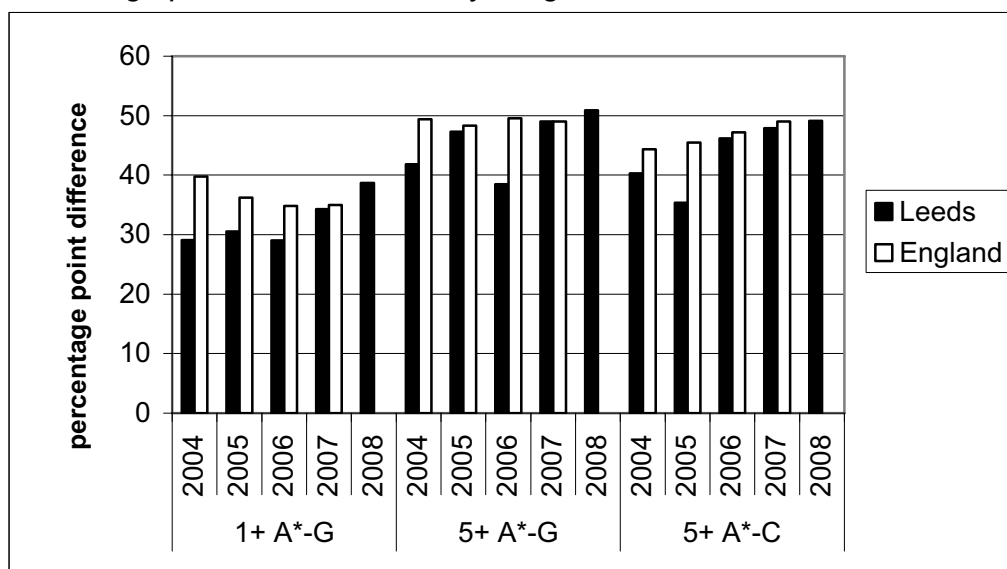
Number of pupils in OC2 Key Stage 4 cohort: 122				
KS4 Outcome	Number of pupils		Percentage of pupils	
	A*-C	A*-G	A*-C	A*-G
Sat at least one but achieved none	50	7	41	6
1+	33	78	27	64
3	6	10	5	8
4	5	9	4	7
5+	11	42	9	34

9+	3	12	2	10
12+	0	0	0	0
not entered	37		30	

Of the 37 LAC not entered for GCSE or GNVQ exams, 8 were entered for Entry Level Qualifications, most of these pupils were attending Specialist Inclusive Learning Centres (SILCs) and the points they have attained represent excellent achievement in some cases. A higher proportion of pupils in specialist provision were not entered for any qualification. Three others who were not entered for GCSEs are yet to finish Key Stage 4 (i.e. they were working in year 10 in 2007/08).

The gap in outcomes between LAC and all pupils was lower in Leeds than nationally at Key Stage 4 in 2007. However, Between 2007 and 2008 the gap in Leeds increased for all indicators due to significant improvements in GCSE performance for all pupils in Leeds that were not matched by the LAC cohort.

Percentage point difference in Key Stage 4 outcomes between LAC and all pupils

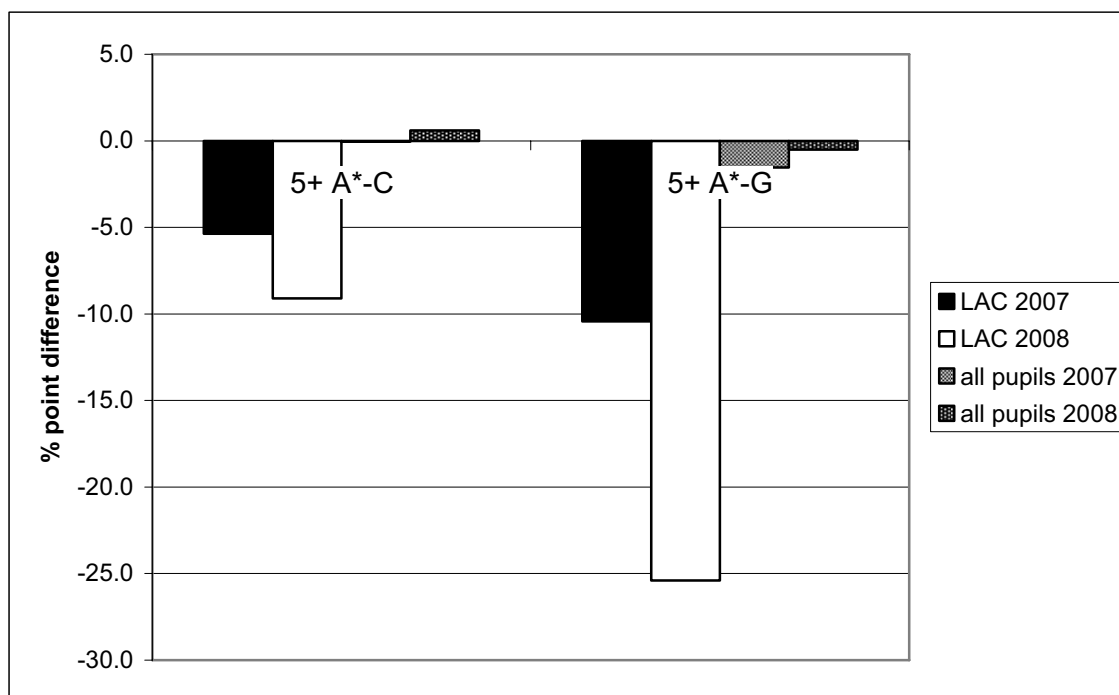


Source: DCSF statistical first release

Key Stage 2-4 Contextual Value-Added

In terms of achievement against estimates, the percentage of LAC achieving Key Stage 4 benchmark outcomes is below estimates for 5 or more A*-C and 5 or more A*-G. The CVA model estimated 26% of LAC would achieve 5 or more A*-C and 71% for 5 or more A*-G. For all pupils in Leeds, achievement was in line with expectations. The difference between achievement and estimates has worsened for LAC between 2007 and 2008.

Percentage point difference between estimated and actual performance in Key Stage 4; 2008



Source: Fischer Family Trust

Note: analysis is for LAC in Leeds schools only and includes all GCSE, GNVQ and equivalent qualifications

YEAR 11 DESTINATIONS

In Leeds, the proportion of LAC staying in full time education increased by 9% in 2007 after being static for the previous three years. This remains lower than seen nationally and significantly lower than the proportion of all pupils in Leeds who stayed in full-time education. (75% in 2007). The proportion of LAC who were unemployed after year 11 has reduced since 2006, but remains above national levels and significantly higher than for all pupils in Leeds (7.4% in 2007).

Destinations at the end of year 11 for Looked After Children (% of LAC)

	Leeds – all pupils		Leeds - LAC		England - LAC	
	2006	2007	2006	2007	2006	2007
Full time education	73	75	52	61	64	66
Full or part time training or employment	14	15	22	18	16	17
Unemployed	8.2	7.4	25	21	20	17

Source: DCSF statistical first release

REPORT OF THE CHIEF EXECUTIVE OF EDUCATION LEEDS

EXECUTIVE BOARD: 13 May 2009

SUBJECT: Annex 2: Main strategies for improvement and current action being taken to support the outcomes of Looked After Children

Main strategies for improvement and current action being taken to support the outcomes of Looked After Children

Enjoy and Achieve

- Education Leeds (EL) and Children & Young People's Social Care (CYPSC) jointly commissioned the secondment of a secondary headteacher to lead the Leeds Extended School for Looked After Children (LEXS). Created in September 2007 LEXS works to identify the needs of looked after children (LAC) either individually or as a group and intervenes to meet the need or brokers support from relevant services or partners. Those interventions are funded from £250k of 'new' money attracted by LEXS from Innovations Grant and CYPSC funds.
- Improved integration and dissemination of social care and education data on attainment, progress, attendance, and engagement with learning;
- EL School Improvement Service and School Improvement Partners prioritise LAC and their progress as part of their contact with schools and this is supported by pupil level target setting for all LAC in Leeds;
- Regular meetings between LEXS and secondary school designated teachers to identify barriers to progress and agree interventions for individual looked after children;
- Specialist LAC Attendance Officer to support schools in improving the attendance of LAC;
- Agreed protocol between EL Attendance Improvement Service and Children & Young People's Social Care to ensure carers and social workers are informed about good attendance as well as when it is a cause for concern;
- Grant funded Year 9 & 10 LAC Connexions Personal Advisor to support young people struggling to engage with learning and at risk of becoming NEET;
- 1-to-1 tuition by qualified teachers for LAC who are falling behind or have deficits in understanding due to disrupted education;
- EL sponsored research project to engage LAC in identifying the factors which have encouraged or discouraged them from engaging with learning;
- Improved advice to carers and social workers regarding fixed term exclusions;
- Priority given to LAC by the EL Pupil Planning Team;
- LAC prioritised by Behaviour and Attendance Partnerships and their Project Directors to increase the range of alternatives to exclusion;
- EL Education Protects team continues to offer small 'dowry grants' to support LAC in primary schools and to provide training for school staff, social workers and school governors;
- Integrated Support and Psychology Service (ISPS) have prioritised LAC in their case

work and in support for school professional practice. The team has also identified a named educational psychologist as the link between the service and LEXS;

- ISPS and LEXS have collaborated to produce a leaflet for schools on good practice relating to LAC;
- The Leeds Inclusive Learning and 14+ strategies are taking account of the needs of looked after children as they develop, as are the developing locality Children's Trusts and cluster based Extended Services;
- AimHigher/Stepping Stones continue to exemplify national best practice in their work with LAC, including mentoring and study support schemes; holiday programmes engaging both LAC and their carers; close links with the city's Universities which run holiday courses and taster programmes targeting LAC;
- The CLC's either contribute to these programmes or run accredited BTEC programmes for LAC in holiday time;
- Study through Sport have provided LEXS with study support programmes at both Elland Road and the John Charles Centre;
- The Early Year's Service are working to support the early engagement of LAC and their carers with Children's Centres and giving them priority access to programmes they offer;
- The educational outcomes of looked after children are closely dependent on the stability of their care placement; the aspiration and expertise of their carers and their participation in their own care. Hence support is spread across all the Every Child Matters outcomes

Additional Planned activity:

- Two further leaflets produced by LEXS and ISPS are now planned offering advice to individual school staff on de-escalation and on the attachment disorder issues that many LAC display;
- ISPS and LEXS will jointly run professional development focusing on the statutory guidance currently being consulted on that relates to designated teacher job descriptions and competencies;
- Plans are advancing to identify a volunteer mentor to every looked after child in Key Stage 3 & 4.

Achieve Economic Wellbeing & Make a Positive Contribution

Successful engagement with learning pre-16 is the most effective means of assuring effective transition to education, training or employment post-16 so the Enjoy and Achieve actions above are very important in achieving the outcome for all LAC:

- CYPSC Pathway Planning Team work closely with Connexions to ensure young people make a successful transition from school to ETE;
- LEXS brokered the protocol between Pathway Planning and the Leeds Colleges to ensure LAC received priority support when they joined the colleges;
- Targeted Youth Support are working with LEXS to ensure priority access to support for LAC who are NEET;
- Residential homes have a named Youth Service contact;
- LAC have priority access to Youth Offending Service/'Dance United' provision;
- The 'Find your Talent' Pilot has supported work with LAC: reading support and engagement with libraries for Year 3 into 4; mixed age groups hosted by the Library Service and stimulating creativity; research to identify what children and young people who are LAC would identify as future priorities; a holiday project to engage LAC with the creation of a multi-media Heritage Trail useable by any young person; and systems and processes to ensure all LAC can access Breeze and that their engagement can be monitored.

Stay Safe & Be Healthy

The work described above to maintain or re-establish the engagement with learning of LAC is a key component to keeping them safe and well in an appropriate educational setting:

- CYPSC Therapeutic Social Care team and CAMHS prioritise referrals of LAC to support stable care placements and engagement with learning and personal development;
- The PCT has invested very significant additional resources into the LAC's Health Team which has a vital role in both assessing but also safeguarding young people's general health and well-being;
- A sexual health specialist nurse is attached to the Pathway Planning Team to work closely with looked after young people at risk;
- CYPSC Fostering and Fieldwork Services work closely with LEXS to support the placement stability of looked after children, monitor their personal development and well-being, and ensure they have the opportunity to participate in decisions about their care;
- Foster Carers are well briefed on safeguarding and well-being and there is now a strategy in place to develop their capacity and capability to care even more effectively for children and young people.

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Originator: Mark Allman

Tel: 2478323

Report of the Director of City Development

Executive Board

Date: 13th May 2009

Subject: Design and Cost Report - Leisure Centre Refurbishment & Free Swimming Capital Modernisation – pot 4 round 1

Electoral Wards Affected:

Chapel Allerton, Pudsey, Crossgates & Whinmoor

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In
(Details contained in the report)

EXECUTIVE SUMMARY

1. This report seeks injection into the capital programme of £572,300 consisting of the Department of Culture, Media and Sport (DCMS) Free Swimming Capital Modernisation Programme pot 4 (£410,000), Prudential Borrowing (£30,000) and City Council budgets (totaling £132,300).
2. The report also seeks the authority to spend
 - a. £512,300 on the refurbishment of the changing rooms at Scott Hall Leisure Centre.
 - b. £90,000 on the installation of sound and light systems in the pool halls at Scott Hall, John Smeaton and Pudsey Leisure Centres, thus achieving the criteria set by DCMS for the award of this funding.
 - c. £30,000 on the extension of the Bodyline Gym at Scott Hall Leisure Centre.

1.0 Purpose Of This Report

- 1.1 To seek injection of £572,300 for the DCMS Free Swimming Capital Modernisation Programme and Leeds City Council budgets.
- 1.2 To seek authority to spend of £602,300 on capital works at Scott Hall, Pudsey and John Smeaton Leisure Centres to achieve the aims of the funding.
- 1.3 To seek authority to spend for the unsupported borrowing of £30,000 on the conversion of a squash court to Bodyline Gym at Scott Hall Leisure Centre.

2.0 Background Information

- 2.1 In December 2008, the Council was invited to apply for funding to pay for capital works related to pot 4 of the Free Swimming Capital Modernisation Programme.
- 2.2 On 30th March 2009, the Council received notification from Sport England that applications for the refurbishment of the changing rooms at Scott Hall Leisure Centre (£340,000) and the installation of sound and light systems for Scott Hall, Pudsey and John Smeaton Leisure Centres (£70,000) have been successful.
- 2.3 To qualify for the external funding, match funding is required from the Council. This has been found from internal budgets: £20,000 revenue from within City Development and £60,000 from within Corporate Property Management. A further £112,300 has been identified through Council budgets to enhance the changing room refurbishment at Scott Hall Leisure Centre.
- 2.4 Further works are proposed at Scott Hall Leisure Centre, in converting one squash court to further Bodyline Gym space.

3.0 Main Issues

- 3.1 Design Proposals / Scheme Description

The funding will allow Sport and Active Recreation to:

- a. Refurbish Scott Hall Leisure Centre – stage 1. Following a feasibility study carried out by SDA, the cost of the following works will cost £442,882, plus fees of £69,481.
 - New disabled changing room
 - Removal of the current male and female changing rooms
 - Replacement with ‘village’ style changing rooms
 - New toilet and shower areas
 - New changing cubicles – family, double and single sized
 - Associated mechanical and electrical works.
- b. Refurbish Scott Hall Leisure Centre – stage 2. For £30,000, conversion of one squash court to extend the existing Bodyline Gym space, allowing an extra 17 pieces of equipment to be accommodated.
- c. Install sound and light systems in the pool halls at Scott Hall, Pudsey and John Smeaton Leisure Centres at a cost of £90,000. This will allow for enhanced facilities for the younger customers (parties and discos) and for disabled

swimmers (sensory sessions), as well as atmospheric lighting and music for older swimmers wishing for a less competitive environment in the pool.

3.2 Consultations

An extensive consultation has recently been carried out through the 'Vision for Sport'. Findings of this consultation highlighted a general level of dissatisfaction with the level of quality in Council Leisure Centres, and a requirement to provide more exciting pools for young people to swim in.

Inner East Area Members have also been consulted regarding the Scott Hall works.

3.3 Programme

One of the requirements of the external funding is that it is spent by 31st March 2010. There will be a requirement to close Scott Hall Leisure Centre whilst the works are completed. This time will be kept to a minimum to reduce disruption to centre users.

4.0 Implications For Council Policy And Governance

4.1 Leeds Strategic Plan:

Strategic Outcome: 'Increased participation in cultural opportunities through engaging with all our communities.'

Improvement Priority 'By 2012 we want to enable more people to become involved in sport and culture by providing better quality and wider ranging activities and facilities.'

Improvement Priority: reduce emissions from public sector buildings

4.2 'Vision for Sport': Scott Hall and Pudsey Leisure Centres were both identified in the Vision for Sport executive report of December 2008 as requiring refurbishment.

4.3 John Smeaton Leisure Centre has recently been rebuilt on the John Smeaton Community High School site, with a new sound and light system adding significant value to the site.

5.0 Legal And Resource Implications Capital Funding and Cash Flow

Previous total Authority to Spend on this scheme	TOTAL £000's	TO MARCH 2009 £000's	FORECAST				
			2008/09 £000's	2009/10 £000's	2010/11 £000's	2011/12 £000's	2012 on £000's
LAND (1)	0.0						
CONSTRUCTION (3)	0.0						
FURN & EQPT (5)	0.0						
DESIGN FEES (6)	0.0						
OTHER COSTS (7)	0.0						
TOTALS	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Authority to Spend required for this Approval	TOTAL £000's	TO MARCH 2009 £000's	FORECAST				
			2008/09 £000's	2009/10 £000's	2010/11 £000's	2011/12 £000's	2012 on £000's
LAND (1)	0.0						
CONSTRUCTION (3)	562.8			562.8			
FURN & EQPT (5)	0.0						
DESIGN FEES (6)	69.5			69.5			
OTHER COSTS (7)	0.0						
TOTALS	632.3	0.0	0.0	632.3	0.0	0.0	0.0

Total overall Funding (As per latest Capital Programme)	TOTAL £000's	TO MARCH 2009 £000's	FORECAST				
			2008/09 £000's	2009/10 £000's	2010/11 £000's	2011/12 £000's	2012 on £000's
Government Grant	410.0			410			
Deptl Prudential borrowing	30.0			30.0			
RCCO	20.0			20.0			
Leeds CC	172.3			172.3			
Total Funding	632.3	0.0	0.0	632.3	0.0	0.0	0.0

- 5.1 £410,000 has been secured from DCMS as part of the Free Swimming Capital Modernisation Programme.
- 5.2 Prudential Borrowing will allow the Council to access £30,000 for the conversion of the squash court to Bodyline Gym at Scott Hall Leisure centre. Approval was given for this was given by FPG in February 2009. A business case is attached in appendix A.
- 5.3 Council funding is available through the following budgets:
- £112,300 from capital scheme number 14268.
 - £20,000 from Sport and Active Recreation revenue
 - £60,000 from Corporate Property Management

Scheme Number: 14268 SCO 000
Title : Scott hall refurbishment

Scheme Number: 14268 SCO SAL
Title: Scott hall sound and light

Scheme Number: 14268 PUD SAL
Title: Pudsey sound and light

Scheme Number: 14268 JSM SAL
Title: John Smeaton sound and light

Revenue Effects

Members are asked to note that there will be a period when the leisure centre at Scott Hall will be closed for a short period due to the changing room refurbishments. This time will be kept to a minimum to reduce loss of income and inconvenience to users.

Risk Assessments

Funding for this scheme has already been received by the Council from DCMS. There is a risk that it cannot be completed by 31 March 2010, this funding will be lost.

6.0 Recommendations

6.1 Members are asked to approve:

- a. Injection of £572,300 consisting of DCMS Free Swimming Capital Modernisation Programme pot 4 (£410,000), Prudential Borrowing (£30,000) and Leeds City Council budgets (totaling £132,300).
- b. Authority to spend:
 - £512,300 on the refurbishment of the changing rooms at Scott Hall Leisure Centre.
 - £90,000 on the installation of sound and light systems in the pool halls at Scott Hall, John Smeaton and Pudsey Leisure Centres, thus achieving the criteria set by DCMS for the award of this funding.
 - £30,000 on the extension of the Bodyline Gym at Scott Hall Leisure Centre through Prudential Borrowing.

Background Papers

DCMS Free Swim Guidelines for Under 16s and Over 60s

Appendix A

Report to Finance Performance Group Report from Head of Sport February 2009

Business Case for the Use of Unsupported Borrowing

Name of the Scheme

Scott Hall Leisure Centre – Bodyline Gym Expansion
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Objectives of the Scheme

By converting an under-used squash court into extra gym space at a cost of £30k, it is estimated we can increase the number of fitness stations from 47 to 65. Scott Hall has currently the highest visits per station of any Council gym in the city, has queuing at peak times and is in a relatively good catchment area some distance from serious competitors. We believe that increasing capacity will increase net income (after additional costs including additional leasing) by around £32k per year.

Departmental Priority for the scheme

Unsupported borrowing is considered appropriate for this scheme because the works will almost certainly generate additional net income. Each gym station in the city earns about £4k per year gross income. The current figure for Scott Hall is £4,519. We have allowed for an increase in income of £66k (£3.7k per additional station) and increased costs of £34k (half of which is higher equipment leasing cost).

We have nearly obtained around £500k of Free Swimming funding to improve the changing rooms and pool hall tiles at Scott hall, with a scheme proposed for August 2009. Doing this Bodyline gym extension at the same time reduces disruption to customers and cash flow.

We evaluated 5 potential gym extensions across the leisure portfolio. The one at Scott Hall was by far the best in terms of net income return, demand risk and competition pressure. We have obvious visible un-met demand there at present. Gym throughput for last 11 months is up 3.4% on the previous year while racquet throughput is down 12.0%.

Additional net income from Bodyline cards and casual bodyline admission charges of around £32k (after equipment leasing costs) will be available to fund the borrowing costs for the scheme and narrow the budget gap in Sport.

The reason for not going for a bigger extension is that parking on the Scott Hall site is restricted and will need continued careful management. The biggest risk is that the car parking limits restrict income increases; however income per car parking space is still below the busiest sites with small car-parks.

Revenue Implications

Total amount to be borrowed

Asset life (number of years for borrowing costs)

£30k

10 years

Year	Financial Year	Annuity Due
1		
2		
3		
4		
5		
etc.		

1.1 Resources to Complete**Financial Management Comments**

Comments on business case/savings proposal
Comments re proposed budget provision

Financial Development Comments**Source of scheme funding.**

This is additional spending not currently included in the programme.

Prudential Indicators

Confirm spend is within authorised limit for external debt and operational boundary for external debt
Confirm options appraisal conducted and acceptable

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Originator:
Christine Farrar Tel:2243057
Mike Simpkin Tel:2474306

Report of the Director of Adult Social Services and Director of Public Health

Executive Board

Date: 13 May 2009

Subject: Health and Wellbeing Partnership Plan 2009 to 2012

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In
(Details contained in the report)

1.0 Introduction

- 1.1** Attached to this report is the final draft of the Leeds Health and Wellbeing Partnership Plan for 2009 to 2012. This plan will replace the Leeds Health and Wellbeing Plan 2005 to 2008 and builds on the partnership priorities that have already been consulted on and agreed in the Leeds Strategic Plan.
- 1.2** The new Plan consists of two parts: a narrative section and an action plan covering each improvement priority.
- 1.3** The Plan has been developed by a task group reporting to the Healthy Leeds Partnership. The Joint Strategic Commissioning Board of the Partnership will be responsible for implementation.
- 1.4** Findings from the Joint Strategic Needs Assessment are incorporated and the Plan also takes account of national policies and guidance.
- 1.5** The Plan is being brought to Executive Board for comment and approval prior to submission to full council.

2.0 Purpose of Health and Wellbeing Plan

2.1 The last plan covered 2005 to 2008 and was overseen by the Healthy Leeds Partnership. Many of the relevant organisations and structures have changed in the last few years as has the national policy framework including a new format for the Local Area Agreement (LAA), now the Leeds Strategic Plan. During the first year of the new LAA partners have started working to the new priorities for health and wellbeing. As part of the further development of partnership working in Leeds, this work is now being formalised into a new theme plan which forms part of Leeds City Council's Budget and Policy Framework and contributes to the Leeds Strategic Plan. NHS Leeds is committed to the partnership priorities and these are reflected in its five year strategy.

2.2 The new Plan summarises the overall context and means of delivery. It covers both health and wellbeing, incorporating the strategic priorities for adult social care and bringing together relevant actions from a range of separate strategies into one place. Development of the Plan has helped to identify where we can work together better, where we need to link with other partnerships or where there are gaps. Two key links are with the new Children and Young People's Plan and the developing Housing Strategy.

2.3 The last health and wellbeing plan was very broad as it tried to cover all the elements in the health and wellbeing theme from the Vision for Leeds 2004 to 2020. After reviewing progress against that plan, the consensus was that we needed to:

- focus the partnership action on a smaller number of priorities
- be able to measure progress better
- have better information on needs, priorities and evidence of what works
- have clear action plans with accountable lead officers and agencies

2.4 The new plan restates our commitment to improving health and addressing health inequalities and our original vision that:

“Leeds will be a healthy city for everyone who lives, visits or works here, promoting fulfilling and productive lives for all. We will reduce inequalities in health between different parts of the city, between different groups of people and between Leeds and the rest of the country.”

Our four aims, which continue our previous aims and tie in with the national priority themes, are also threads which run through the document and the action templates:

- Influences on health;
- The lives people;
- The services people use;
- Community development and involvement.

2.5 Although the new Plan remains broad in scope, it is more focused, with action templates structured to deliver the strategic outcomes and improvement priorities of the Leeds Strategic Plan and the NHS Leeds Strategy. Actions are listed as high level actions, with reference to separate strategies or action plans where required. The templates identify lead and contributing agencies and the lead partnership group which is responsible for the priority. The national indicators and targets are also stated but these are overarching and do not fully cover the range of activity under a particular improvement priority. Therefore, we have worked with the lead partnership and lead officers to develop a broader range of impact measures and outcomes that will help to evaluate what progress we are making.

2.6 There are improvement priorities in other themes of the Leeds Strategic Plan which have an important influence on health. For these, the Healthy Leeds Partnership will support and influence key partners and partnerships responsible for delivering these priorities.

3.0 Development of the plan

3.1 As this Plan is a development of the Leeds Strategic Plan we are not repeating the formal consultation that was used to develop the Strategic Outcomes and Improvement Priorities. However, we have engaged stakeholders through the development of the draft plan using the new health and wellbeing partnership structures in Leeds including:

- Discussion of the content and overall strategic direction at the Healthy Leeds Partnership meetings
- Workshop event for the Voluntary , Community and Faith sector organised by Leeds Voice Health Forum
- Discussion with the Leeds Local Involvement Network staff on public and service user and carer involvement.
- Presentation to two scrutiny boards in February 2009
- Healthy Leeds Joint Strategic Commissioning Board and three sub-groups followed by the full Healthy Leeds Partnership between January and March
- Leeds City Council Executive Board in May 2009 and NHS Leeds Board in June, followed by Council approval in July.

3.2 Following approval, the theme plan will go through a design and Plain English process with publication by August 2009.

4.0 Feedback from Scrutiny Boards for Health and Adult Social Care

4.1 The Health Scrutiny Board supports the four strategic outcomes of the plan and proposes that the improvement priorities should act as the foundation for the scrutiny board's future work programme. The performance management will be provided through the jointly agreed process for the Leeds Strategic Plan.

- 4.2** The Board was particularly interested in the plan's key connections. It is their view that the success of the plan depends on the ability of the Council to act as 'one' and to successfully work with our partners, through the Healthy Leeds Partnership. For example, the city must have licensing policy which does not contradict the aims of the plan. Similarly, the actions of the Development Directorate must complement and assist the delivery of the improvement priorities. The plan should also emphasise joint commissioning of services including the use of the voluntary, community and faith sector.
- 4.3** The proposal to recruit three jointly funded Health and Wellbeing Improvement Managers was discussed with a variety of views expressed. There was agreement that the focus should be on improving delivery at a local level and if Health and Wellbeing Improvement Managers are appointed then they must work closely with area committees and area management structures.
- 4.4** The scrutiny board saw the delivery of the plan to be the responsibility of all Directorates and this should be emphasised throughout the document. In this regard, the scrutiny board would not consider it inappropriate to request to see officers from other Directorates when looking at performance outcomes and holding officers to account.
- 4.5** The current version of the plan has taken account of the Scrutiny Boards' comments.

5.0 Roles and responsibilities

- 5.1** The new Healthy Leeds partnership arrangements, implemented in 2008, have established clear roles and governance and will use the Health and Wellbeing Plan to guide their programmes of work. At city wide level this includes:
- Healthy Leeds Partnership - setting strategic direction and wider discussion/engagement of stakeholders in developing future direction;
 - Joint Strategic Commissioning Board and its three sub-groups (Promoting Health and wellbeing, Priority Groups, Planned and Urgent Care) – developing joint commissioning plans and delivering against these, monitoring progress and problem solving.
- 5.2** There have been discussions both through the wider partnership and with LCC Area Managers and NHS Leeds about how to relate the Plan to locality working arrangements and Area Committee structures. There has to be an effective system of two-way communication so that city wide priorities and plans can be delivered in all areas but in a form which is suitable for localities and which also enable local issues to influence the city wide direction of travel. Both the Area Committees Delivery Plans and Practice Based Commissioning (PBC) Plans, have a crucial role to play in terms of ensuring that local needs are addressed. This will be assisted by

the availability of localised data from the Joint Strategic Needs Assessment process and the proposed Neighbourhood Index.

- 5.3** Three successful Area workshops have been held March to help develop local partnership arrangements. These will enable better links with Area Committees, Practice Based Commissioners and local people and to secure more effective local partnership working at this level. Plans are also in hand to appoint three joint-funded Health and Wellbeing Improvement Managers to help support this work.
- 5.4** The City Council's performance management framework has been changed to enable better monitoring of the Leeds Strategic Plan and Local Area Agreement as well as help inform the future Comprehensive Area Assessment process. Discussions have been held between LCC and NHS Leeds on joining up performance management and the Joint Strategic Commissioning Board and its sub-groups are doing further work on this with the Council's performance management team.
- 5.5** Progress on the Plan will be reported to the Scrutiny Boards on a regular basis.

6.0 Recommendation

- 6.1** Executive Board Members are requested to comment on and approve the final draft of the health and wellbeing partnership plan, prior to its presentation to full Council.

Background Documents referred to in this report

Leeds Health and Wellbeing Plan 2005 to 2008

Leeds Strategic Plan 2008 - 2011

Leeds Joint Strategic Needs Assessment 2009

Leeds Housing Strategy 2009 -2112

Leeds Children and Young People's Plan 2009 -2114

Vision for Leeds 2004 to 2020

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Final Draft – 29th April 2009

Health and Wellbeing Partnership Plan

2009 to 2012

**Improving health and reducing
health inequalities in Leeds**

Contents

Foreword

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- 5. Health Priorities for Leeds**
- 6. How we will deliver these priorities**
- 7. Measuring progress**
- 8. Action Plan structure**

Appendix I - Leeds Health - Key Facts and Figures

Appendix II - National context and drivers

Appendix III - Partnership structures

Action Plans

Foreword

Welcome to the Leeds Health and Wellbeing Partnership Plan for 2009 to 2012.

This Plan is part of the broader Leeds Strategic Plan, based on the outcomes and priorities agreed with our partners and shaped by local people. We are pleased that the priorities which have emerged are closely linked to those of our previous Plan for 2005-8 but we have taken into account feedback that the associated Framework for Action needed more focus.

The new Plan does not attempt to cover all of the wide ranging work which individual partners are doing to improve the health and wellbeing of Leeds residents. Instead it concentrates on the main Healthy Leeds Partnership actions for the agreed strategic priorities and how we are going to help deliver the aspirations for the city set out in the Vision for Leeds 2004 to 2020. Our holistic approach to health and wellbeing for individuals, communities and the city as a whole enables us to link up a wide range of activities happening as a result of related plans and strategies and thus to make them more effective. We attach especial importance to the Children and Young People's Plan developed by Children Leeds. Links to other partnership priorities and plans are listed in the action plans and Appendix I.

We also regard our focus on tackling health inequalities as a cross-cutting theme that needs to be addressed in all the priority areas. This includes inequalities between different neighbourhoods in Leeds as well as between different priority groups and the general population.

The strength and quality of partnership working in Leeds were recognised during 2008 by the national award of Beacon status to Leeds Initiative. Success in building effective partnerships to address the many and varied challenges faced by the city, depends on their structures being clear, fit for purpose and flexible enough to adjust to change. In response to changes in national expectations and local requirements, we have updated the Healthy Leeds partnership structures during 2008 to include stronger joint commissioning arrangements with clearer governance and accountability. This will help us to ensure we are using our resources as effectively as we can and will give us a clearer view of how well we are doing.

This partnership plan is an indication of the real commitment of all sectors to focus our efforts collectively so that we can together bring our resources to

bear on the problems and the opportunities facing Leeds over the next three years. We know that the issues we have to address will take more than three years to change but we intend at the end of this period to have a clear indication that we are on the way.

Signed

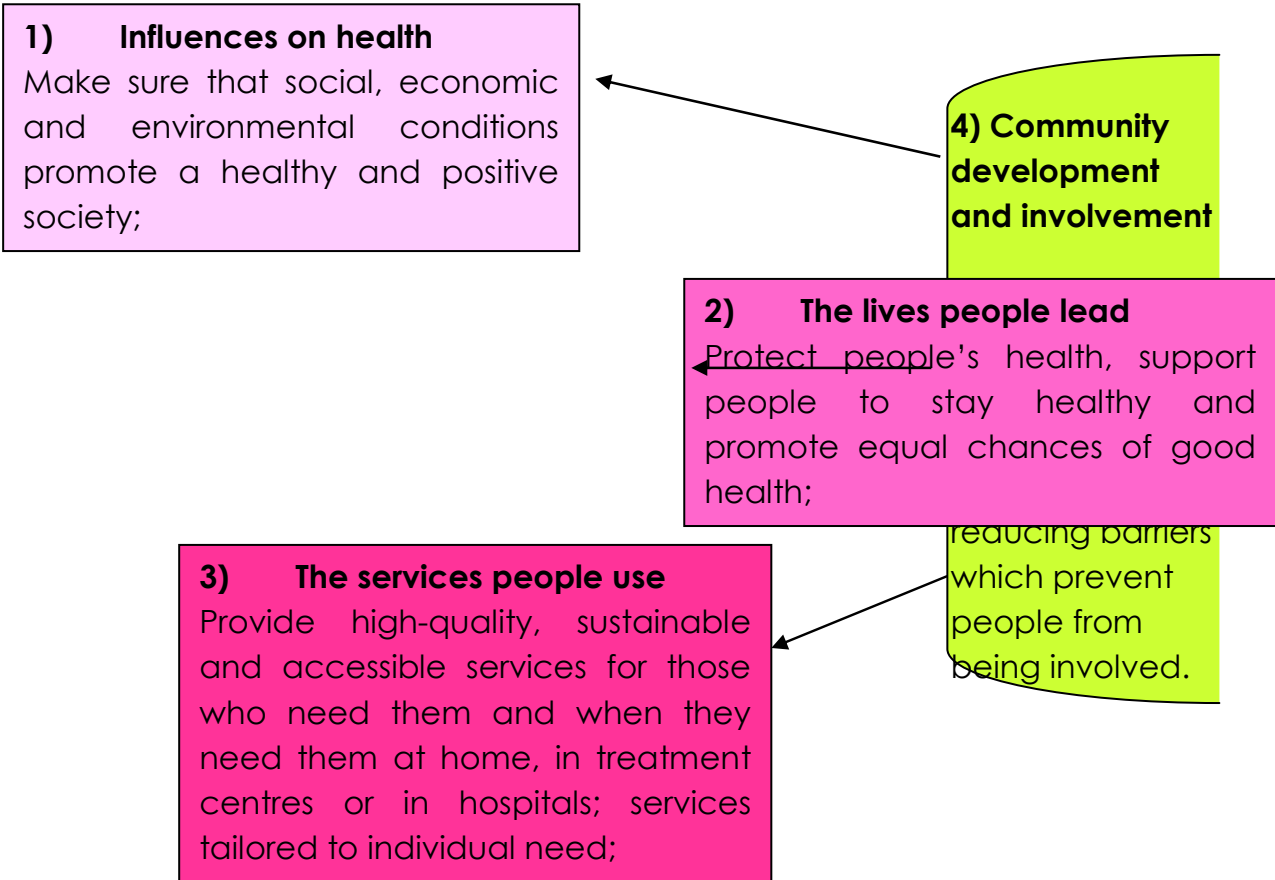
Healthy Leeds partners

Section One

Vision

Leeds will be a healthy city for everyone who lives, visits or works here, promoting fulfilling and productive lives for all. We will reduce inequalities in health between different parts of the city, between different groups of people and between Leeds and the rest of the country.

Aims



Wellbeing

This plan is for the health and wellbeing of the people of Leeds. We propose working to the following statement of wellbeing which has been developed by a government task group to aid common understanding for policy makers:

“Wellbeing is a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It arises not only from the action of individuals, but from a host of collective goods and relationships with other people. It requires that basic needs are met, that individuals have a sense of purpose, and that they feel able to achieve important personal goals and participate in society. It is

enhanced by conditions that include supportive personal relationships, involvement in empowered communities, good health, financial security, rewarding employment, and a healthy and attractive environment."

*(Whitehall Wellbeing Working Group
2006)*

Section Two

Health and Wellbeing in Leeds

Over the last ten years there have been significant improvements in health. Life Expectancy in Leeds has grown by two years for both men and women so that in 2007 a man could expect to live until 76.7 years and a woman to 81.6 years. The All Age All Cause Mortality Rate for people in Leeds fell by over 18% between 1997 and 2007. Although this is slightly less than the fall for England as a whole (20.7%), Leeds health shows up well in relation to the 7 other core cities in England which are used for benchmarking. Underlying this overall trend, there have been important improvements for particular health conditions – both in terms of services and in outcomes for people. We have impressive new hospital facilities such as the Cancer Centre at St James's Hospital; significant changes in primary and social care to improve quality, enable better access, and emphasise prevention; and new networks of community facilities including joint centres for health and social care, Neighbourhood Networks and Healthy Living Centres. More people in Leeds are giving up smoking. Health and Wellbeing are key objectives for Children's services.

The persistence of health inequalities

The overall figures for Leeds are based on its size, stability and relative prosperity as a whole. Previous health reports and the new *Joint Strategic Needs Assessment (JSNA)* show that these positive overall trends mask significant differences within the city.

Infant Mortality in Leeds for the years 2004-6 was 6 per 1000 live births compared to 5 for England. When we factor in disadvantage, Infant Mortality in deprived areas of Leeds was around 8 per 1000 in the same period.

In 2007 the death rate for Leeds men (Standardised Mortality Ratio) was 105, i.e. 5% higher than in England as a whole, compared to only 1% higher for women. Mortality from lung cancer and respiratory diseases is also higher both in Leeds as a whole, and, to an even greater degree in deprived areas. Alcohol related harm is a particular problem.

This dimension of disadvantage continues to have a profound effect on the health both of Leeds and of the country as a whole. Recent reports such as

Measuring the Gap – Tackling Health Inequalities in Leeds and the JSNA have shown how persistent it is. The gap in life expectancy between the least and most disadvantaged parts of Leeds has remained at around 10 years since the 1990s.

Both nationally and within Leeds it has been recognised that we must organise our priorities especially to address these inequalities. During the last year we have been developing support and services aimed at securing improvement for the 20% (150,000) of the population who live in the most deprived parts of the city. This Plan continues that work, which is not just about health services, but about all Council services as well as the Voluntary Community and Faith sector, and the private sector. We are determined to continue our improvements for the city as a whole, and to ensure that we are providing the right interventions to lessen the effects of the economic recession on health in Leeds. We know that measures to improve housing and address poverty can be as important to health and wellbeing as NHS services themselves. We intend that our emphasis on skills, capacity, empowerment, choice and control will make our services more effective and easier to use.

The impact of demographic change

The Office of National Statistics predicts that the total number of people in Leeds will have risen by 30% between 2006 and 2031 giving a total projected population of 974,300. On current rates of fertility and the increase in life expectancy, this growth will include significant increases at both ends of the population spectrum with a 24.4% increase in people aged 0-19 years and a 49.4% increase in people aged 75 years and over.

Two aspects of these population changes are highly significant for health in Leeds.

The gradual extension in life expectancy is a result of a broadly healthier population. This has two results. On the one hand the new generations of older people will be more easily able to make positive contributions in all areas of life, from staying longer in work to wider participation in society and culture both through increased mobility and through new technology accessed from home. It is increasingly unacceptable to treat older people as passive recipients of services or second class citizens. Concepts such as the 'silver economy' will have increasing social force. However increased

longevity also leads to a growing number of the very old who will need support

We are also aware that health inequalities often result from population changes (often not showing up in local data collections) within and among local communities. We will strive to be flexible enough to detect, understand and manage new or changed demands which result from local population movements or fluctuations in migration patterns.

Section Three

National context and drivers

This section of the Plan sets out the principal elements of national policy which affect Leeds. A further list of relevant Plans, Policies and other documents is in Appendix I.

Improving Health and Reducing Health Inequalities

Over the last ten years, the government has set out a series of programmes and actions to improve health, improve the quality of health and social care services, and reduce health inequalities. (*Saving Lives: Our Healthier Nation* (1999); *NHS Plan* (2000); *Tackling Health Inequalities: A Programme for Action* (2003); *Choosing Health* (2004); *Our Health Our Care Our Say* (2006); *Putting People First* (2007); *Tackling Health Inequalities: Progress and Next Steps* (2008); *NHS Next Stage Review* (2008))

National Targets

Health targets for England set in 1999 included:

Improve the health of the population by 2010. (Increased life expectancy at birth and reduced infant mortality)

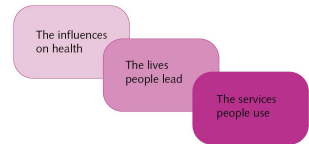
Substantially reduce mortality rates from coronary heart disease and stroke, from cancer and from suicide by 2010 (from the *Our Healthier Nation* baseline, 1995-97)

Progress across the country means that at a national level these targets are likely to be met. Early deaths from heart disease have halved, while the death rates for stroke and cancer have fallen by 44% and 18% respectively. There is a similar pattern in Leeds.

But these targets as originally framed did not take account of inequalities. In fact the health of those who are better off or who live in better off areas has improved much faster than the health of people who are more disadvantaged, so the inequalities gap was actually increasing. So in 2003 the government identified the 20% of local authority areas with poorest health and classed them as 'spearheads' where the effort to reduce inequalities should be targeted. (Leeds as a whole fell just outside.) A new target was developed to narrow the gap between the health experience of the spearhead areas and the average for England as a whole.

Reduce health inequalities by 2010, by 10% as measured by infant mortality and life expectancy at birth [from a 1995-97 baseline].

The National Targets for England and the three areas of action (see right) highlighted in Tackling Health Inequalities are reflected in the priorities of the Leeds Strategic Plan and this Health and Wellbeing Plan which aim to reduce the gap in mortality between the deprived parts of Leeds and Leeds as a whole.



A further national set of targets aims to tackle some key underlying determinants of ill health and health inequalities by:

Reducing **adult smoking rates** (from 26% in 2002) to 21% or less by 2010, and reducing the prevalence among routine and manual groups (from 31% in 2002) to 26% or less;

Halting the **year-on-year rise in obesity among children under 11** by 2010 (from the 2002-04 baseline) in the context of a broader strategy to tackle obesity in the population as a whole.

Reducing the **under-18 conception rate** by 50% by 2010 (from the 1998 baseline), as part of a broader strategy to improve sexual health.

The importance of the national health inequalities targets for the NHS is reinforced by their inclusion in the top priorities of the *NHS Operating Framework* since 2006. But health is not the responsibility of the NHS alone and health inequalities are also included in priorities for local government, both in its role as 'place shaper' and for the transformation of social care as set out in documents such as *Putting People First* with the key themes of

- prevention
- early intervention and re-enablement
- personalisation
- information, advice and advocacy
- social capital and developing communities

The health and wellbeing objectives of the Leeds Strategic Plan are a joint response to these obligations and also include commitments to developing support for independent living within inclusive communities and safeguarding vulnerable adults and children.

Commissioning for Outcomes

Commissioning is using the available resources to achieve the best **outcomes** by securing the best possible **health** and care services for local people. The main commissioners are NHS Leeds and Leeds City Council, but there is an increase in Practice Based Commissioning by consortia of General Practitioners.

One of the most important ways to achieve change is by switching from service planning (top-down) to service commissioning which is more locally based and takes better account of local needs. Commissioning should be people-centred with the needs of NHS patients, the users of social care services and local people at the centre of Commissioners' work.

The **Commissioning Framework for Health and Wellbeing** (2007) made it clear that commissioners should involve local communities to provide services that meet their needs, not just treating people when they are ill, but also keeping them healthy and independent. There should be detailed attention to social inclusion and a focus on reducing inequalities

The outcomes may be

- Health gains for specific or general communities
- Different ways of delivering clinical & care services outcomes – e.g. clinically effective care pathways
- Outcomes for local communities, developing links, skills opportunities and capacity.

Choosing Health

Choosing Health (2004) was the first ever White Paper on Public Health. It set out a wide range of proposed actions to address major public health problems, placing population health and health inequalities at the centre of the Government's health policy agenda. The White Paper identified the following six priorities for action:

- Reducing smoking rates
- Reducing obesity and improving diet and nutrition
- Increasing exercise
- Encouraging and supporting sensible drinking
- Improving sexual health
- Improving mental health

Next Stage Review

During 2008 the Department of Health published national and regional reports of the NHS Next Stage Review led by Lord Darzi. The review aims to secure high quality care for patients and the public by:

- helping people to stay healthy by working in partnership to promote health, and ensure easier access to prevention services;
- empowering patients, giving them more rights and control over their own health and care;
- providing the most effective treatments;
- keeping patients as safe as possible.

Partnerships and joint working should be embedded across health and local government, working to shared plans and priorities and where appropriate through pooled budgets informed by the Joint Strategic Needs Assessment. A framework for funding community and mental health services will also be developed.

NHS Leeds, in common with every other PCT is expected to commission comprehensive wellbeing and prevention services with local authorities with the services personalised to meet the specific needs of their local populations. The Review supports the priorities identified by *Choosing Health* with the addition of treatment for substance misuse. Other significant issues for partnerships include:

- The offer of a care plan for everyone with a long term condition

- Service for children and families and a new Children's and Young Persons strategy
- Planned care closer to home
- Extending mental health services in the community
- Reducing unnecessary hospital admissions

Next Stage Review Vision for Primary and Community Care

The Darzi Next Stage Review also includes a vision for primary and community care built around three main themes and a number of supporting policies and programmes.

The three key themes are

People shaping Services

Promoting Healthy Lives

Continuously improving quality

Local change will be delivered through maximising patient power and choice, ensuring clinical leadership and engagement, and the world class commissioning process.

For both health and social care services the stated intention is to “move away from a one-size-fits-all service to one that is tailored around the needs of patients, focusing on quality and prevention while ensuring equitable access”.

This focus on continuing quality improvement will depend not just on formal performance management but the genuine involvement of patients, service users and local people, actively using all available levers to improve performance, and work with everyone concerned, including staff, to continuously drive up standards.

Putting People First

Putting People First (Dept of Health, Dec. 2007) developed the programme for enabling people to have the best possible quality of life irrespective of illness or disability. This applies to both social care and health, leading to a system where adults are increasingly involved in commissioning their own services. Care services need to be transformed so that they consistently promote independence and choice for the delivery of services whilst ensuring people's safety. Services are also required to work actively for prevention, including early intervention and developing community approaches to meeting wellbeing needs. This approach complements the integrated and person-centred approach of Every Child Matters.

For adults, the first changes are being delivered by Leeds Adult Social Care, which will play a championing role, especially in supporting a wide range of services to develop a needs-based approach. Changes in workforce practice will be needed to ensure that commissioners and providers become genuine enablers so that people remain in control of their lives as far as possible. A Putting People First Change Programme, supported by an experts by experience reference group, has been set up with a focus on ensuring that services are person-centred.

Development of locality working and integrated provision (Section 6) is key to implementing all these plans

Section Four

The Leeds Joint Strategic Needs Assessment (JSNA)

Leeds City Council and NHS Leeds have a new statutory duty to produce a Joint Strategic Needs Assessment that identifies the currently unmet and future health, social care and wellbeing needs of the local population.

The first Leeds JSNA was carried out during 2008 and confirms that the priorities identified in the Leeds Strategic Plan are the right priorities to be tackled at the present time.

However, the JSNA has also raised the need for further work in new areas, for example:

- **An ageing population** As in most areas of the country, Leeds has a growing proportion of older people who are living longer than previous generations. The pattern of needs is therefore changing.
- **Infant Mortality** Improvement in Infant Mortality rates is positive for Leeds as a whole, but there are some communities of Leeds with higher levels of risk.
- **Children's Health** We need to ensure that children and young people are healthier – unhealthy children of today will become the unhealthy adults of tomorrow!
- **Neighbourhood needs** Existing inequalities and differences in health experience between neighbourhoods may widen without specific measures to counteract this.
- **Specific Challenges** We need a continuing focus on specific health and wellbeing challenges, particularly obesity, alcohol, drug taking and smoking.

From the broad range of themes identified there are four main areas with a number of particular issues for commissioners to take into account in future:

- Responding effectively to demographic change
- Responding effectively to specific health and wellbeing challenges
- Targeted work to improve health and well being outcomes for specific groups
- Counteracting widening inequalities between neighbourhoods

Responding effectively to demographic change

- **An ageing population.** People will expect the quality and availability of services to increase in line with demand. However as people age and

live longer, there will be an increase in life-limiting conditions such as stroke, diabetes and dementia, particularly in areas of disadvantage. At the same time there are already difficulties in recruiting people into personal care roles as the proportionately of younger adults in the population falls. There will also be more older people from minority ethnic communities. Part of the solution will be investment in services which help people keep fitter for longer; services which provide early support; together with social, environmental and community interventions which promote and prolong the possibility of independent living but we need to develop wider discussion and engagement around how we do this.

- **Children and Young People** Unhealthy children of today will become the unhealthy adults of tomorrow. The importance of ensuring the effectiveness of programmes that tackle childhood obesity, emotional wellbeing, teenage conception and sexual health cannot be underestimated, both from an individual and a population perspective. The health of children in disadvantaged neighbourhoods and the projected increase in the proportion of children from new or minority ethnic communities highlight the need for more targeted action. One key focus of intervention will be on reducing inequalities in infant mortality across the city through implementation of the Leeds IM Action Plan. The overall infant mortality rate for Leeds is significantly higher than the national rate, and local analysis shows that rates within Leeds are significantly higher in areas of high deprivation.

Specific health and wellbeing challenges which require an effective response

- **Obesity** – Overweight and obesity have been shown to be associated with significant risks to health and a large decrease in life expectancy. The National Health Survey for England has found that in 2007 41% of men and 32% of women were overweight with a further 24% of both men and women being classed as obese (compared with 13% of men and 16% of women in 1993). Obesity among women is more common at lower income levels but there is little difference for men. Yorkshire and Humber has the highest standardised rate for overweight and obesity (measured by Body Mass Index) of any English region and the issue has been identified by *Yorkshire Futures* as being the main threat to public health in the future.
- **Alcohol** – National surveys show that adults in all age groups except the oldest tend to be drinking above the recommended limit and the consumption is more than twice above the recommended limit for younger age groups. The latest alcohol profile for Leeds (2008) estimate hazardous and harmful drinking in Leeds to be significantly higher than the national average, with alcohol related admissions to hospital higher in Leeds than the average across England and increasing. With the estimated cost of alcohol misuse in Leeds to be

£275m, this represents a significant challenge for those responsible for commissioning and delivering programmes and services. The city's Alcohol Strategy is showing some results, requiring a focus on high impact preventative action, perhaps combined with increased use of available regulatory powers.

- **Drugs** - Existing data does not give a clear message on trends. The number of young people using drugs, whilst a concern, is in line with the national rate, but the proportion of drug users aged 15-64 is higher than the national average. Around one third are unknown to treatment and 84% of drug users in treatment in Leeds use heroin, a higher proportion than nationally. There are signs of a changing pattern of use: younger drug users are choosing cocaine rather than opiates. Commissioners of statutory services also need to address the significant social impact of drugs usage.
- **Smoking** – Although the prevalence of smoking is falling, there will continue to be a sizeable proportion of smokers. Currently the highest rates (46%) are found in inner east, inner south and inner west Leeds. The take up of smoking among young people and particularly among women remains an issue, reinforcing the need to continue current smoking cessation programmes with more funding from mainstream sources.

Targeted work to improve health and wellbeing outcomes for specific groups

Whilst there are important health and well being issues for all sectors of the population, the JSNA process, particularly through stakeholder events, has highlighted the need to develop better data, analysis and understanding of the health and well being needs of particular groups including:

- People with a learning disability
- Gypsy and travellers
- People with dementia
- Asylum seekers and newly arrived communities
- Looked after children and young people

Some of this work is already under way and will be used to inform commissioning plans.

Counteracting widening inequalities between neighbourhoods

- The national Index of Deprivation is the main source for ranking areas of Leeds in relation to each other and to other parts of the country and for identifying those which fall into the most deprived 10% nationally. As we target improvements on these areas, it is hoped that they will improve both absolutely and relatively to elsewhere. Already a few areas have moved out of the most deprived group while others are

included. However any such marginal improvement is likely to leave a smaller number of areas which remain deprived and become relatively more disadvantaged, both generally and in relation to health.

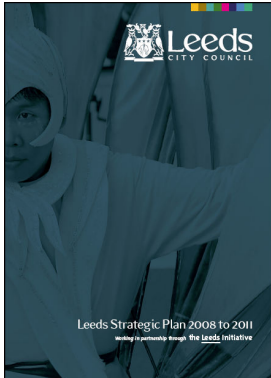
- It is also possible that this acceleration of difference will include a fragmentation of community and an accelerated development of particular needs concentrated in what may be quite small neighbourhoods within those areas. These needs will include health dimensions (direct and indirect). As city leaders, the City Council will (with its partners) wish to direct commissioning priorities to manage any increase in potential fragmentation across neighbourhoods and communities.
- To meet changing patterns of need (particularly in relation to the effects of economic downturn) it is likely that NHS Leeds, as a partner, would have to consider whether and how it could use its commissioning process to assist Leeds City Council in meeting wider social, economic and infrastructural challenges which impact on health inequalities and affect the overall health and wellbeing of the whole Leeds population.

The Health of Black and Minority Ethnic Groups

In undertaking the JSNA the need to work more closely together was clearly established and one key area for this is the health of Black and Minority Ethnic groups. The lack of effective routine monitoring of the use of health services by people from BME communities means that we have less information about BME health than we would like. However national and local studies reveal how particular groups (both long settle and recent arrivals) each have their own health issues and different experience of being able to access services. Perhaps the best known is the prevalence of Coronary Heart Disease and Diabetes. Work is being undertaken within and with BME communities to identify these issues better and tackle them.

Section Five Health Priorities for Leeds

We are not starting from a clean sheet. We are following on closely from our previous Framework for Action (2005-2008) and the consultations which prefaced local and government agreement to the following strategic outcomes in the *Leeds Strategic Plan 2008 to 2011*:



Strategic Outcomes

- Reduced health inequalities through the promotion of healthy life choices and improved access to services.
- Improved quality of life through maximising the potential of vulnerable people by promoting independence, dignity and respect.
- Enhanced safety and support for vulnerable people through preventative and protective action to minimise risks and maximise wellbeing.
- Communities which are inclusive, vibrant and

Ten Improvement Priorities for the Health and Wellbeing Partnership have been agreed between the partners. Further Health and Wellbeing Improvement Priorities in the Leeds Strategic Plan are the responsibility of

Improvement priorities

The agreed improvement priorities for health and wellbeing are:

1. Reduce premature mortality in the most deprived areas
2. Reduction in the number of people who smoke
3. Reduce alcohol related harm
4. Reduce rate of increase in obesity and raise physical activity for all
5. Reduce teenage conception and improve sexual health.
6. Improve the assessment and care management of children, families and vulnerable adults.
7. Improve psychological, mental health, and learning disability services for those who need it
8. Increase the number of vulnerable people helped to live at home
9. Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives

other Partnership groups and are listed overleaf.

Each priority has a separate plan summarising actions, identifying outcomes, targets and indicators, and related strategies and plans. (See Section 8)
The details of the health and wellbeing partnership structures are in Appendix II and these will provide the mechanisms for taking forward the action in this plan.

The new Children and Young People's Plan (CYPP) for Leeds will run for the next five years and make a crucial contribution to wellbeing in Leeds. Children Leeds has statutory responsibility for strategic development, planning, and commissioning services for children and young people aged 0-19, extending to the age of 25 for those with additional needs

Another key document is the strategy for Leeds Primary Care Trust (now NHS Leeds) which sets out a number of local priorities for delivering health improvement including those selected for the World Class Commissioning programme.



Wider Partnership Contributions

Health and wellbeing is owned by all the Leeds Strategic Partnerships. There are a number of important priorities in other themes of the Leeds Strategic Plan which have a significant impact on health. Achievement of these priorities will depend on the contributions of all services (for instance all Local Authority Directorates) as well those concerned with health in the first

Culture

- Enable more people to become involved in sport and culture by providing better quality and wider ranging activities and facilities

Learning

- Increase the proportion of vulnerable groups engaged in education, training or employment

Transport

- Deliver and facilitate a range of transport proposals for an enhanced transport system including cycling and walking

Environment

- Reduce emissions from public sector buildings, operations and service delivery
- Undertake actions to improve our resilience to current and future climate change

Thriving places

- Reduce the number of people who are not able to adequately heat their homes
- Improve lives by reducing the harm caused by substance misuse

Harmonious communities

- Increase the number of local people engaged in activities to meet community needs and improve the quality of life for local residents
- Increase the number of local people that are empowered to have a greater

instance. The Healthy Leeds Partnership will aim to support and influence the key partners and partnerships responsible for the delivery of these priorities. Other contributing initiatives include the *Valuing People* programme, the revised *Housing Strategy for Leeds* and the *Financial Inclusion Project*. These are referenced in Section 8.

Section Six How we will deliver these priorities

Making our partnerships more effective

We are building on our previously successful partnerships by adapting them to the new requirements and priorities. We will be working together to commission and deliver appropriate services and interventions and we will ensure that we get feedback about how well these are working. The new partnerships are listed in Appendix I1.

Putting People First: developing people-centred services

The most important way of judging success will be looking at the direct effects for people in Leeds. These are not always easy to measure but the impact of our actions will be as far as possible judged through outcomes rather than just listing activities. We will involve users of services in the development of our plans, paying especial attention to those who find it hard to access appropriate services and recognising that different population groups will need different types of support to take advantage of these changes. Both health and social care services will maximise the opportunities for people to design services which suit them as individuals and families, for example by increasing the provision of direct payments. We will work towards a system of commissioning care planning which is focused around individual needs and enables choices to achieve as good a level of health and wellbeing as is possible.

Developing integrated services

Many NHS and Social Care services still operate independently of each other partly because their funding streams and accountabilities are very different. However the structure of services is changing. Through Children Leeds, we are moving towards the final stages of integrated planning and provision for children and young people. Some services for adults are already integrated and we are actively examining what more can be done to ensure that people have easier access to exactly what they need and to improve effectiveness. This will include single gateways for finding out what is available as well as much greater flexibility in care planning and service provision. Our performance management systems will also join up.

Promoting health, preventing ill-health and intervening early

We know that there are many factors which influence people's health, wellbeing and need for services. These include social, economic and

environmental factors which produce disadvantage and create barriers to recognising needs and being able to access facilities and services. We need to strengthen the overall skills and resources of individuals, families and communities and remove the barriers which are the result of how facilities and services are designed and provided. It is no longer enough to try and cure problems when they arise. All organisations, including the NHS, are now seeking to find ways of working to prevent, delay or mitigate the onset of health problems as this is not just beneficial but also cost-effective.

Improving our information and analysis systems

Following the JSNA a Joint Information Group has been set up to act as a clearing house for health-related data. The group will look at data (quantitative and qualitative) across the whole system in order to develop a shared picture of progress across the different sectors. The group will review gaps and recommend improvements in data collection and analysis. This work will include investigating how to improve our knowledge of the health needs and experiences of different communities within Leeds, both new and longer established.

Ensuring that we meet our commitments to equality

In developing our interventions to reduce health inequalities overall, we fully recognise the need to ensure that we take account of inequalities which may arise from race, gender, age, disability, sexual orientation and religion or faith. Our objectives and improvement priorities are part of the Leeds Strategic Plan which was developed through wide ranging consultation. Both the Strategic Plan and many of the associated plans from which the action plan is compiled have included an assessment of equality impact. However we need to ensure that the actions, as they develop, do not either directly or indirectly overlook specific equality issues. This will be especially important as the recession will have significant effects on both needs and services. We expect that the JSNA process will help to develop data and provide better definitions of diverse needs. We will also check progress of each improvement priority against equality standards as well as basic performance. Any necessary changes will be included in the annual refresh of the Action Plan.

Recognising emerging and new priorities

Our society is changing in many ways which affect needs, expectations and resources. Some of these changes, such as the balance of population, will have increasing effect over time, while others, like the economy, technological development or climate change are more unpredictable. The recession which developed in late 2008 will have a definite impact which our work will need to take account of. Our plans will need to be able to adapt to changes which affect health and wellbeing and the 2008 JSNA has already pointed to gaps in our knowledge and provision. Our planning

processes need to take all this into account during the period covered by this plan and to ensure that its successor in 2012 will be fully appropriate for its time.

Section Seven

Measuring progress

Leeds Strategic Plan

Progress on the Leeds Health and Wellbeing Partnership Plan will be included as part of the performance monitoring of the Leeds Strategic Plan. Partners will be required to collect information on activities that contribute to each improvement priority. Six monthly performance reports will be produced on the indicators within the Leeds Strategic Plan (including the Local Area Agreement) co-ordinated by Leeds City Council and will be reported to the Local Strategic Partnership's Strategy Group. If there are specific issues or problems that need to be addressed by the partnership, these will be brought to the relevant group – Healthy Leeds Partnership, Joint Strategic Commissioning Board or locality partnerships – to discuss and find possible solutions.

Comprehensive Area Assessment (CAA)

Starting in April 2009, the CAA will provide collective accountability to local people for the use of public money. It brings together 7 inspectorates to provide an overview of how successfully the local organisations are working together, and with local communities, to improve services and quality of life in their area. For health and social care, the three existing separate inspectorates will be replaced by the Care Quality Commission.

It will be focused on outcomes in the LAA and include statutory and non-statutory partners. The CAA will pay particular attention to those most at risk of disadvantage or inequality including those whose circumstances make them vulnerable. It will look for innovative approaches to the commissioning and delivery services.

Views of local people will be a key source of evidence: service users, residents, community groups and third sector organisations. The first CAA report is due in November 2009 and should influence commissioning for future years

Healthy Leeds

An annual report will be produced which will describe where progress has been made and celebrate successes.

Joint Strategic Needs Assessment (JSNA)

The JSNA will start and continue to support the process to measure our overall progress on health inequalities and on health and social care needs. This work will include a focus on vulnerable groups and deprived neighbourhoods. It will help measure trends over time and show if our activities are having an impact on people's health and wellbeing.

Section Eight

Action Plans

The agreed improvement priorities for health and wellbeing are:

1. Reduce premature mortality in the most deprived areas
2. Reduction in the number of people who smoke
3. Reduce alcohol related harm
4. Reduce rate of increase in obesity and raise physical activity for all
5. Reduce teenage conception and improve sexual health.
6. Improve the assessment and care management of children, families and vulnerable adults.
7. Improve psychological, mental health, and learning disability services for those who need it
8. Increase the number of vulnerable people helped to live at home
9. Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives
10. Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk

There are 10 templates: one for each Improvement Priority.

Under each Priority

- The first table lists the lead partnerships and contributing strategies.
- The second table lists the national indicators and targets, together with the broad outcomes which are expected. Not all of these are SMART at this stage.
- The third table lists high level actions (delivery activities) and is intended as an overview of the range of work. Further information and more detail about the actions will be found in the separate strategies and plans to which they relate.

These action templates are not in themselves performance management tools but are a source from which these tools are derived. Joint work between partners is developing more unified performance monitoring systems

and agreeing established baselines. As the plan progresses outcomes will be refined to associate them with measurements to show the difference we are making, particularly in relation to narrowing the gap. The actions will be associated with accountable leads.

Leeds Health - Key Facts and Figures (Leeds Joint Strategic Needs Assessment)

Ill Health

Life Expectancy

People in Leeds on average can expect to live until the age of 79. Men generally live less long than women and the gap on 2004-6 figures was 4 years. But the biggest difference is correlated to deprivation. There is a life expectancy gap of 10 years between the ward with the highest life expectancy (Adel and Wharfedale) and the lowest (City and Hunslet);

Circulatory Disease Mortality

Within Leeds the mortality rate for people under 75 from circulatory diseases ranged from 50 per 100,000 in Adel and Wharfedale to 224 per 100,000 in City and Hunslet wards. Between 2001 and 2005 mortality rates from circulatory diseases among people aged under 75 in the deprived areas of Leeds were consistently and significantly higher than the average rates for Leeds as a whole as well as the average rates for Yorkshire and Humber Spearhead areas and the national averages.

Cancer Mortality

Mortality rates under 75 years from cancer in the deprived areas of Leeds have been consistently and significantly higher than the Leeds, Yorkshire and Humber Spearhead and national averages. Although there was an initial reduction in the gap between Leeds deprived and Leeds and the gap between Leeds deprived and England between 2001 and 2003, the gaps have now widened. Inner West Leeds particularly has risen over 2005-2007, with all the other inner areas also showing rises.

Chronic Obstructive Pulmonary Disease (COPD) Mortality and Prevalence

For men, COPD is the fourth highest cause of death and hospital admission in Leeds. For women it is the fifth highest. The mortality rates for COPD demonstrate wide variation across areas in Leeds with the inner south area continuing to have significantly higher rates since 2003, and continuing to rise. The recorded prevalence of COPD in Leeds is 1.6% (QOF data 2005/6) compared to the national rate of 1.4% for England. However the prevalence rate in "Leeds deprived" is 2.2%

Stroke Mortality

Mortality from stroke has continued to fall in the majority of Leeds areas since 2003. Highest rates are in the inner North East area, but there are also high rates within the outer East.

Main Causes of Death and Admission Rates

Coronary Heart Disease is the most common cause of death in men and is also one of the main causes of hospital admissions for males. Similarly, CHD was the most

common cause of death in women in 2006, followed by cerebrovascular disease, though this is not reflected in the figures for hospital admissions.

Limiting Long Term Illness (LLTL) and Learning Disability

At the time of the 2001 Census there were over 128,000 people living in Leeds who considered themselves to have a limiting long-term illness (18% of the total resident population). Of these people 57,732 were of working age. Geographic analysis of the Census data has shown that people with a Limiting Long Term Illness are concentrated in particular geographic areas of the city. There are approximately 2,500 people with learning disabilities in Leeds who receive statutorily funded accommodation and support services arranged by the Council.

Healthy lifestyles

Introduction

Encouraging healthy lifestyles is important to improving the overall health and wellbeing of the Leeds population. One key stream of work to reduce health inequalities is around behavioural change, encouraging people to stop smoking, drink responsibly, eat better and exercise regularly.

The JSNA data sets highlight certain important features of health-related behaviour in Leeds:-

Smoking

The link between deprivation and smoking is clearly seen across Leeds. Local lifestyle surveys have shown how the distribution of smokers varies across the city, with the highest rates in inner east, inner south and inner west Leeds and the lowest in north east Leeds. Separately published estimates suggest even greater variations at ward level where Wetherby has the lowest estimated smoking level at 18% contrasted with the highest level of 46% in Seacroft.

Alcohol Admissions

Alcohol consumption in Leeds is of particular concern with an estimated 155,000 adults drinking above the 'safe drinking' guidelines, and an estimated 25,000 thought to be dependent. In 2004 the number of deaths linked to Alcohol across the Yorks and Humber region rose by more than 46%, the largest rise in the country. Alcohol related death rates are 45% higher in high deprivation areas.

The annual cost of alcohol misuse in Leeds is estimated to be at £275 million, of which £23 million is health related.

Obesity

In 2005, 22.1% of men and 24.3% of women were obese and almost two-thirds of all adults overweight. In 2003 it was estimated that nearly a quarter of males in Yorkshire and Humber (24.6%) were obese and that the region had the highest obesity prevalence among young adult males (aged 16-24).

Physical activity

The Citizens Panel Sports Provision Survey 2000 found that 50% of people in Leeds felt that participation in sport and active recreation was important to them. By 2005 this had increased to 65%. It is encouraging that there have been significant increases in the number of adults who regard taking part in sport as important, and who perceive the facilities in Leeds to be good or excellent.

However by contrast, a major national participation survey commissioned by Sport England in October 2005 showed that only 20.5% of the adult population in Leeds are participating for 30 minutes, three times a week in moderate intensity sport and active recreation, very slightly above the Yorkshire average of 20.1% and below the England average of 21%.

Carers

There are approximately 52,800 carers of working age in Leeds. Of these, 66% are combining caring with paid employment.

Although around 25% of service users live in the parts of Leeds deemed to be in the 10% most deprived areas of the country, fewer people identify themselves as carers (8.94% compared to 9.85% for Leeds as a whole). Of the carers who were offered a service, only 401 (17%) lived in these areas.

Older People

In general people are living longer and there are as many people over 60 as under 16. Although the rate of increase in the proportion of older citizens in Leeds is not likely to be as great as in some neighbouring authorities, it is predicted that the number of people in Leeds aged 65 and over will rise by almost 40% to 153,600 in 2031.

This new older population will be healthier than equivalent cohorts of older people in the past and with the right support will be able to increase the positive role they already play within communities: through caring and grand-parenting, intergenerational work, volunteering, participating in local community activity and also, more and more, by continuing to stay in employment.

However as time passes, there will inevitably also be a higher incidence of physical disabilities and mental health problems which are age-related. Dementia is a condition that particularly affects older people with prevalence rising from 5% of those aged 65 to 75 to 20% of those aged over 80. In Leeds this equates to approximately 6,000 older people. Many people as they get older also experience increased deprivation, isolation and loneliness. For example, the 2001 Census showed that almost 24,000 people in Leeds aged 65 and over were living in households without central heating and that there were just over 41,300 pensioner households without transport (59% of all pensioner households). Of the 43,312 pensioner households that were living alone, just over three-quarters (32,956 households) were living alone without transport. It is estimated that the number and proportion of people living alone will increase with time.

In 2006 the Office of National Statistics estimated that 118,200 (93%) Leeds pensioners were White British, 2,600 White Irish, and 1,700 Other White. The number of pensioners in other ethnic classifications included 1200 Indian, 800 Pakistani, 200 Bangladeshi and 1300 Black Caribbean elders.

Work by the University of Leeds suggests that by 2030 the BME population in Leeds will increase by 55% and this will include significantly higher proportions of people from BME groups in older age groups

National context and drivers

The NHS Plan (July 2000)

Tackling Health Inequalities: A programme for Action (July 2003)

Health Inequalities: progress and next steps (2008)

Choosing Health: making healthier choices easier (November 2004)

Health Challenge England – next steps for choosing health (October 2006)

Our health, our care, our say: a new direction for community services (2006)

Our health, our care, our say: making it happen (2006)

High Quality Care for All (NHS Next Stage Review) July 2008

Healthy Ambitions – Yorkshire and Humber Strategic Health Authority (2008)

*Valuing People: A new strategy for learning disability for the 21st century
(November 2007)*

Valuing People Now: from progress to transformation

*NHS Next Stage Review: Our Vision for Primary and Community Care (July
2008)*

Every Child Matters: Change for Children (November 2004)

*Strong and Prosperous Communities - The Local Government White Paper
(2006)*

*Putting People First: a shared vision and commitment to the transformation of
adult social care (December 2007) and associated documents*

Working for a healthier tomorrow (March 2008)

*Secretary of State Report on disability equality: health and care services
December 08*

Local documents referenced on the templates

Leeds Children and Young People's Plan (Forthcoming)

Leeds Alcohol Strategy

Older Better

Leeds Housing Strategy (Forthcoming)

Supporting People (Housing and health)

Safer Leeds Partnership Strategy

Active Leeds: a Healthy City

Leeds Food Matters

Leeds Tobacco Control Strategy

Partnership structures

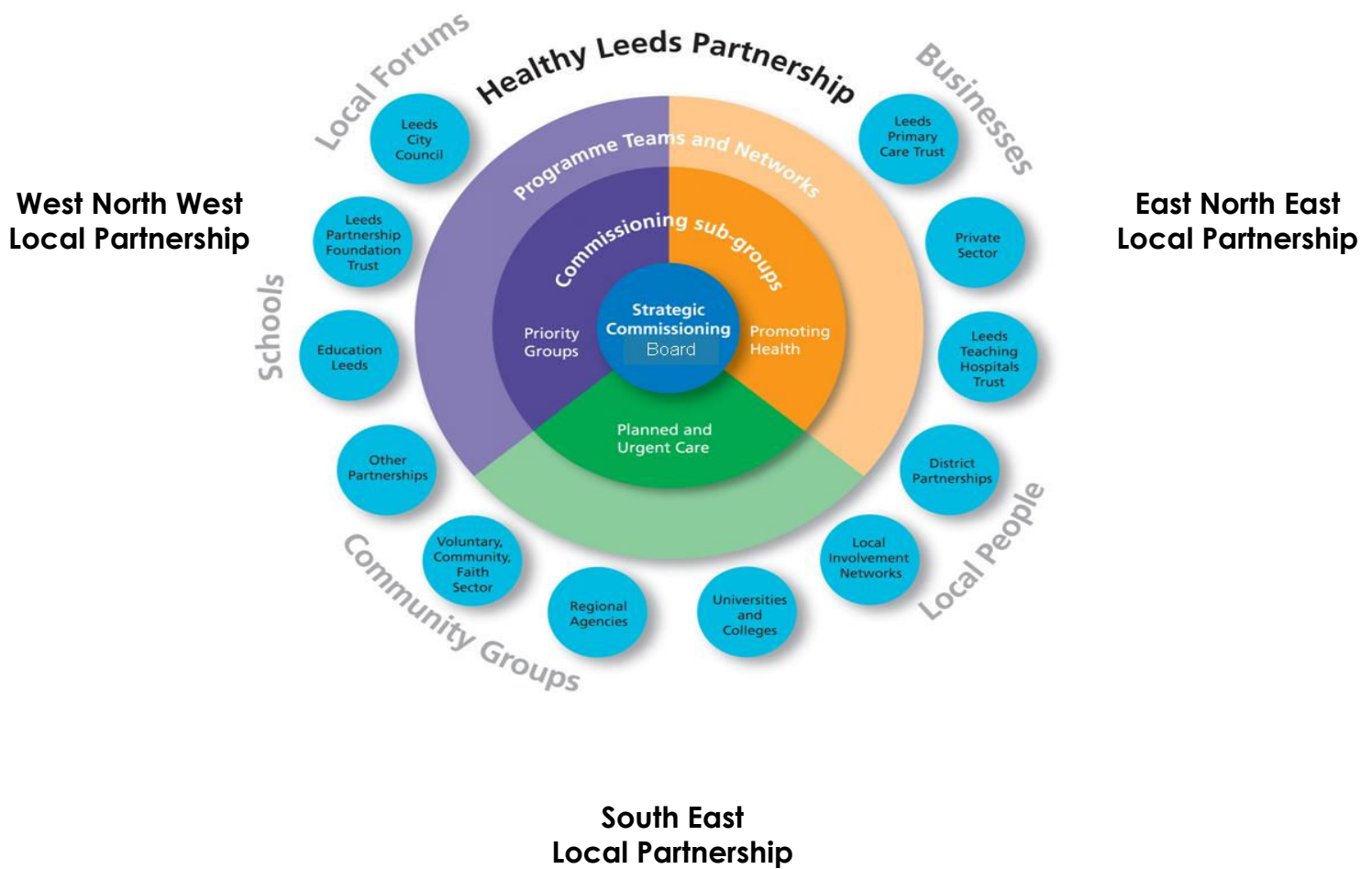
The partnership arrangements for health and wellbeing in Leeds include:

- **Healthy Leeds Partnership**
One of the nine strategy and development groups within the Leeds Initiative structure. Responsible for developing and driving forward the health and wellbeing theme of the Vision for Leeds and overseeing the Local Area Agreement.
- **Healthy Leeds Joint Strategic Commissioning Board**
Responsible for strategic leadership and coordination of commissioning for health and wellbeing. Focus on delivery of strategy, agree priorities, align resources and hold to account (via commissioning sub-groups) programme teams responsible for delivery.
- **Commissioning Sub-Groups**
The breadth of the health and wellbeing agenda is too large for the Joint Strategic Commissioning Board to have a detailed understanding of each area together with the capacity to performance manage delivery. It has three commissioning sub-groups on: Promoting Health and Wellbeing, Priority Groups and Planned and Urgent Care.
- **Cross-cutting groups**
Some key issues go across a number of partners and partnerships, for example: Information, Estates, Workforce and Transport. These are covered by specific joint cross-cutting groups.
- **Programme Teams and Networks**
Responsible for delivery of the strategy for specific client groups or health and wellbeing issues. Programme teams will also influence overall strategy and develop detailed implementation plans. Enable effective involvement to inform and support the planning and delivery of improvements in health and wellbeing, including high quality health and social care services.
- **Locality health and wellbeing partnerships**
These will be developed as part of the co-ordination groups facilitated by the Council's Area Managers. They will link to area committees and

their delivery plans, Practice Based Commissioning consortia and the developing Children's and Young People's partnerships.

Diagram 1 below shows how the different parts of the partnership arrangements will link together, set in the wider context of the people of Leeds.

Diagram 1



Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

29th April 2009

Notes

Following approval the Plan and templates will be checked for plain English and fully designed.

There are 10 templates: one for each Improvement Priority. Under each priority the first table lists the lead officers, partnerships and contributing strategies. The second table lists the national indicators and targets together with the expected outcomes.

The third table of high level actions (delivery activities) gives an overview of the range of work and is not intended to duplicate the detailed individual action plans and strategies. These are signposted on the appropriate template so that further details can be found. Further information and more detail about the actions will be found in the strategies and plans to which they relate.

These action templates are not in themselves performance management tools but are a source from which these tools, such as the Strategic Plan action trackers, are derived. We are working with performance management in both LCC and NHS Leeds to develop our joint performance monitoring systems and establish baselines. We will refine the outcomes to associate them with measurements to show the difference we are making, particularly in relation to narrowing the gap. Within the performance management framework the actions will be associated with accountable leads.

The Action Plans will be subject to annual review and refresh.

Equality Issues

Many of the outcomes and actions within this plan are taken from other plans and the JSNA which have themselves been equality assessed. Following a preliminary Equality Impact Assessment in April/May 2009, further work will be undertaken to define equality issues and actions for the different equality strands (race, gender, disability, sexual orientation, age, religion and or belief.) This process will be informed by continuous self-assessment and developments will be formally included in the annual refresh.

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

Improvement priorities

The agreed improvement priorities for health and wellbeing are:

- 1. Reduce premature mortality in the most deprived areas**
- 2. Reduction in the number of people who smoke**
- 3. Reduce alcohol related harm**
- 4. Reduce rate of increase in obesity and raise physical activity for all**
- 5. Reduce teenage conception and improve sexual health.**
- 6. Improve the assessment and care management of children, families and vulnerable adults.**
- 7. Improve psychological, mental health, and learning disability services for those who need it**
- 8. Increase the number of vulnerable people helped to live at home**
- 9. Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives**
- 10. Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk**

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

1. Reduce premature mortality in the most deprived areas	
Lead partner and Partnership	Contributing partners
NHS Leeds Healthy Leeds JSCB – Promoting Health and Wellbeing Sub Group	Leeds City Council Leeds Partnership Foundation NHS Trust Leeds Teaching Hospitals NHS Trust VCF sector through Leeds Voice Health Forum Natural England West Yorkshire Fire and Rescue Service
Principal Strategies / Plans	Related Strategies/ Plans
Infant Mortality Action Plan Leeds Children and Young People’s Plan 2009 to 2014 (in preparation) Leeds Tobacco Control Strategy 2006 to 2010 Food Matters: a food strategy for Leeds 2006 to 2010 Active Leeds : a physical activity strategy 2008 to 2012 Infant Mortality Plan Accident Prevention Framework 2008 to 2011 Self Care Strategy 2009	Leeds Housing Strategy Leeds Affordable Warmth Strategy Leeds Financial Inclusion Project

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

1. Reduce premature mortality in the most deprived areas

Indicators and targets	Outcomes																
<p>NI 120 All Age All Cause Mortality rate per 100,000 Disaggregated to narrow the gap between 10% most deprived SOAs and all of Leeds)</p> <p>Baseline 2001 -2003 <i>(for population living in 10% most deprived SOAs)</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Men</td> <td style="width: 50%;">Women</td> </tr> <tr> <td>1178</td> <td>692</td> </tr> </table> <p>3 year target trajectory for 2010 -2012 <i>(for population living in 10% most deprived SOAs)</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Men</td> <td style="width: 50%;">Women</td> </tr> <tr> <td>918</td> <td>602</td> </tr> </table> <p><i>For Leeds as a whole</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Men</td> <td style="width: 50%;">Women</td> </tr> <tr> <td>662</td> <td>463</td> </tr> </table> <p>Citywide target 472 per 100,000</p> <p>NI 121 Mortality rate from circulatory diseases at ages under 75 (per 100,000 population)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Baseline</td> <td style="width: 85%;">145 per 100,000 population (1995-7)</td> </tr> <tr> <td>Target</td> <td>69.3 per 100,000 population (2010-11)</td> </tr> </table>	Men	Women	1178	692	Men	Women	918	602	Men	Women	662	463	Baseline	145 per 100,000 population (1995-7)	Target	69.3 per 100,000 population (2010-11)	<ul style="list-style-type: none"> • The proportion of children living in poverty will have been further reduced • 1200 families in fuel poverty will have been referred into a programme for improving warmth in their home • Wider availability of quality, affordable housing • Clear city wide framework for development in place and clear expectations for community provision fulfilled in deprived areas. • Improved learning outcomes and skill levels • More engaged and informed better designed programmes <p>By 2013 in the most deprived areas of Leeds:</p> <ul style="list-style-type: none"> • 344 people will have been prevented from having an early death • 147 Lives will be saved from people under 75 dying from cancer <p>By 2013 in Leeds as a whole:</p> <ul style="list-style-type: none"> • 603 people will have been prevented from having an early death • The infant mortality rate will have been reduced from 8 deaths per 1000 to 7 per 1000 • 75,000 women will have been screened for breast cancer. • All women in Leeds will be receiving cervical screening results in 14 days <p>By 2013 in the most deprived areas of Leeds</p> <ul style="list-style-type: none"> • 109,000 people aged over 40 will have had a vascular check of whom 22,000 will receive clinical interventions to reduce their risk of becoming unwell • We will have prevented 157 people under the age of 75 from dying prematurely from Cardio Vascular Disease <p>By 2013 in Leeds as a whole:</p> <ul style="list-style-type: none"> • We will have reduced the number of people under 75 dying from Cardio Vascular Disease by 269 • 349,000 People aged over 40 will have had a vascular check of whom 70,000 People will receive clinical interventions to reduce their risk of becoming unwell
Men	Women																
1178	692																
Men	Women																
918	602																
Men	Women																
662	463																
Baseline	145 per 100,000 population (1995-7)																
Target	69.3 per 100,000 population (2010-11)																

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

1. Reduce premature mortality in the most deprived areas	
Indicators and targets	Outcomes
	<p>In the most deprived areas of Leeds</p> <ul style="list-style-type: none"> • We will increase the percentage of people who are successful in achieving lifestyle behaviour changes (weight management/healthy eating/ smoking cessation/alcohol harm reduction/increased physical activity) • We will increase the percentage of people who engage with local processes and feel they can influence decisions in their locality • We will create an environment for a thriving third sector

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

1. Reduce premature mortality in the most deprived areas

High Level Actions 2009 - 2012

Influences on health:

We will revise, develop and expand our programme of work on key influences on health such as housing, low income, skills and employment. Additional influences are the transport system and the availability of facilities for people to be active. Our overall aim is to narrow the Gap between the experience of people in the most disadvantaged areas of the city and that of people in Leeds as a whole.

- Issue a revised housing strategy aimed at creating opportunities for people to live independently in quality and affordable housing
- Implement fuel poverty action plan and co-ordinate other winter deaths initiatives
- Promote financial inclusion adapted to the effects of recession
- Implement the new Children and Young Person's Plan including:
 - Development of a strategic Child Poverty action plan delivering a range of coordinated services to enable families to move out of poverty
 - Improved access to quality early years resources
 - Improved educational achievement for children and young people in disadvantaged areas and from vulnerable groups
- Complete Planning Policy Guidance 17 - 'Planning for open space, sport and recreation' assessment, ensuring that gaps in provision are identified and appropriate standards for new facilities are implemented.

Lives people lead:

We will encourage and support people to adopt healthier lifestyles by

- Action on key behaviour changes which have a high impact on life expectancy; these to include providing systematic brief interventions; marketing materials and peer / community engagement
- Develop work around smoking targeted at the worst 10% deprived neighbourhoods (*see Improvement Priority 2*)
- A targeted programme of work around alcohol (*see Improvement Priority 3*)
- Programmes addressing obesity, physical activity and healthy eating (*see Improvement Priority 4*)

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

1. Reduce premature mortality in the most deprived areas

High Level Actions 2009 - 2012

- Promote Healthy Ageing with the direct involvement of older people

Services people use:

- Develop Healthy Living services within neighbourhoods (weight management/smoking cessation/alcohol brief interventions/health trainers) and broader poverty/well being services
- implement a comprehensive social marketing approach to Putting Prevention First (vascular check for those between 40-75)
- Interventions to target circulatory diseases including increasing the number of smoking quitters and improved blood pressure and cholesterol control.
- Develop an action plan to ensure equitable access to primary care services for vulnerable groups
- Work with Practice Based Commissioning to ensure these high impact interventions happen in the 10% most deprived neighbourhoods
- Implement the Self Care Framework as a whole systems approach to informing commissioning arrangements for all new and existing services so as to ensure that individuals are enabled, empowered and supported to self care and that professionals have the relevant knowledge and expertise to promote and deliver self care approaches
- develop a programme of initiatives at LTHT in order to utilise that setting to address issues around alcohol, smoking and weight management, and to ensure the equitable provision of CHD, cancer and respiratory care secondary services
- Develop targeted cancer programmes in line with the Cancer Reform Strategy Recommendations. Increase uptake and awareness in areas of low uptake, high deprivation and within vulnerable groups
- Implement the Leeds Strategic Maternity Matters and Infant Mortality Action Plans and associated initiatives

Community development and involvement:

We will develop local infrastructures where partners engage with residents, particularly those 'seldom seen, seldom heard' in services by:

- Involving communities, groups and individuals in the preparation and, when appropriate, delivery of health improvement programmes
- Improving health literacy and provide motivation and support for appropriate health-seeking behaviour
- Supporting growth and development of quality local services and community development by the Voluntary, Community & Faith sector

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

2. Reduce the number of people who smoke	
Lead partner and Partnership	Contributing partners
<p>NHS Leeds</p> <p>Healthy Leeds JSCB – Promoting Health and Wellbeing Sub Group</p>	<p>Leeds City Council Leeds Partnership Foundation NHS Trust Leeds Teaching Hospitals NHS Trust VCF sector through Leeds Voice Health Forum</p>
Principal Strategies / Plans	Related Strategies/ Plans
<p>Leeds Tobacco Control Strategy 2006 to 2010 Children and Young People’s Plan 2009 to 2014</p>	
Indicators and targets	Outcomes
<p>NI 123 Stopping smoking (target disaggregated to narrow the gap between 10% most deprived SOAs and the rest of Leeds)</p> <p>Baseline (2004) 31% smokers in the Leeds population</p> <p>Target (2010-11) 21% smokers in the Leeds population 27% smokers in 10% most deprived SOAs</p> <p>Vital signs VSB05 4 weeks smoking quitters who attended NHS Stop Smoking Services.</p> <p>Target 2010/11 4345 people stopping smoking with NHS Stop</p>	<ul style="list-style-type: none"> • contribute to the overall reduction in adult and infant mortality rates and to increasing life expectancy by <ul style="list-style-type: none"> ○ helping 22,000 people to stop smoking by 2013 ○ Protecting non-smokers • Increase in the rate of smoking cessation in women of child bearing age • Reduce smoking in pregnancy rate by 2 percentage points by 2010 • Increase in the rate of prisoners who quit smoking with NHS Stop smoking services in the prison setting • By 2013 in practices with 30% or more of their population living in the 10% most deprived SOAs: 7% of registered smokers will be referred to smoking services per year • There will be community based healthy living programmes and activities available in the 50% of the 10% SOAs by 2013

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

Smoking Services	
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Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

2. Reduce the number of people who smoke

High Level Actions 2009 – 2012

Influences on health:

- Review the current structure for the delivery of the tobacco programme and ensure that local capacity for tobacco control is strengthened and sustained
- Continue to ensure the maintenance of compliance across the city with smoke free legislation
- Contribute to and develop local response to DH national and regional media campaigns to promote all elements of tobacco control work including: Access to support for smoking cessation, promotion of smoke free homes and campaigns to reduce the availability of smuggled and illicit tobacco products.
- Gather and use comprehensive data (e.g. prevalence among the general population, specific target groups such as pregnant women and access to smoking cessation services to inform tobacco control and commissioning of smoking cessation services.
- Maintain and promote smoke free environments not included within the boundaries of smoke free legislation

Lives people lead:

- Review the schools pilot programme to reduce uptake of smoking amongst teenagers, further develop if necessary and deliver particularly in the most deprived areas
- To deliver high impact actions stated in the Yorkshire and Humber document - Reducing smoking pre-conception, in pregnancy and post partum. Including:
 - Promoting cessation to women of child bearing age and link with the citywide infant mortality programme
 - Reaching pregnant smokers as soon as possible and throughout pregnancy
 - Supporting pregnant women stopping smoking throughout pregnancy
- explore the feasibility of extending smoke free to public areas
- further extend the Smoke Free Homes Project particularly in the most disadvantaged areas

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

2. Reduce the number of people who smoke

High Level Actions 2009 – 2012

Services people use:

- By 2012 we will commission further smoking cessation services in new settings to increase the accessibility of services including: hospitals, workplaces and prisons
- Focus the specialist element of services in the most deprived communities in line with other Healthy Living Services
- review current stop smoking services for specific groups e.g. South Asian Communities, pregnant women and consider recommendations for further development
- Work with health care professionals to ensure the issue of smoking is raised in a systematic and routine manner and effective referral pathways are developed and maintained.

Community development and involvement:

- Develop work with communities around reducing accessibility to tobacco products and particularly counterfeit and smuggled tobacco products.
- Commission VCFS to deliver Healthy Living Activity that includes signposting to smoking cessation support and the provision of activities to support behaviour change.
- Engage service users and potential service users in the development of community based delivery of smoking cessation interventions

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3. Reduce alcohol related harm	
Lead partner and Partnership	Contributing partners
NHS Leeds Healthy Leeds Joint Strategic Commissioning Board Promoting Health and Wellbeing Sub Group Safer Leeds/ Healthy Leeds Alcohol Board	Leeds City Council Leeds Partnership Foundation NHS Trust Leeds Teaching Hospitals NHS Trust VCF sector through Leeds Voice Health Forum
Principal Strategies/ Plans	Related strategies/ Plans
Leeds Alcohol Strategy 2007 to 2010 Safer Leeds Partnership Plan 2008 to2011	Children and Young People’s Plan 2009 to 2014 Safer Leeds Substance Abuse Plan
Indicators	Outcomes
NI Hospital Admissions for alcohol related conditions Reduce the increase in the rate of alcohol-related hospital admission by at least 1% per year	<ul style="list-style-type: none"> • Economic loss due to alcohol will be reduced • Increased understanding of the culture of alcohol use across the population of Leeds • Reduced number prisoners needing alcohol detoxification programmes in prisons • Fewer people will perceive drunk and rowdy behaviour to be a problem • Reduced alcohol-related harm experience among children, young people and families • There will be community based healthy living programmes and activities available in the 50% of the 10% SOAs by 2013 leading to reduction in alcohol-related crime and disorder and hospital admissions

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

3. Reduce alcohol related harm

High Level Actions 2009 – 2012

Influences on health:

- Reduce the rate of alcohol related crime and disorder, anti-social behaviour and domestic abuse in line with the priorities and targets of the Safer Leeds Partnership
- Promote responsible management of licensed premises through effective implementation of the Licensing Act 2003 (and encourage the licensing authority to consider safeguarding issues for children and young people.
- To have data in place that will be able to demonstrate:
 - alcohol related recorded violent crime
 - percentage of cases where alcohol use is linked to offending
 - percentage of domestic violence where alcohol is a contributing factor
 - use of alcohol in young people aged under 18
 - rate of alcohol-specific hospital admissions in under 18s
- Implement Children and Young Persons Plan Objective 4: Reduce the harm caused by substance misuse
 - Have a well informed workforce equipped to provide information on the effects of substance misuse, including smoking
 - Ensure that the licensing authority consider the issue of safeguarding young people
- Tackle domestic violence linked to the misuse of alcohol

Lives people lead:

- Improve the quality of and have a consistent approach to alcohol education provision in school and non-educational tier 1 settings
- Enable parents and carers to discuss the issue of alcohol consumption with their children
- Target vulnerable children (i.e. those excluded from school) and work with youth services
- Ensure that support is available in terms of housing is available to those who misuse alcohol.
- Develop a communication plan and more information about alcohol so that the population of Leeds can make informed choices about

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

3. Reduce alcohol related harm

High Level Actions 2009 – 2012

their alcohol use and shift attitudes to harmful drinking.

- Target high-risk health settings, such as primary care, A&E departments, mental health settings, sexual health settings, maternity services and older people's services.
- Provide residents who want or need to reduce their alcohol consumption with self-help guides.
- Promote activity and policy change towards reducing the promotion, accessibility and availability of alcohol
- Implement the National Youth Alcohol Action plan

Services people use:

- Promote a model of prevention which fully addresses alcohol issues throughout the education system.
- Increase in the number of staff working in health, social care, criminal justice, community and the voluntary sector staff trained to identify alcohol misuse and offer brief advice
- Develop equitable strategies for prisoners in Leeds district with alcohol related problems
- Develop a programme of activities to reduce the level of alcohol related health problems, including alcohol related injuries and accidents, and to improve facilities for treatment and support.
- Ensure that a co-ordinated, stepped programme of treatment services for people with alcohol problems is effective, appropriate and accessible, with adequate capacity to meet demand, following the 4 tiered framework from *Models of Care for Alcohol Misusers*
- Increase in the number of high risk groups (offenders, people with mental health conditions, people admitted to A&E and/or hospital with alcohol-related disease) who are assessed, offered brief interventions and where appropriate referred to alcohol treatment services

Community development and involvement:

- Develop work with communities around reducing promotion and accessibility of alcohol products
- Develop the young-people-led alcohol harm minimisation action plan
- Ensure commissioning of VCFS around Healthy Living Activity includes signposting to services that support reduction in alcohol harm

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

3. Reduce alcohol related harm

High Level Actions 2009 – 2012

and the provision of activities to support behaviour change.

- Engage service users and potential service users in the developing community based delivery of alcohol treatment interventions

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

4. Reduce rate of increase in obesity and raise physical activity for all	
Lead partner and Partnership	Contributing partners
Leeds City Council Children Leeds ISCB Healthy Leeds JSCB – Promoting Health and Wellbeing Sub Group	Children Leeds Partners NHS Leeds Sport England Education Leeds Youth Sports Trust VCFS Sector
Principal Strategies/ Plans	Related strategies/ Plans
Active Leeds : a Healthy City 2008 to 2012 Taking the Lead: strategy for sport and active recreation in Leeds 2006 to 2012 Food Matters: a food strategy for Leeds 2006 to 2010 Leeds Childhood Obesity Strategy 2001 2016 Leeds School Meals Strategy Adult Obesity Strategy (in preparation)	Children and Young People’s Plan 2009 to 2014 Local and West Yorkshire Transport Plans & Cycling Strategy Parks and Green Space Strategy 2009 Leeds Play Strategy

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4. Reduce rate of increase in obesity and raise physical activity for all	
Indicators	Outcomes
<p>NI 57 Children and young people's participation in high quality PE and sport</p> <p>NI 8 Adult participation in sport and active recreation</p> <p>To be determined by March 2009</p> <p>LKI –SC19 Number of sport facility types with a specified quality assurance standard</p>	<ul style="list-style-type: none"> • Halt, by 2010 (from the 2002-04 baseline) the year-on-year increase in obesity among children under 11 • Halt the rise in obesity in adults and by 2013 there will be no more than 78,447 adults in Leeds who are obese • Network of clearly marked routes for all abilities, promoting walking, running and cycling • More children eating healthily and participating in play, cultural activities and quality physical exercise programmes (CYPP) • More people of all ages participating in walking, cycling and general activities • Increase in the number of disabled people accessing sport and active recreation programmes • Improved uptake of quality sport and active recreation opportunities including those provided by provided by Leeds City Council Sport and Active Recreation Service, • Increased number of people who have an average consumption of a variety of fruit and vegetables of at least five portions per day • More mothers breastfeeding (2% annual increase) • Systematic health checks are provided in primary care for childhood and adult obesity. linking to interventions provided by a variety of providers • Increase in accessible weight management services, targeted to those already obese and most at risk • More people (including older people and disabled people) taking up healthy living opportunities in care programmes or self-directed care • Developed programmes to increase physical activity levels in priority areas

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

4. Reduce rate of increase in obesity and raise physical activity for all

High Level Actions 2009 – 2012

We will promote and implement plans which affect the trend towards overweight and obesity. We will develop and implement a specific adult obesity strategy for Leeds and continue implementation of our Childhood Obesity and Weight Management Strategy. These include the Active Leeds Physical Activity Strategy, the Leeds Food Strategy.

Overall we will work towards a long-term vision of encouraging healthy lifestyles and preventing poor health. This will be achieved through lifestyle change especially in relation to increasing physical activity participation and holistic health improvement programmes.

Influences on health:

- Ensure that planning for the built environment, green spaces and transport encourage a more active lifestyle, complemented by attention to disability issues and to safety. This link into ensuring the provision of appropriate facilities where people can be active including sport provision such as leisure centres etc.
- Introduce flexibilities in planning arrangements and urban design to manage the proliferation of fast food outlets and tackle issues of poor food access,
- Complete Planning Policy Guidance 17 - 'Planning for open space, sport and recreation' assessment, ensuring that gaps in provision are identified and appropriate standards for new facilities are implemented. Clear city wide framework for development and clear expectations for community provision fulfilled in terms of sport and recreational space

Physical Activity and Healthy Eating

- Implement the delivery plan for the 'Active Leeds: a Healthy City' strategy
- Ensure a co-ordinated approach to food work to develop effective communication and promote consistent healthy eating messages using principles of social marketing
- Work with employers to promote healthy eating (including LCC / NHS Leeds) and business sign up to healthy workplace programmes
- Increased achievement of Healthy Food Mark Standard or equivalent

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

4. Reduce rate of increase in obesity and raise physical activity for all

High Level Actions 2009 – 2012

- Ensure the public sector addresses issues of healthy eating, safe and sustainable food and malnutrition within its catering arrangements and food provision

Lives people lead:

- Ensure regular physical activity is sustained beyond 16 years+.
- Increase the number of trips made by walking and cycling ensuring that safety is taken into account
- Increase the number of older people taking part in regular physical activity.
- Expand opportunities for disabled people to lead an active life
- Improve people's ability to choose and obtain healthy food that meets nutritional requirements that are right for their stage of life.
- Commission healthy eating cooking skills and food access programmes for targeted neighbourhoods and community groups
- Use the National Change 4 Life social marketing programme to support and empower people to make changes to diet and activity
- Develop and implement Leeds Strategic Maternity Matters action plan and Breastfeeding Strategy

Services people use:

- Ensure there are appropriate pathways to identify and manage overweight and obese individuals linking to a variety of agencies.
- Invest in Putting Prevention First programmes in primary care
- Developing healthy living services within neighbourhoods including weight management services
- Appropriate offers of surgery for morbid obesity
- Develop further joint health and physical activity programmes for people experiencing poor health, or in danger of developing poor health to change their lifestyles and become healthy.
- Develop and implement a range of physical activity training programmes and opportunities including free swimming for young people and older people from April 2009

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

4. Reduce rate of increase in obesity and raise physical activity for all

High Level Actions 2009 – 2012

- Develop healthy eating programmes within priority neighbourhoods and encourage adoption of healthy eating principles in community based facilities (all sectors)
- Implement School Meals and Packed Lunch strategies
- Promote the use of Active Leeds Physical Activity Tool Kit
- Ensure a proactive and workforce with knowledge and skills to address healthy behaviour change including using consistent messages around behaviour change, healthy weight, balanced diet and physical activity
- Embed the practice of screening for malnutrition in facilities and in the community by health, social care and community service providers and professionals
- Support a range of organisations to promote and provide practical support around health lifestyle messages around being a healthy weight, eating a balanced diet and increasing physical activity.

Community development and involvement:

- Ensure user involvement in the development and continuation of all programmes and services relating to food, physical activity and weight management
- More participants in food and exercise activities commissioned from local organisations especially in target areas
- VCFS agencies commissioned to develop physical activity opportunities within a community development approach

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

5. Reduce teenage conception and improve sexual health	
Lead partner and Partnership	Contributing partners
Leeds City Council Children Leeds ISCB – Teenage Pregnancy and Parenthood Board Healthy Leeds JSCB – Promoting Health and Wellbeing Sub Group	Children Leeds Partners NHS Leeds Education Leeds Leeds Teaching Hospitals NHS Trust VCF sector through Leeds Voice Health Forum
Principal Strategies/ Plans	Related strategies/ Plans
Teenage pregnancy strategy Sexual health strategy (in preparation)	Children and Young People’s Plan 2009 to 2014 (in preparation) Alcohol Strategy
Indicators and targets	Outcomes
<p>NI 112 Under 18 conception rate <i>disaggregated to focus on the 6 wards in the city with the highest rates of conception</i></p> <p>Baseline (1998) 50.4 per 1000 girls aged 15-17</p> <p>Leeds 2006 rate 50,7 per 1000 girls aged 15-17</p> <p>Target (2009/10) Target rate 42.7 per 1,000 girls aged 15-17 <i>Based on 15% reduction in 6 wards with highest conception rate</i></p> <p>Vital Signs Guaranteed access to a GUM clinic</p>	<ul style="list-style-type: none"> • Fewer unplanned pregnancies • Gonorrhoea infections reduced by 15% • Fewer girls under 18 conceiving • 217,000 people aged 15 – 24 will have been screened for Chlamydia • 10% increase year on year in number of STI and HIV tests in non GUM settings • 90% of gay men accessing all sexual health services will receive a hepatitis B vaccine

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

within 48 hours of contacting a service

5. Reduce teenage conception and improve sexual health

High Level Actions 2009 – 2012

Influences on health:

- Campaigns to target the general population of Leeds to reduce stigma related to sexual health
- Increase positive work with the local media

Lives people lead:

- Developing a communications plan for both young people, adults and professional and links between sexual health and teenage pregnancy work.
- Develop local teenage pregnancy data and set up system for sharing data across agencies
- Act on the Young People's Sexual Health Needs Assessment
- Review existing provision of Sex and Relationship Education within educational and non-educational settings
- Ensure Leeds Family Support and Parenting Strategy and work plan increases parents' confidence to discuss sexual health and relationship issues
- Review impact of transition from Youth Service Health Education Team to generic services
- Deliver evidence based programme of improving skills, knowledge, confidence, aspirations and empowering the most vulnerable to sexual ill health
- Increase programmes developing skills and knowledge of gay men, young people and African and African Caribbean communities
- Support the health and wellbeing for those living with HIV and AIDS

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

5. Reduce teenage conception and improve sexual health

High Level Actions 2009 – 2012

Services people use:

- Ensure access to local services that are integrated, holistic and sensitive and appropriate to people from different backgrounds.
- Develop single access point for all sexual health services
- Increase access to and improve knowledge of contraception.
- Increase access to emergency contraception and improve the uptake of contraception post pregnancy or terminations
- support for parents and carers on talking to children about sex and relationship issues at Children's Centres

- Expand the Chlamydia screening programme
- Ensure screening programmes are accessible and acceptable to target groups
- Ensure prevention is integral to all clinical services
- Increase HIV testing in a range of settings
- Increase service provision in deprived areas, through GP practices, pharmacies, prisons
- Improve the skills and knowledge of professionals in offering all forms of contraception and STI and HIV testing, STI treatment and sex and relationships education
- Increase access to HIV treatment for gay men and African communities
- Review existing services against the needs and identify gaps

Community development and involvement:

- Increase community based and outreach initiatives with vulnerable groups

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

6. Improve the assessment and care management of children, families and vulnerable adults	
Lead partner and Partnership	Contributing partners
Leeds City Council Children Leeds ISCB Healthy Leeds JSCB – Priority Groups sub-group	NHS Leeds Leeds Partnership Foundation NHS Trust Leeds Teaching Hospitals NHS Trust VCF sector through Leeds Voice Health Forum Children <u>Leeds</u> partners
Principal Strategies/ Plans	Related strategies/ Plans
Adult Social Care Service Plans Children and Young People's Plan 2009 to 2014	Carers Strategy for Leeds
Indicators and targets	Outcomes
<p>NI 130 (refresh) Social Care Clients receiving self-directed support Target 30% take up of self directed support options by 31/3/11</p> <p>NI 132 Timeliness of social care assessment (all adults) Baseline 80.9% 2010-11 Target 90.0%</p> <p>NI 133 Timeliness of social care packages following assessment (all adults) Baseline 85% 2010-11 Target 95.0%</p> <p>LKISS 35 Regular reviews for vulnerable adults and for carers</p> <p>NI 63 Stability of placements of looked after children: length of placement Baseline 70.5% 2010-11 Target 80.0%</p> <p>NI 66 Looked after children cases which were reviewed within required timescales</p>	<ul style="list-style-type: none"> • More people, especially with long term conditions, are able to lead independent lives • Improved Planning • Consistent and updated support for vulnerable adults and carers • Carers receive appropriate and timely support • Improved patient and carer experience • People are fully supported in transitions between services, especially on entering adulthood • Empowered Individuals

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Baseline 60.2%	2009-10 Target 90.0%	
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6. Improve the assessment and care management of children, families and vulnerable adults

High Level Actions 2009 – 2012

Lives people lead:

- Improve the visibility and recognition of carers

Services people use:

- provide efficient and effective out of hours service and redesign care management process
- Address delayed transfers of care
- Improve services for people from BME backgrounds, people with personality disorders and young people who have committed offences
- Ensure arrangements are in place for protecting vulnerable people from abuse through improving assessment and care management
- Implement self directed support pilot for a full range of client groups
- Improve care planning for young people in transition by creating a joint team consisting of officer from both CYPSC and ASC
- Embed the Common Assessment Framework for children and young people in Children's Services to provide early assessment and multi-agency actions centred around individual children and young people's needs
- Reviews are regularly undertaken for vulnerable people and for their carers

Community development and involvement:

- Involvement and engagement of service users and carers
- Involvement of voluntary community and faith sector

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

7. Improve psychological, mental health, and learning disability services for those who need it	
Lead partner and Partnership	Contributing partners
Leeds City Council Healthy Leeds JSCB – Priority Groups sub-group Children Leeds ISCB	NHS Leeds Leeds Partnership Foundation NHS Trust Children Leeds Partners Leeds Colleges VCF sector through Leeds Voice Health Forum
Principal strategies/ Plans	Related strategies/ Plans
Leeds Mental Health Strategy 2006 to 2011 Leeds Emotional Health Strategy 2008 to 2011 (CYP) Learning Disability Strategy (in preparation) Social Inclusion and Mental Health Strategy (in preparation) Children and Young People’s Plan 2009 to 2014 (in preparation)	Carers Strategy for Leeds

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

7. Improve psychological, mental health, and learning disability services for those who need it	
Indicators and targets	Outcomes
<p>NI 58 Emotional and behavioural health of looked after children (new indicator)</p> <p>NI 130 (refresh) Social Care Clients receiving self-directed support Target 30% take up of self directed support options by 31/3/11</p> <p>VSCO2 -Proportion of people with depression and/or anxiety disorders who are offered psychological therapies. Targets and milestones to be determined by March 2009</p>	<ul style="list-style-type: none"> • Wider awareness leads to better and earlier support. People from all backgrounds get timely and appropriate care • Individuals feel valued and included • New housing strategy contains specific actions which improve access for vulnerable groups • Learning disabled people enjoy better health • Learning disabled people with complex health needs receive effective and person centred treatment care and support provided locally • Learning disabled people and their carers benefit from accessible and person centred services with specialist healthy supports in primary and secondary care • More people using and enjoying mainstream facilities and activities • Wider range of opportunities • Accessibility of facilities and locations (including city centre) improved • evidence of more personalised care and support • Better access to more flexible services • Earlier intervention reduces risk of crisis • Young people with disabilities make smoother transition to adulthood. • Offer of psychological therapies leads to more rapid and effective recognition and support for people suffering anxiety and depression.

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

7. Improve psychological, mental health, and learning disability services for those who need it

High Level Actions 2009 - 2012

Influences on health:

- Reduce stigma and discrimination
- increase opportunities to access employment and meaningful education (LD)
- Implement vocational and employment action plan (MH)
- Improve access to arts and leisure activities
- Ensure that that Housing strategies support people with learning disabilities and other vulnerable groups to have access to a range of housing opportunities

Lives people lead:

- Develop services from local and community based locations with partners and reduce reliance on use of segregated buildings
- increase choice and control in support including increasing the take up of self directed support and individualised budgets
- Mental Health First Aid training for employers
- Produce a learning disability strategy which demonstrates how valuing people now expectations will be delivered in the City
- Recognise needs of more mobile population by providing appropriate support including city centre changing places

Services people use:

- Undertake options appraisal of models of integrated care
- Learning Disability Strategy and action plan approved by LCC and NHS Leeds
- Transform mental health and learning disability day services currently provided by LCC
- Audit of GP registers to monitor number of LD people registered, and level of health screening activity
- ensure all LD patients have health checks and Health Action Plans
- Develop capacity of primary and secondary health services to meet the needs of patients with Learning Disabilities
- Improve access, uptake and information on health and health services, by developing accessible information
- Undertake review of specialist health services for LD patients with continuing treatment needs and develop service model
- Implement Independent Living Project to promote social inclusion through procuring a range of housing options in local communities and transforming care and support services
- Development of Primary Care Mental Health Services to eradicate age discrimination

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

7. Improve psychological, mental health, and learning disability services for those who need it

High Level Actions 2009 - 2012

- Joint Transitions Team for children & young peoples social care and adult social care in place by 31/3/2010
- Implementation of Dual Diagnoses Strategy (substance use and mental health)
- Expand services in primary care to increase access to psychological therapies for people with common mental health problems
- Improve access to crisis services and early intervention services
- Development of revised Older People's Mental Health strategy and Joint Commissioning Plan for Dementia Services in line with National Guidance
- Improving public and professional awareness of Dementia
- Improve early diagnosis and intervention for people with Dementia
- Improved quality of life and support for people with Dementia
- Review current mental health service provision and develop joint mental health commissioning plan

Community development and involvement:

- increase opportunities to enjoy a range of social activities and networks
- Continue community development worker service for BME communities
- Review user carer involvement structures to ensure fitness for purpose
- Extend network of Dementia Cafés

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8. Increase the number of vulnerable people helped to live at home	
Lead partner and Partnership Leeds City Council Healthy Leeds JSCB – Priority Groups sub-group Planned and Urgent Care sub-group	Contributing partners Leeds PCT Leeds Partnership Foundation NHS Trust VCFS bodies through Leeds Voice Health Forum West Yorkshire Fire and Rescue Service Leeds Colleges
Principal strategies/ Plans Leeds Housing Strategy 2005 to 2010 Supporting People Strategy 2005 to 2010 Carers Strategy for Leeds Older Better Strategy 2006 to 2011	Related strategies/ Plans Children and Young People’s Plan 2009 to 2014 (in preparation)
Indicators and targets NI 141 Percentage of vulnerable people achieving independent living Baseline 2007/8 Q2 58.61 Targets 2910-11 76% NI 139 The extent to which older people receive support they need to live independently at home (Place Survey) NI 136 People supported to live independently through social services (all adults) Target 66%	Outcomes <ul style="list-style-type: none"> • People with learning disabilities becoming more active citizens • Fewer inappropriate admissions to hospital • Falls reduced and more people who fall are treated at home • People with mental health problems or learning disabilities can access wider range of housing, employment, training and leisure opportunities • Improved choice delivering a personalised service based on individual preferences among people with learning disabilities and mental health problems • Services structured and staff trained for delivery of new priorities • People feel valued and included

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

8. Increase the number of vulnerable people helped to live at home

High Level Actions 2009 – 2012

Influences on health:

- Provide housing support
- Use a social model approach to challenge the barriers faced by older people and disabled people to independence, inclusion and equality
- Maintain and promote older people's and disabled people's independence for as long as possible

Lives people lead:

- increase take up of Personal Budgets by continuing project work so that new applicants are offered individualised budgets from Autumn 09 and others are offered them by review
- Increase the number of people with mental health problems and learning disabilities who are in employment or in voluntary activity

Services people use:

- Explore interactive services such as telehealth, broadband/interactive access and telecare
- Expansion of Falls Assessment and Treatment service
- Transform learning disability day services currently provided by LCC
- Redevelopment of Windlesford Green hostel for people with learning disabilities.
- Provision of new, modern accommodation for people with learning disabilities through the Independent Living Project
- Implementation by 31 March 2010 of a new staffing structure in Adult Social Care mental health and learning disability services which supports more flexible and local service delivery
- Increase the number of vulnerable people utilising self directed support to deliver their care and support needs
- Develop and improve information sources to ensure that the communication barriers affecting different groups are overcome

Community development and involvement:

- Development of self care strategy supported by Health Trainers for people with long term conditions.

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

9. Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives	
Lead partner and Partnership	Contributing partners
Leeds City Council Healthy Leeds JSCB – Priority Groups sub-group Planned and Urgent Care sub-group	NHS Leeds VCFS bodies through Leeds Voice Health Forum and Learning Disability Forum, Older People’s Forum, Physical Disability Forum and Volition.
Principal Strategies/ Plans	Related Strategies/ Plans
Adult Social Care Commissioning and Business Plans	Children and Young People’s Plan 2009 to 2014 (in preparation) Carers Strategy for Leeds
Indicators and targets	Outcomes
NI 130 (refresh) Social Care Clients receiving self-directed support Target 30% take up of self directed support options by 31/3/11	<ul style="list-style-type: none"> • More people aware of and accessing benefit and fuel support • People lead richer and more fulfilling lives whatever their age or condition • Increased satisfaction among service users and carers • Choice and control are enhanced by simpler access with less risk of duplication or gaps • Evidenced access to information advice and advocacy • Better sharing of information subject to appropriate safeguards • Increased capacity for support within local communities • Promotion of dignity and

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

9. Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives

High Level Actions 2009 – 2012

Influences on health:

- Continue work to promote financial inclusion
- Develop and improve transport which meets people's needs

Lives people lead:

- Promote Healthy Ageing with the direct involvement of older people, encouraging a positive view of old age and disability
- Use social marketing to develop information about opportunities, accessible to all groups

Services people use:

- Roll out of Common Assessment Framework
- Continue work on the Self-Directed support programme
- Increase take up of Personal Budgets by continuing project work so that new applicants are offered individualised budgets from Autumn 09 and others are offered them by review
- Deliver services for older people and disabled people that are flexible and accessible and promote choice and control
- Deliver care and support close to where people live, or within their own homes
- Ensure that older people and disabled people are treated with respect and dignity at all times
- Take an holistic approach to care and support, joining up different elements across professions and agencies
- Share good practice across the City, agencies, organisations and professions
- Establish and develop a range of community support services for people with Stroke and other Neurological conditions
- Implementation of Leeds Vision strategy to provide excellent eye health and eye care and sight loss support in an inclusive city

Community development and involvement:

- Work to ensure full participation of older people and disabled people in the decisions and processes which affect their lives
- Enable older people and disabled people to lead an active and healthy life and be involved as citizens of the city
- Tackle Social Isolation of Older People

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

9. Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives
High Level Actions 2009 – 2012

10. Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk	
Lead partner and Partnership	Contributing partners
Leeds City Council Children Leeds ISCB Children Leeds Safeguarding Board Healthy Leeds JSCB Adult Safeguarding Board	Education Leeds NHS Leeds Children Leeds Partners VCFS bodies through Leeds Voice CYP Forum and Leeds Voice Health Forum Leeds Colleges
Principal Strategies/ Plans	Related Strategies/ Plans
Adult Safeguarding Strategy Children and Young People’s Plan 2009 to 2014 (in preparation) Carers Strategy for Leeds	

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

Indicators and targets	Outcomes
<p>Number of children looked after (<i>expressed as a rate per 10,000 excluding unaccompanied asylum seekers</i>) Baseline 83.6 Target 2020-11 59.1</p> <p>Estimated number of staff employed by independent sector registered care services in the council area that have had some training on protection of adults whose circumstances make them vulnerable that is either funded or commissioned by LCC</p> <p>Target to be set following calculation of baseline</p>	<ul style="list-style-type: none"> • Wider awareness of issues among staff and in wider communities • Risk factors are managed Consistently and effectively • Arrangements for safeguarding vulnerable adults are effective across agencies and disciplines. • Everyone involved in safeguarding has the appropriate knowledge, skills and understanding

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

10. Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk

High Level Actions 2009 - 2012

Influences on health:

- Increase awareness of safeguarding issues through communications and social marketing

Lives people lead:

- Consistent assessment procedures for risk

Services people use:

- Ensure safeguarding is embedded across partners
- Revise and implement multi-agency adult safeguarding procedures
- Train new and existing staff on safeguarding procedures
- Implement work programme of adult safeguarding board
- Jointly appoint head of adult safeguarding
- Establish practice standards and competencies
- (for children's safeguarding see CYP Plan)

Community development and involvement:

- Ensure general awareness of safeguarding issues and engage community support



Originator: Bridget
Maguire

Tel: 2243991

Report of the Director of Adult Social Services

Executive Board

Date: 13th May 2009

Subject: Carers Strategy for Leeds 2009-2012 'Every Carer Counts'.

Electoral Wards Affected: ALL

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In
(Details contained in the report)

EXECUTIVE SUMMARY

Leeds has had a multi-agency Carers Strategy since 1997 and the most recent version, which was approved by Executive Board, covered the period 2003-06. The new Leeds Carers Strategy 2009-2012 involved extensive consultation with carers, carers organisations and other stakeholders and the document 'Every Carer Counts' has been approved by the Governing Bodies of a wide range of agencies. In addition the new Leeds Strategy reflects the objectives and the new developments announced in the Government's National Carer Strategy, 'Carers at the heart of 21st century families and communities', launched in June 2008.

The Strategy will have annual action plans which sit underneath it and its implementation will be monitored by the Carers Strategy Implementation Group which is co-chaired by the Deputy Director of Social Services (Strategic Commissioning) and the NHS Leeds Director of Commissioning for Priority Groups. It is the over-arching document which drives the development of carers support services and the allocation of Carers Grant which is part of the Area Based Grant, within the context of the National Carers Strategy.

The Strategy will be launched at an event in Carers Week, on June 9th, attended by the Executive Member for Adult Social Care and the Lord Mayor elect. It will be published on the Leeds City Council website, distributed widely to the public and to all elected Members and Members of Parliament.

The Strategy is attached.

1.0 Purpose Of This Report

- 1.1 To advise elected Members of the content of the Leeds Carers Strategy 2009-2012, 'Every Carer Counts' and to seek it's approval for it's publication and dissemination.

2.0 Background Information

- 2.1 Carers are people who look after family, partners or friends because they are ill, frail or have a disability. The care they provide is unpaid.
- 2.2 The Census 2001 was the first census to include a question about caring and so for the first time, we knew exactly how many Leeds residents considered themselves to be carer. It showed there were 70,446 carers in Leeds. This figure includes 14,369 carers who provide more than fifty hours of care per week.
- 2.3 Twenty three percent (16,215) of Leeds carers are aged over 65 years. It is estimated that forty percent of carers begin or end their period of caring in any year, so the carer population is very fluid.
- 2.4 The Census 2001 also showed that 75% of carers in Leeds were of working age – 52,805 people. Of these, 14,799 men and 9150 women were combining full-time work with caring. A further 1,542 men and 9,150 women were working part-time and also providing care.
- 2.5 There were 1,232 young carers under age 16 years and 68 of these were providing more that fifty hours of care per week.
- 2.6 It has been agreed that the next census will also include the question about carers so we will see to what extent the numbers involved in caring are rising. Changes in the age structure of the population and advances in medicine are increasing the demand for carers and will continue to draw more people into a caring role. CarersUK have suggested that the number of informal or family carers available will need to increase by sixty percent by 2037. The proportion of carers who are providing the greatest amounts of care - over 50 hours per week - is increasing more rapidly than carers in the lower census category (0-19 hours caring per week).
- 2.7 The 2003-2006 Carers' Strategy for Leeds was successful in delivering most of its objectives by the time it expired and had also responded to new legislation and emerging themes during those 3 years. For example, the Carers' Employment and Equal Opportunities Act 2004 and the 'Back Me Up' Carers' Emergency Plan Campaign in 2005. On March 1st 2009 a large and comprehensive Carers' Emergency Plan Scheme was launched in Leeds, to provide care for up to seventy-two hours when a carer of an adult or a child requiring care due to their health condition or disability has an emergency which prevents them from caring, such as a sudden illness.
- 2.8 The new Strategy includes a commitment to provide three Changing Places toilets in the centre of Leeds during the period of the strategy. These are toilets which are large enough for two carers and a person in an electric wheelchair, and will provide an electrically operated changing table and overhead hoist so that adults and larger children can be changed in comfort and with dignity. It will also enable the carers of adults with disabilities to go out and about in the city centre for longer periods. Another new commitment is the establishment of a Carers Hub in the new Equality Assembly which is being developed for Leeds.

- 2.9 Two Carers' Fora were held during 2005 and in the autumn of 2006 four Carers' Strategy consultation events were held around the city, including one for young carers, in which carers were invited to identify their priorities. These priorities provide the content of 'Every Carer Counts'.
- 2.10 The Government published a National Carers' Strategy in July 2008, and the key themes and initiatives have been incorporated into the Leeds Strategy.

3.0 Main Issues

- 3.1 Unpaid carers are vital to the health of the city and to the quality of life of the people they care for. It has been estimated by CarersUK, the national organisation which represents carers, that the value of carer unpaid care in Leeds is £1,017 million per year.
- 3.2 Leeds has always had a strong profile on carers issues but there is still much more that needs to be done to improve support to carers and give value to what they provide for the people they care for. The Strategy shows the commitment of Leeds City Council and its partners in Health and Social Care to carers, and the plans to improve support to them.
- 3.3 The main aims of the Strategy incorporate those of the Carers' Charter for Leeds which was launched in November 2008 and is attached at Appendix 1. The document has a set of eighteen generic, fundamental pledges concerning equality, respect, advocacy, listening to carers views, carers assessments, breaks, information and so on. This is followed by a section in which each of the main statutory signatories identify particular actions which they will undertake to deliver better support to carers over the next 3 years. There are specific sections on carers for adults, carers for children and young carers.
- 3.4 Annual action plans will be produced in which partner agencies will set out their actions to implement the commitments in the Strategy. These action plans are approved and monitored by the Carers Strategy Implementation group. This group is made up of representatives from all partner agencies and carers and is jointly chaired by senior officers from Adult Social Care and NHS Leeds.
- 3.4 An equality impact assessment of the document has been carried out using the independent perspective of equality professionals at Touchstone and the Leeds Teaching Hospitals Trust and their contributions were included.

4. Implications For Council Policy And Governance

- 4.1 The Council continues to provide leadership on Carers issues in Leeds and the document has implications for all Directorates in accordance with the One Council Approach. Leeds City Council leads a wide range of statutory and non-statutory sector agencies who are signed up to this multi-agency initiative, in acknowledging the value of carers and forming co-operative partnerships to make all services as sensitive as possible to their impact on carers.

5 Legal And Resource Implications

- 5.1 The Carers' Strategy 2009-2012, 'Every Carer Counts', is fully compliant with current carers' legislation.

5.2 All Council initiatives are fully funded by what was formerly the Carers Grant, and is now part of the Area Based Grant, to be used for carers support and services. NHS Leeds also receives direct funding for carers' respite breaks.

6 **Conclusions**

6.1 The Carers' Strategy will ensure that Leeds City Council maintains its profile of supporting carers and facilitates partnership working and thus will improve the health and well being of carers and the people they care for.

7 **Recommendations**

7.1 That the Executive Board notes the content of the Carers' Strategy for Leeds 2009-2012 'Every Carer Counts' and approves the Strategy and its implementation.

DOCUMENTS REFERRED TO IN THIS REPORT

'Carers at the heart of 20th century families and communities'. Department of Health 286149 Jun 08 (RIC).

CarersUK Policy Briefing January 2009 'Facts about Carers'.

Leeds Carers Charter

A carer is a person who provides care for someone else who, because of long term illness, mental illness, impairment or old age, is not able to care for him or herself.

A carer can be:

- **A parent**
- **A son or daughter**
- **A brother or sister**
- **A husband, wife or partner**
- **A relative, friend or neighbour**

A carer is someone who is not paid for the care they provide.

Young carers are children and young people who take or share responsibility for the care of another person (Carers Act 1995).

If you are a carer, using our services, you can expect:

- To be recognised, identified and valued for your caring role and be treated with dignity and respect.
- To access, or be signposted to, relevant and up to date information about the support that is available for you as a carer.
- Our staff to inform you about the right to a carer's assessment and to be referred appropriately - if you wish.
- Your own health needs to be recognised and to be supported to maintain your physical, mental and emotional health and well-being.
- To be included (with the permission of the person you care for) as a valued partner in the planning and delivery of his/her treatment and care, and in particular in discharge planning.
- To have the right to choose the level of care you are able to offer, depending on your age and ability.
- To be considered as an individual, and for services to strive to reflect your own needs.
- Have opportunities to comment on, and be involved in, the wider planning and evaluation of services.

If you need more information on this charter please contact:

NHS Leeds:

0800 0525270 (PALS)

Leeds Teaching Hospital

NHS Trust:

0113 206 7168 (PALS)

Leeds Partnerships NHS

Foundation Trust (LPFT):

Contact LPFT Carers Support team on **0113 295 4445**

Leeds City Council (LCC):

Services for adults

0113 222 4401

Services for children and young people **0113 222 4403**



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CARERS' STRATEGY FOR LEEDS 2009–2012



every
carer
counts

FOREWORD

I am very pleased and proud to be able to present the latest Multi-Agency Carers' Strategy which is the outcome of a lot of hard work and consultation. It shows that the City Council, along with our partners in the NHS and Third Sector are really committed to increasing and improving the level and types of support that we can offer to the carers of Leeds. These are our fellow citizens who give up so much of their lives and their time to the care and the quality of life of the person for whom they care. Each year the Carers' Strategy Implementation group will be responsible for overseeing the delivery of our aims through an annual action plan.

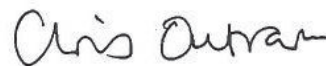
In the Health and Social Care world we are all very aware of how much we, and the people being cared for, rely on their unpaid carers. We could not manage the care of adults and children with health or other care needs or disabilities without them. So we are committed to involving carers as partners in decisions on service planning and in the care planning of services for the person for whom they care. I feel that we have developed a good range of support services for carers in Leeds but acknowledge, too, that there is much more that can be done. The continuing increase in carers grant funding from the Government enables us to expand these services – one example being our Carers Emergency Plan Scheme which is being expanded and re-launched this year.

I am also pleased to say that the plans we have developed in Leeds fit very closely with the objectives of the Government's ten-year Carers' Strategy announced in June 2008 called *Carers at the Heart of 21st-Century Families and Communities*. That Strategy sets out aims and projects to support carers on a much more diverse range of issues than before, particularly relating to their work life. We look forward to working on these issues with new partner agencies such as the department of Work and Pensions, JobcentrePlus and Carers Advice services. The National Strategy also brings additional new funding for the next two years, most of it being directed to the NHS for more carer breaks and we will be collaborating with them and with carers to make sure it is used in ways which meet a carer's greatest need which is usually having a break and a life outside caring.

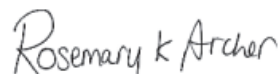
Sandie Keene
Leeds City Council, Director of Adult Services



Sandie Keene – Leeds City Council,
Director of Adult Social Services



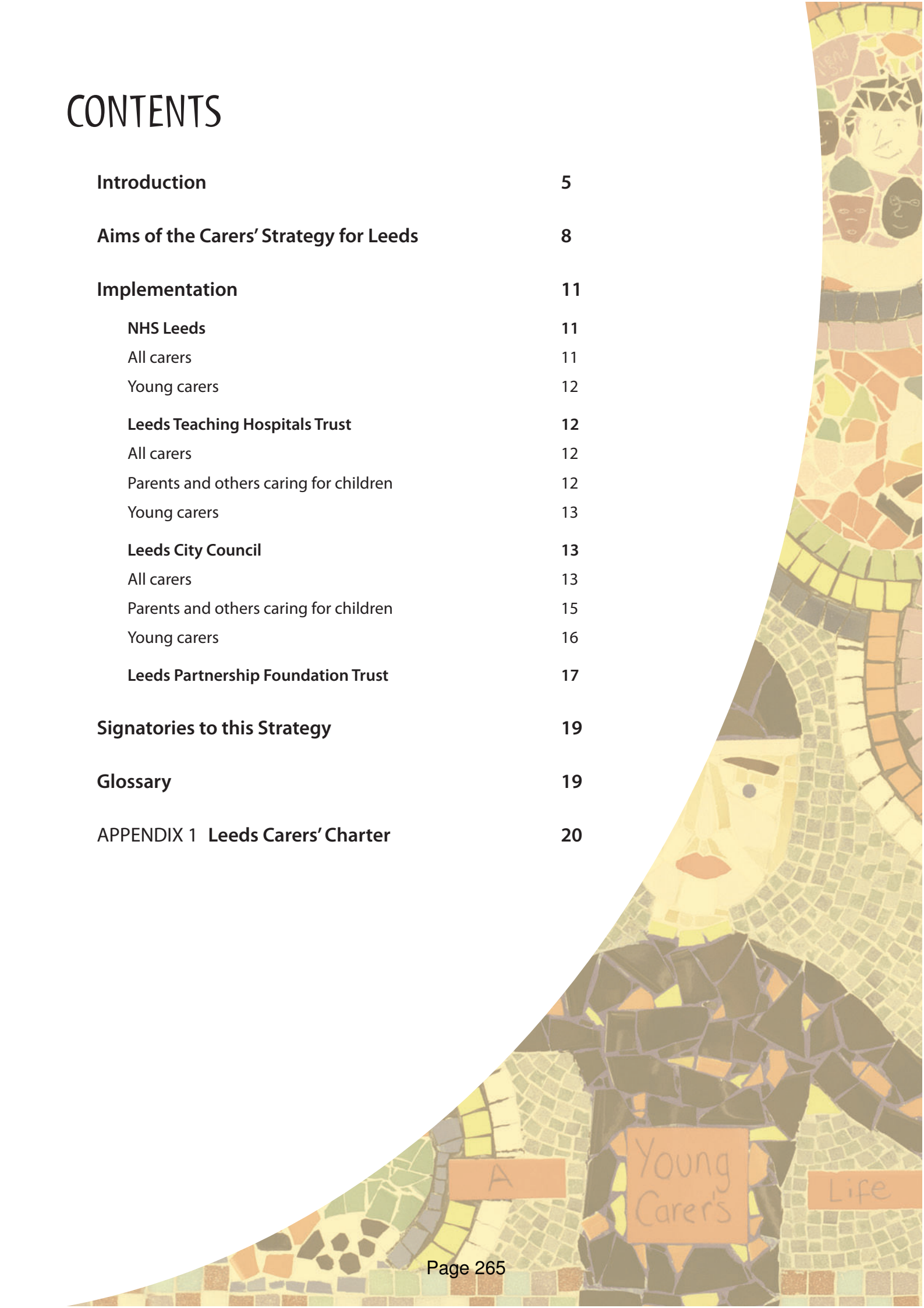
Chris Outram – Chief Executive of
NHS Leeds



Rosemary Archer – Leeds City
Council, Director of Children's Services

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A large, colorful mosaic artwork on the right side of the page. It features a large, stylized face with a yellow complexion and a red mouth. Below the face, there are several rectangular tiles containing text. One tile says 'A', another says 'Young Carer's', and a third says 'Life'. The mosaic is composed of various colored tiles in shades of yellow, orange, green, and brown.

A Young Carer's Life

INTRODUCTION

In June 2008 the Government launched the National Carers' Strategy, *Carers at the Heart of 21st-Century Families and Communities: a caring system on your side, a life of your own*. This is the Government's ambitious ten-year vision that sets out the short and long term agenda for the future care and support of carers. This Strategy is based on the views and concerns of carers themselves. Over the next two years the government will provide an additional £150 million of new funding to Primary Care Trusts to work in partnership with the Local Authority to provide respite care.

The 2006 White Paper on the future provision of Adult Social and Health Care services, *Our Health, Our Care, Our Say*, committed to a 'New Deal for carers' and identified several services and issues which it will prioritise, such as a new national information service, expert carers programme, and emergency respite services. The Government has accepted that all the ideas and aspirations outlined in *Our Health, Our Care, Our Say* cannot be achieved without new financial resources and has announced further growth in the Carers Grant from 2008–2011.

With the National Carers' Strategy and 2006 White Paper in mind, Leeds is launching its 4th multi-agency Carers' Strategy – the first one being launched in 1997.

A review of the 2003–2006 Carers' Strategy has revealed gaps which need to be addressed. This new Strategy document for 2009–2012 and the proposals and priorities within it have come from consultation and listening events with carers during 2005 and 2006. An average of 60–70 carers attended each year. Carers were asked to identify things that helped them and highlight



things that could be improved. Workshops have also been held with young carers and parent carers.

This new Carers' Strategy sits within the context of the Leeds Strategic Plan and Local Area Agreement and the NHS Leeds Strategy. These complementary documents identify key priorities for the city that directly impact

on people's health and well being and also address the wider determinants of health. Work to deliver these strategic priorities will assist in delivering the aspirations of this Carers' Strategy. At the same time work to deliver the commitments in this Strategy will contribute to the broader objectives for the city.

Background demographics

The Census 2001 provides information on carers in Leeds. It indicates that there were 70,446 people in Leeds (9.85%) who identified themselves as providing unpaid care.

- Of these:
 - 14,369 provide 50 hours or more of unpaid care per week
 - 7,631 provide between 20 and 49 hours of unpaid care per week
 - 48,446 provide up to 20 hours of unpaid care per week.
- The census also told us that there were:
 - 1,232 carers aged 0–15 years (1.74%)
 - 52,983 carers aged 16–65 years (75%)
 - 16,215 carers aged 65 years and over (23%).
- People aged 45–60 years are most likely to be carers, as a proportion of the whole population. Of the population over 50 years old in Leeds, 32% provide care at some level. Women outnumber men as carers until after age 75 years when men outnumber women as carers.
- Among carers in the age groups 75 years and over and 85 years and over half of these are providing over 50 hours of care per week. It is known that carers own health worsens as their age increases. 13% of carers are in full time work.
- Of the 1,232 carers aged under age 16, 68 were providing 50 hours and over of care; and 108 were providing 20–49 hours of care.
- 6.29% of carers are from a Black or ethnic minority community. This percentage is lower than the population as a whole, which may indicate that people from BME community groups do not identify themselves as carers.

What is a carer?

A carer is someone who looks after a relative, partner or friend who, because of a mental or physical illness or old age, cannot manage without help. This includes parents or others bringing up a child with impairment. The help they provide is unpaid.

Carers can be of any age and are found in all ethnic and faith communities. Carers themselves may be disabled and could be caring in any relationship, regardless of their sexual orientation.

Carers who are providing, or are intending to provide substantial care on a regular basis, are entitled to carers' assessment and support, and it is the duty of the Local Authority to inform carers of this right. Leeds City Council has supported carers' organisations and has itself provided services and direct support to carers for many years. Carers tell us that the existence of a Carers' Centre in Leeds for advice information and support is greatly valued as a core service. This service is jointly commissioned and funded by LCC and NHS Leeds.

Carers' groups will continue to be supported, though they are of interest to a relatively small number of carers, as an avenue for peer support and expert information, particularly in the early stages of their caring or for carers from minority or frequently overlooked groups. This support can also be provided through courses for carers.



Carers tell us
that the existence of
a Carers' Centre in Leeds
for advice information and
support is greatly valued

AIMS OF THE CARERS' STRATEGY FOR LEEDS

The aim of this Strategy is to ensure that people who choose to care for their relative, partner, friend or neighbour should:

- Be valued for the contribution they make to the quality of life of the person they care for and to the social care economy.
- Be supported in their chosen role.
- Know that the care they provide can be shared with paid workers where that is appropriate and desired.
- Not have to jeopardise their career or other close family relationships through their caring role.

To achieve this, the Strategy will:

- 1 Acknowledge that all carers are individuals and will be treated with courtesy, respect and dignity having regard to their religious, ethnic, cultural, sexual orientation, disability and age related needs.¹
- 2 Ensure organisations providing support to carers consider their needs alongside, but separate from, the needs of the person for whom they care.
- 3 Make available independent advice or advocacy for the carer, when difficulties arise for carers in balancing their own needs with the needs of the person cared for or with their relationship with statutory agencies.
- 4 Listen to carers' views and opinions when planning service changes and when planning care or support services for the person for whom they care.

- 5 Ensure that all carers know they have a right to a carer's assessment and how to get one, regardless of their background.
- 6 Have systems in place in statutory health and social care agencies which identify and record carers so that their special needs and circumstances can be addressed, particularly for under-represented groups of carers such as male carers, disabled carers and BME carers.
- 7 Ensure that wherever possible, carers can get a break from caring through the availability of a range of respite services and opportunities.
- 8 Empower carers by providing them with good quality information about their rights and local services for them and the person for whom they care. This will be available in a range of languages and formats and will reflect the particular cultural and social issues which affect the speakers of those languages. Effective communication will always have regard to the end user, their experiences and expectations, and recognise that 'one size' cannot 'fit all'. Interpretation services will be provided which have robust quality mechanisms in place.

Effective communication
will always have regard to the
end user, their experiences
and expectations

¹ 'Disabled' includes physical and sensory impairments, learning difficulties, people with long term conditions, mental health needs, many of which increase with age.

- 9 Provide adequate information and training to carers about techniques, equipment and medication for the person they care for, and how to care without damaging their own physical or mental health.
- 10 Commission services to make sure that appropriate information is available in other non-NHS settings that are accessible to young carers.
- 11 Provide support to young carers to ensure that the caring tasks they take on do not interfere with their own social, emotional and educational development, and that their welfare is protected as is required under their status as a child in need in the Children Act 2004.
- 12 Find ways to enable carers who wish to combine work and care to do so, and encourage employers to be aware of and adopt HR policies to support the carers in their workforce.
- 13 Engage and form partnerships with any organisation in the public, community or private sector to highlight the contribution made by carers and take action to assist them in their role.
- 14 Pay particular attention to identifying and addressing any barriers that carers from BME communities may face in accessing support for themselves as carers and for the person they care for. We will ensure that access and take up of services by these groups is improving and is appropriate to the proportion of their community in the general population.
- 15 Take fully into account the fact that transport arrangements for the cared for person to access community services and health appointments has an impact on the lives and incomes of their carers. This should be fully taken into account in transport policy (public transport and education, health and social care transport).



- 16 Ensure that carers in LCC and the NHS Trusts workforce are supported through flexible working arrangements and leave policy and that they take appropriate action to make staff aware of this support and provide opportunities for carer employees to meet for mutual support.
- 17 Work with all partners in the Carers' Strategy to establish a scheme among employers in Leeds to promote best practice in supporting carers in the workforce, working in partnership with Chambers of Commerce and other employer organisations in the city.
- 18 Carry out an ongoing assessment on the effectiveness of this Strategy through monitoring of take-up of assessments and services for carers and take steps to understand and address any under or over representation by particular groups.



IMPLEMENTATION

Some of the above points are generic. Each partner organisation has indicated below how they will implement the points specific to their organisation. Each organisation also has the responsibility for developing, producing and implementing an action plan to ensure that the Strategy is implemented.

Work on these areas will be led by the Carers' Strategy Implementation Group, co-chaired by Adult Social Care and Leeds Primary Care Trust. It has a membership from a broad range of organisations (including the three NHS Trusts, Carers UK, Carers Leeds, Alzheimer's Society, Leeds City Council, Barnardos and up to ten carers) who are partners in the Strategy. The group draws up and monitors an annual action plan for the implementation of the three-year Strategy.

NHS Leeds through their work plan will:

For all carers:

- 1 Implement a Carers' Charter (see **Appendix 1**) in partnership with other NHS partners in Leeds and Leeds City Council to raise the profile and status of carers.
- 2 Develop and implement plans, with the Local Authority, for carer breaks utilising new additional monies allocated to the PCT by central government and the existing Carers Grant to Local Authorities
- 3 Involve both adult carers and young carers in the treatment plans for the person they care for, particularly where there are learning difficulties, impaired cognition or where discussions and information may appear to be beyond their years.

- 4 Provide training and resource materials for healthcare staff on carer needs.
- 5 Designate a lead officer for carers with Director level seniority to act as 'Carer's Champion' within the PCT, who will ensure carers' issues are kept at the top of the agenda and embedded in all PCT business and in Local Strategic Partnerships.
- 6 As more care is provided closer to home the PCT will ensure that the needs of adult and young carers are fully addressed through involving them in the development and redesign of all care pathways.
- 7 Improve the training it provides to carers to assist them in their caring role such as 'Expert Carer' courses; 'Looking after Me', 'Caring with Confidence' and moving and handling courses.
- 8 Improve access to printed material about health conditions; access to sources of advice and information on treatment, medication, side-effects, etc.

We will designate a lead officer who will ensure carers' issues are kept at the top of the agenda

- 9 Support GP surgeries to provide appropriate information for carers and display and provide up to date information in its health centres – adult carers have said the best place for information about help for carers to be made available is in GP practices and health centres.
- 10 Support GP practices to use the 'Yellow Card' scheme to facilitate primary care in referral to the Carers Leeds service and ensure the scheme is adapted for appropriate referral to Willow Young Carers as well.
- 11 Support GP practices to provide information and involve carers as part of their communication and involvement plans.
- 12 Work in partnership with GPs throughout Leeds to increase the offer and take up of 'Carers Health Check'.
- 13 Continue to commission, in partnership with Adult Social Care, a service to provide carer awareness training to primary care staff, and a support service to carers referred by GPs.

Young carers

- 1 Raise and promote greater awareness with primary care staff of the need to recognise and respect the important role that some young carers play in the lives and state of health of their parents or siblings.
- 2 Work with Willow Young Carers Services to make sure that appropriate information is available in other non-NHS settings.

Leeds Teaching Hospitals Trust will:

For all carers:

- 1 Implement the Carers Charter.
- 2 Provide a carers discharge information pack with leaflets on the main carers support agencies and services in the city.
- 3 Involve carers in the review of the Trust's discharge policy.
- 4 Clarify the relationship and respective roles of carers and LTHT staff during in patient stays of people with learning disabilities who are accompanied by a formal or informal carer.
- 5 Work with other Leeds NHS Trusts, to explore ways of identifying and addressing carers' needs for safe moving and handling training and information.

Parents and others caring for children

- 1 LTHT staff will meet with parent carers to identify specific problems in the discharge process and develop an action plan that will lead to improvements including the provision of guidance and advice about treatment, medicines and equipment.
- 2 Take steps to increase the provision of parent accommodation and some areas have already been identified for this within the Trust's estate.
- 3 The Trust recognises that 'grouped' appointments are beneficial for children and their parents/carers and will continue to work with parents to meet this need wherever possible whilst acknowledging that this can be particularly difficult to achieve.



Young carers

- 1 The Trust's Nursing Strategy particularly highlights the need for staff to work in partnership with carers. We will take steps to raise awareness amongst our staff that this means carers of any age and that young carers need to be recognised.

We will take steps to raise awareness amongst our staff that young carers need to be recognised

Leeds City Council will:

For all carers:

- 1 Establish a Carers Hub as one of the components of the new equality assembly, which will be the new equality and diversity involvement and engagement mechanism, which is open to all the people of Leeds.
- 2 Building on the Carers Emergency Plan scheme established in 2006, we will use new funding provided by central government to set up schemes which will respond to carers' emergencies by providing or arranging alternative care for the cared for person, in a range of ways. This will be suitable for the carers of children and adults and commence in 2008.

- 3 Improve out of hours access to social care services and emergency duty social care services.
- 4 Provide at least three 'Changing Places' style public toilets by 2011. (This refers to a national campaign for public toilets which are equipped to enable older children and adults to be changed in comfort by up to two carers).
- 5 Continue to improve the access to sport and leisure buildings, swimming pools and individual sport facilities by adults and children with disabilities and their families and carers.
- 6 More appropriate day activities and residential facilities will be commissioned for people from BME communities with specific language or cultural needs so that their carers may have more short breaks, or for longer-term placements.

We will improve out of hours access to social care services and emergency duty social care services

- 7 As part of the Leeds Disabled People's Housing Strategy, our adaptations service and the ALMOs (Arms Length Management Organisations) will publish detailed literature explaining how adaptations to the home and disabled facilities grants are provided and how Health and Safety and Building Regulations determine what is possible. It will include timescale guidance so that carers can have realistic expectations, and can provide care in their own home safely for themselves and the person for whom they care.



- 8 Make it a contract requirement that home-based breaks providers give families a rota with named workers in advance.
- 9 Work to ensure that social care workers have better and more up to date information, materials and training about services and resources for clients so that carers can have confidence in their ability to help them.
- 10 Inform carers of their right to an assessment and to provide carers assessments as part of the local authority's automatic duty – Adult Social Care has set a target of 30% of carers of adults to receive a carer's assessment by 2011.
- 11 Communication – the current carers' page on the City Council website will be improved and made interactive. We will continue to produce high quality literature and publicity, regularly revised and available in a wide range of formats and languages which reflects the diversity of Leeds' citizens.
- 12 Adult social care will engage with the further education sector to improve the quality of the support available to students with special needs, and remove barriers to their participation in courses.
- 13 Extend and promote Direct Payments and Individual Budgets as alternative ways of providing carers' services. We will encourage take up of Direct Payments and Individual Budgets by disabled people through their carers. Specific information on Individual Budgets for carers will be provided.

Parents and others caring for children

- 1 Parents and carers will be involved in reviewing the existing arrangements for the transition of children with any disability from school and children's social care services to college/community and adult social care services, and ensure that in the process the carers receive information and guidance from specialist transition workers.
- 2 We will work in partnership with parents to address their issues regarding the provision of education in schools, special educational needs assessments and therapy services. We will provide support and advocacy to parents in having their voices heard by schools and education services, through our Parent Partnership Service, and the Director of Children's Services Unit.. Parents want more independent advocacy.

We will provide support and advocacy to parents in having their voices heard by schools and education services

- 3 Using the opportunity provided by *Aiming High for Disabled Children*, we will increase and improve the availability of out-of-school child care, holiday playschemes, play and leisure for children with disabilities as a way of giving carers a short break.
- 4 We will continue to promote and increase the number of parent carers who use direct payments for the social care services to meet their children's needs.
- 5 Improve communication of information about services and involvement in service development and change by establishing a regular, termly newsletter for parents of children with special needs.
- 6 Establish a 'core offer' of health and social care support and services for families of children who are ill or have disabilities, including regular breaks.

- 7 Increase the range and availability of short breaks for parent carers.
- 8 Through our Family Support Parenting strategy, we are committed to increasing the participation of parents and carers, and working with them to achieve the best possible outcomes for their children.

Young carers

- 1 Leeds City Council will ensure that Adult Social Care services and Children's Social Care services liaise better during the period when young carers becomes 18 and can no longer access the Young Carer Service. Priority will be given to ensuring that the young carer is able to take up further education and training opportunities to ensure their future. The Willow Young Carers Service and the Adult Carers' Support Services will also collaborate to assist in this process.
- 2 Work with Willow Young Carers to make sure that appropriate information is available in other settings used by young carers.

We will work with
Willow Young Carers to
make sure that appropriate
information is available
in other settings used
by young carers



Leeds Partnerships Foundation Trust

We provide services to over 520,00 people who are experiencing mental distress or have a learning disability. Whilst most of these people live within the metropolitan boundaries of Leeds, some of our specialist services accept referrals from across the UK. We operate from 48 sites and provide help for over 2,000 people every day.

We value the massive contribution that carers make in supporting the people they care for and as an organisation; we in turn will support carers by ensuring that:

- 1 We will implement a Carers Charter in partnership with other NHS partners in Leeds and Leeds City Council to raise the profile and status of carers. This will be supported at the highest level by our organisation. We provide a wide range of information for carers. A Carers Handbook has been developed and is available for all carers who are referred to our service. The Carers Support Team are developing an increasing range of leaflets including an information sheet with key contact numbers. These will be available on the Trust's website.
- 2 The new website will contain a 'Carers Page' offering support, information and key telephone numbers to carers.
- 3 Through NHS Direct and Dial House, we will, where appropriate, provide support for carers who find themselves in crisis. Carers of service users who are accessing our services either as in-patients, through acute day services, or via the crisis resolution and home treatment team will have 24-hour access to a mental health professional, via the ward staff or the 24-hour helpline. The crisis resolution and home treatment team make crisis referrals regarding carers who need support to either the appropriate care co-ordinator, or to the Carers Support Team.

- 4 We will develop our new data system PARIS across the whole of the Trust so that we can collect accurate data about carers and which in turn will enable us to shape our services appropriately.
- 5 We work towards reducing the differential of services available to carers of older people. We will scope what is currently provided, and seek ways to expand our support services to address the imbalance for people over 65.
- 6 Carers Connections will provide a wide range of education programmes to support carers in their role. These courses can be accessed by individual carers through a self referral or via the carers support team. The courses cover many issues around mental health problems, medication and treatment, mental health legislation, helping carers to manage their own health, etc.
- 7 Carers are welcomed and included in care programme meetings, and care co-ordinators are encouraged to seek out the views of carers. Where the service user is in agreement carers are consulted with and valued as an important part of the care team. Carers will be included and supported where appropriate through the care programme of the person for whom they care. Carers needs and contributions will be captured within the care plan, and supported by the care co-ordinator.

We will seek ways
to expand our
support services to
address the imbalance
for people over 65



- 8 Carers own needs will be assessed and supported as appropriate, the care co-ordinator or carers' worker will provide support and information about respite, self-care, and access to further information. This can also be found on the Trust web site.
- 9 The Carers Support Team will support carers in communicating with mental health professionals where family members feel they are not being heard or understood. Whilst not able to provide an independent Advocacy role they will advocate on behalf of the carer. The PALS service is also available to support carers through issues where they needed support.
- 10 As an organisation we will ensure that carers are able to make a significant contribution to the welfare of the person they care for, they are included in training, involvement opportunities, recruitment and selection, and consultations around service re-design. This is a core standard of our Involving People Policy.

Carers' support groups
exist purely to support people
in their specific caring roles,
and facilitate peer support
between carers

- 11 The Carers Support Team along with the practice development staff will provide specialist training for the police force, around the care and responsibility of people with mental health problems.
- 12 Carers' support groups are run both in the community, facilitated by carer support workers, and within specific services such as: learning disabilities, older peoples services, dementia services, eating disorders, chronic fatigue etc by health care professionals. These groups exist purely to support people in their specific caring roles, and facilitate peer support between carers.

SIGNATORIES TO THIS STRATEGY

- Leeds City Council
- Leeds Teaching Hospitals trust
- NHS Leeds
- Leeds Partnership Foundation Trust
- Age Concern
- Carers Leeds
- Alzheimer's Society
- Carers UK Leeds Branch
- Willow Young Carers – Barnardos

GLOSSARY

ASC	Adult Social Care	EDT	Emergency Duty teams
BME	Black and minority ethnic	LCC	Leeds City Council
CAF	Common Assessment Framework	LPFT	Leeds Partnerships Foundation Trust
CPA	Care Programme Approach	LTHT	Leeds Teaching Hospitals Trust
DAS	Director of Adult Services	SEN	Special Educational Needs
DCS	Director of Children's Services	SENCO	Special Educational Needs Co-ordinators
DLA	Disability Living Allowance	SILCS	Specialist Inclusive Learning Centres

APPENDIX 1 – LEEDS CARERS' CHARTER

This Charter reflects Leeds City Council and Leeds NHS Trusts commitment to carers and the principles set out in the Carers Strategy for Leeds 2008–2011.

A carer is a person who provides care for someone else who, because of long term illness, mental illness, disability or old age, is not able to care for him or herself.

A carer can be:

- A parent
- A son or daughter
- A brother or sister
- A husband, wife or partner
- A relative, friend or neighbour and is someone who is not paid for the care they provide

Young carers are children and young people who take or share responsibility for the care of another person (Carers Act 1995).

If you are a carer, using our services, you can expect:

- To be recognised, identified and valued for your caring role and be treated with respect and dignity.
- To access or be signposted to relevant and up to date information about the support that is available for you as a carer.

- Our staff to inform you about the right to a carer's assessment and to be referred appropriately – if you wish.
- To be included (with the permission of the person you care for) as a valued partner in the planning and delivery of her/his treatment and care and in particular in discharge planning.
- To have the right to choose the level of care you are able to offer, depending on your age and ability.
- Your own health needs to be recognised and to be supported to maintain your physical, mental and emotional health and well-being.
- To be considered as an individual, and for services to strive to reflect your own needs.
- To have opportunities to comment on and be involved in the wider planning and evaluation of services.

If you need more information on this charter please contact

on _____

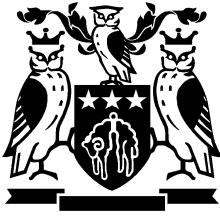


This mural was created by young carers at the Willow Project and represents the life of a young carer.

Leeds Partnerships **NHS**
NHS Foundation Trust

the Leeds Initiative





Originator: Nick de la Taste
Tel: 24 74560

Report of the Chief Democratic Services Officer

Executive Board

13th May 2009

Response to the Central and Corporate Functions Scrutiny Board Inquiry into Member Development

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In

(Details contained in the report)

EXECUTIVE SUMMARY

This report provides the Executive Board with details of the recommendations from the recent Central and Corporate Functions Scrutiny Board Inquiry into Member Management and details the response of the Chief Democratic Services Officer.

1.0 Purpose Of This Report

- 1.1 This report provides the Executive Board with details of the recommendations from the recent Central and Corporate Functions Scrutiny Board Inquiry into Member Management and details the response of the Chief Democratic Services Officer to these recommendations.

2.0 Background Information

- 2.1 The Central and Corporate Functions Scrutiny Board conducted an inquiry into Member Management between December 2008 and February 2009. This Inquiry was undertaken following a recommendation made by IDeA assessors on the award of the Member Development Charter. The Scrutiny Board Inquiry report is attached at appendix 1. The report makes six recommendations for action.

3.0 Main Issues

- 3.1 Each of the Scrutiny Board's six recommendations are listed below along with a response from the Chief Democratic Services Officer.

Recommendations One

That the Member Development Officer discusses with Directors how training and support mechanisms for officers delivering learning and development activities for Members can be developed.

- 3.2 The Chief Democratic Services Officer supports this recommendation. A considerable amount of training is provided in-house and is highly valued. However it is acknowledged that whilst skilled in their field of expertise some officers may not be skilled 'trainers'. Efforts to make improvements in this area are also supported by the Member Development Working Group chaired by Councillor Latty.

Recommendation Two

That the Member Development Officer works with Group Support Managers and Group Whips in a more proactive way to promote the importance of Personal Development Plans and to prepare to increase the number of completed PDPs.

- 3.3 The Chief Democratic Services Officer supports this recommendation and steps have already been taken to achieve this, resulting in an increase in the number of PDPs having been undertaken since the beginning of the Scrutiny Board's Inquiry.

Recommendation Three

That all Executive Board Members and Group Whips undertake a PDP so as to demonstrate their support for Member Development as an ongoing process.

- 3.4 Whilst supportive of the principle that *all* elected Members undertake a PDP, the Chief Democratic Services Officer comments that the implementation of this recommendation is not within his powers to implement without a commitment from individual elected Members.

Recommendations Four and Five

That the Member Development Officer, as a matter of routine, shares feedback with event presenters and publishes event feedback on the Council's Intranet site.

That course evaluation forms be reviewed with the aim of capturing more feedback and more useful data.

That for role specific training, officer/member groups are established to evaluate the effectiveness of such training and to provide feedback to the Member Development Officer.

- 3.5 The Chief Democratic Services Officer supports these recommendations. Evaluation and feedback is essential in order to assess the effectiveness of training and also to demonstrate to others the benefit of development opportunities.

Recommendation Six

That the Council commits in principle to achieve CharterPlus in February 2010 and that the final decision is made after the external pre-assessment in autumn 2009.

- 3.6 The Chief Democratic Services Officer supports this recommendation, particularly the principle of making the final decision after an external pre-assessment. The adoption of CharterPlus can be achieved within existing resources.

4.0 Implications For Council Policy And Governance

- 4.1 There are no specific implications for Council Policy and Governance.

5.0 Legal And Resource Implications

- 5.1 If agreed, the implementation of the above recommendations would be met within existing resources and incorporated into the work plan of the Member Development section for 2009/10.

6.0 Recommendations

- 6.1 To recommend that the Executive Board approves the proposed responses outlined in this report.

Background Papers

The Scrutiny Board Inquiry report.

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Member Development Scrutiny Inquiry Report

Introduction and Scope



Introduction

1. Development activities for elected Members have always taken place at Leeds. However, the implementation of the Local Government Act 2000 meant that councillors were facing new pressures and challenges. In October 2000, the Council (through the leaders of three main political groups) signed up to the Local Government Information Unit's (LGIU) Councillor Development Charter and the Improvement and Development Agency's (IDeA) Charter on Member Development. This culminated in the Council being awarded the Improvement and Development Agency's 'Charter for Member Development' in 2007.
2. This award recognised the Council's commitment in supporting its Members to fulfil their roles and build capacity. However, whilst acknowledging the quality and effectiveness of Leeds' provision, the external assessors stressed the importance of continuous improvement. Their report made a number of suggestions, including the recommendation to undertake a Scrutiny review of Member Development.

Scope of the inquiry

3. We agreed to focus our inquiry on making an assessment of and,

where appropriate, recommendations on the following areas:

- Extent to which Member Development is Member-led;
- Provision of resources and budget to support the function;
- Effectiveness of the Member Development Strategy and existing training provision for Members;
- The Council's ability to gain CharterPlus

Evidence



Conclusions and Recommendations

The extent to which Member Development is Member-led

- 1 The first Member Development Strategy was launched in April 2004. The focus of the Strategy was on the following areas:
 - Delivering effective induction;
 - Encouraging role-specific development (e.g. for Planning or Licensing Members);
 - Provision of a wide-ranging series of briefings and seminars;
 - Meeting the personal development needs of individual Members.
- 2 For the rest of that year and into 2005, the Member Development Officer continued to roll out the objectives of the Strategy, and a comprehensive events programme was put in place.
- 3 Although a popular events programme was in place, there was a growing sense that a large proportion of Members across all groups were not fully engaged with the Member Development process. This prompted discussion around the level at which Members themselves were influencing learning and development solutions and also ownership of the Member Development process.
- 4 One of the key obligations required of an authority when aspiring to obtain the Member Development Charter was the commitment to the principle of a Member led, strategic approach to elected Member development.
- 5 In late 2005, the Member Management Committee established a Working Group of Members with a remit to focus purely on Member Development and formulate recommendations back to Member Management Committee for endorsement. The Member Development Working Group was duly formed, and consisted of one Member (a deputy Whip) from each of the 4 main political groups. The Member Development Working Group held its first meeting on 19th December 2005 and meetings have continued regularly since that date. The Group is currently chaired by Cllr Graham Latty and includes Councillors Bentley, Ann Blackburn and Dowson. Other political groups and independent Members are kept updated via regular reports and emails from the Member Development Officer on Member Development activity.
- 6 The establishment of the Member Development Working Group has shown a willingness to work together across political boundaries to improve the skills, knowledge and understanding of Councillors.

Evidence



- 7 We consider the Group to be working extremely well and acknowledge its role in shaping the current Member Development Strategy and the influence it has on Member development activities. It is our view that this very successful partnership between the Member Development Working Group and the Member Development Officer should be maintained and nurtured.

indicates a substantial resource investment in, and for, the ongoing support for Member Development, which is viewed as a key 'strand' of the Corporate Improvement Plan. In addition to the staffing budget the Council allocates an annual budget of £7,590 to purchase learning activities and materials.

Provision of resources and budget to support the function

- 8 The creation of a dedicated Member Development Officer post and administrative support

- 9 The table below shows a comparison of local authority spend on Member Development (*excluding staffing costs*):

Core Cities

Core City	£ pa (in 000s)	No. Cllrs	Av. Spend per head (£)
Birmingham	£10	120	£83
Bristol	£52	70	£743
Leeds	£7.5	99	£76
Liverpool	Under review	90	
Manchester	Under review	96	
Newcastle	£70	69	£1014
Nottingham	£16	55	£290
Sheffield	£40	84	£488

West Yorkshire Authorities

Authority	£ pa (in 000s)	No. Cllrs	Av. Spend per head (£)
Bradford	£30*	89	£337
Calderdale	£30	51	£588
Kirklees	£8	69	£116
Wakefield	£22**	63	£350
Leeds	£7.5	99	£76

* provisional sum for 2009-2010. Budget previously split by political group.

**includes conferences

Evidence



10 We acknowledge that the Leeds figure does not explain the full picture. The majority of learning and development activities are sourced in-house, through officers within Democratic Services or other service areas. The annual lunchtime seminar programme for example is almost exclusively funded by service areas. We were told that a crude calculation of the amount of development members receive 'in kind' from Directorates, that is not funded directly from the Member Development budget, would be in the region of £5,000.

11 While this comparison demonstrates the cost- benefits and extent to which learning and development activities can be provided in-house, it does not account for the fact that internal officers, while skilled in their field of expertise, are generally not 'trainers' and therefore not subject to the quality checks and evaluation regimes of professionally qualified trainers. The other benefits of using external trainers include: opportunity for challenge, objectivity and the chance for Members to learn from other organisations (both private sector and local government).

12 Whilst there may be a case for providing more external support we acknowledge that this would not be realistic in the current economic climate. **We are therefore happy with the resource allocation**

given to Member Development.

Indeed we consider the amount of spend per councillor as positive, indicative of the value for money received and something in which we should be congratulated. However the Council needs to provide more training and support to officers who deliver in-house learning and development activities to Members so that such activities are interactive, engaging and cater for a Member audience. We recommend therefore that the

Recommendation 1

That the Member Development Officer discusses with Directors how training and support mechanisms for officers delivering learning and development activities for Members could be developed.

Member Development Officer discusses with Directors how such training and support mechanisms could be developed.

Effectiveness of the Member Development Strategy and existing training provision

13 In our view, two key indicators measure the success of the Member Development function. The first is the level of take up by Members in learning and development activities. The

Evidence



second is the return of investment in terms of Member improvement .

14 The data we were presented with was impressive in terms of, variety of topics covered and learning methods employed. However, it is apparent that there is disengagement by a small number of Members from the whole Member development process. We were advised by Mike Leitch, former Head of Service (Learning & Consultancy) - Local Government Yorkshire and Humber, that this problem is common in every local authority assessed against the Charter standard, and one quite difficult to change. The reasons given for this lack of attendance included constraints on an individual's availability due to work and family commitments and, on occasion, the unwillingness to admit that engagement in targeted development activity might improve individual performance.

15 An analysis of attendance at learning and development events during 2007-2008 show the following trends:

- 20% of elected Members were highly engaged with Member Development activities in 2007-8, attending two or more events per month;
- 16% of elected Members did not attend any learning and development events in 2007-8;

- Of the 16 Members considered to be relatively disengaged with the Member development process, 6 were Labour, 5 were Liberal Democrat, 4 were Conservative and 1 was from another political group.
- Further analysis of the 'disengaged' group has shown that the majority are long-serving Members, often in senior roles in Council or within their political group.
- Only 20 Members completed a Personal Development Plan in 2007-8.

16 Statistics for 2008-9 show similar trends, although the Personal Development Plan process (which is currently underway) has shown a better return so far.

17 We discussed the reasons why learning and training does not feature high on some Members agenda and how the Council could raise levels of interest and engagement.

18 Our first consideration was around practicalities. We discussed whether there were too many events. We acknowledge that in the past this might have been the case. However, the Member Development Working Group has worked hard on reducing these and

Evidence



developing a programme which is relevant and focused. We are confident that there is now Member input to the learning programme. In particular, seminars reflect what Members want and not what officers consider is needed. This has undoubtedly improved Member buy in.

- 19 We recognise that the format of events is difficult to get right for everyone. We acknowledge for example that the Labour Group would prefer presentations and briefings as part of their group meetings. Our view on this is that while there is some merit in offering events within groups, it is vital to run the majority of learning on a cross party basis. This approach helps to achieve economies of scale and allows Members to learn together in an apolitical environment. This approach is also a requirement of the Charter.
- 20 We acknowledge that the Member Development Working Group recognises these issues and that the development of innovative and flexible approaches in delivering activities which are timely, current and informative continues to be high on its agenda.
- 21 It is our view that the most effective way of increasing Member engagement is the designing of learning plans which allow for personalised learning. With this in mind, we consider the role of the

Personal Development Plan (PDP) to be crucial.

- 22 PDPs are offered to all Members, however, take up currently stands at only 21 out of 99 Members.
- 23 To improve this figure we recommend that the Member Development Officer works proactively with Group Support Managers in increasing the number of completed PDPs in 2009/2010.
- 24 We believe senior politicians and group Whips have a crucial role to play in promoting the importance of Member development. We would recommend therefore that all Executive Board Members and group Whips undertake a PDP.

Recommendation 2

That the Member Development Officer works with Group Support Managers and Group Whips in a more proactive way to promote the importance of Personal Development Plans and to prepare to increase the number of completed PDPs.

Evidence



Recommendation 3

That all Executive Board Members and Group Whips undertake a PDP so as to demonstrate their support for Member Development as an ongoing process.

25 A major discussion area in this Inquiry has been how we evaluate the effectiveness of the learning and development activities undertaken by Members. We consider it essential that the Council benchmarks the progress of Members, evaluates the success of our processes and ensures that we are getting the most for the money invested in learning programmes.

26 We acknowledge that it is easier in some instances to evaluate the success of learning activities over others, for example the induction training for new Members has clear measurable outcomes. However, we believe there are a number of ways in which the evaluation processes could be improved. These include sharing evaluation data with the event leaders to ensure continuous improvement and also publishing feedback on the events on the Council's Intranet site so that other Members can share learning points and determine whether events/courses would be beneficial to them.

Another general recommendation would be to review the course evaluation form with the aim of capturing more feedback and useful data.

32 To determine whether learning programmes have been of use measurable improvements in performance is key. The difficulty we perceive is who best to make that judgement. Whilst there is clearly a role for group Whips, an element of self evaluation is required. There is currently in

Recommendation 4

That the Member Development Officer, as a matter of routine, shares feedback with event presenters and publishes event feedback on the Council's Intranet site.

That course evaluation forms be reviewed with the aim of capturing more feedback and more useful data.

existence a planning officer/member group which assesses the effectiveness of the planning training. We would recommend that this model is replicated to assess all role specific training.

Evidence



Recommendation 5

That for role specific training, officer/member groups are established to evaluate the effectiveness of such training and to provide feedback to the Member Development Officer.

The Council's ability to gain CharterPlus

33 The Member Development Charter will be reassessed in 2010 and Leeds has the option of going for a more stringent award; CharterPlus.

34 The impact of achieving the award is difficult to quantify, but as the aim of CharterPlus is to build elected Member capacity, adhering to the standards will deliver the following benefits:

- Members will become more effective in fundamental skill areas such as dealing with casework, making decisions, communicating with others and working with partners. This will result in reduced support costs, greater efficiency in terms of case resolution/decision-making/scrutinising etc, and thereby more satisfied constituents;
- Linking the development of individual Members to corporate strategic priorities will make it

easier for the authority to achieve its aims and objectives;

- Promoting work-life balance for Councillors will encourage candidates (particularly those with caring responsibilities) to stand for election, and in this way the Council should become more representative of the public it serves;
- A nationally recognised charter-mark will achieve public recognition for real achievements measured against external standards;
- The principles and criteria laid out in CharterPlus provide a structured way to improve the effectiveness of learning and development activities and also provides a focus for the work of the Member Development Working Group;

35 The following areas will be key to the achievement of CharterPlus

- Member Engagement. A majority of Councillors must be shown to have undertaken interviews as part of a formal personal development planning process and must be seen to engage with learning and development activities in some form;
- Members' roles are clearly set out. Role descriptions must be

Evidence



in place for each specific role (such as Scrutiny Chair, Executive Member etc). This document should outline knowledge and skill requirements and make links to personal development and the Council's priorities;

- Ownership of Member Development. Evidence of Members setting and prioritising the budget for Member Development must be seen, and steering groups, such as the Member Development Working Group must continue to lead the function;
- Investment in learning is evaluated in terms of benefits and impact. This should include the assessment of the impact of learning and development at community level (e.g. by asking for feedback from partners or via a 360-degree feedback process), and undertaking exit interviews with Councillors who leave mid-term or who do not seek re-election.

36 It is our view that the Council is well placed to meet many of the Charterplus standards but will have to undertake significant work around Member role descriptions and improving Member engagement. We were advised that most councils in our region are aspiring to the new standards but have similar issues to Leeds.

37 Member Management Committee on 4th March 2009 endorsed the commitment to achieve Charterplus in February 2010. We would support this with the caveat that the final decision is made after the external pre-assessment in autumn 2009.

Recommendation 6

That the Council commits in principle to achieve CharterPlus in February 2010 and that the final decision is made after the external pre-assessment in autumn 2009.

Evidence



Monitoring arrangements

Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

Reports and Publications Submitted

- Report of the Member Development Officer – December 2008
- Report of the Member Development Officer – February 2009
- Written Submission – Councillor Graham Latty – Chair – Member Development Working Group
- Written Submission – Councillor Peter Gruen – Chief Whip – Labour Group

Witnesses Heard

- Kay Sidebottom – Member Development Officer
- Mike Leitch - former Head of Service (Learning & Consultancy) - Local Government Yorkshire and Humber

Dates of Scrutiny

- 7th July 2008 – Scrutiny Board
- 1st December 2008 – Scrutiny Board
- 13th February 2009 – Working Group

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Originator: Chris Ingham

Tel: 243220

Report of the Director of Resources

Executive Board

13th May 2009

Response to the Central and Corporate Functions Scrutiny Board Inquiry into Attendance Management

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In

(Details contained in the report)

EXECUTIVE SUMMARY

This report provides the Executive Board with details of the recommendations from the recent Central and Corporate Functions Scrutiny Board Inquiry into attendance management and details the response of the Director of Resources.

1.0 Purpose Of This Report

This report provides the Executive Board with details of the recommendations from the recent Central and Corporate Functions Scrutiny Board Inquiry into attendance management and details how the Director of Resources proposes to respond to these recommendations.

2.0 Background Information

The Central and Corporate Functions Scrutiny Board conducted an inquiry into managing attendance between July 2008 and March 2009. The request had followed concerns about the high levels and costs of sickness absence within the Council. The final report is attached at appendix 1.

The report makes nine recommendations for action.

The Scrutiny Board acknowledged the 'significant amount of work that has been undertaken to establish a framework for managers at all levels to deal with absence'. Sickness absence has fallen from 13.9 days in 2000/01 to a projected out-turn of 11.49 days in 2008/9, an average annual decrease of approximately 0.5 days year on year, which is significant for an organisation the size of Leeds City Council, a view validated by the Improvement and Development Agency.

The actions now proposed strike the right balance between ensuring managers have the confidence and competence to work effectively within this framework and taking a more proactive approach to health and well-being.

3.0 Main Issues

Below, each of the Scrutiny Board's nine recommendations are listed along with a response from the Chief Officer (HR).

Recommendations One and Two

That the Council's most senior officers instill a culture where all team leaders, at all levels, are expected, and are equipped with the skills, to take responsibility for the attendance management of their staff and that this form part of the team leaders performance appraisal.

That all staff recognise their responsibility to foster a culture where good attendance is expected and where unjustified absence will not be tolerated.

A new Senior Manager's Appraisal Scheme has been introduced which includes feedback on the new Leadership & Management Standards for all Managers and links to the Aspirational Culture.

The new Leadership & Management Standards clearly defines the desired skills and behaviours which we expect all our leaders and managers to demonstrate or work towards through development modules.

Senior managers receive 360 degree feedback as part of their appraisal which highlights how they demonstrate they are working to each behaviour and the impact this has.

Other managers are appraised under the new Manager's Appraisal Scheme which also includes feedback from their managers on their behaviours against the Standards and a similar programme of related development modules.

Two Standards are particularly relevant in ensuring that all managers demonstrate the need to manage staff performance - which includes attendance:

Motivate Teams, Individuals and Self 'take responsibility for developing and supporting individuals and teams in maximising their potential to deliver the Council's priorities'.

Manage Staff Performance 'deliver high performing services by effectively managing and improving team and individual performance. Ensure that people are clear about what is expected of them and their contribution to the team and the council'.

The Council's Aspirational Culture sets out the behaviours and culture that will deliver real, sustainable change. Three elements are linked to managing attendance: Leadership and Behaviours; Organisational Arrangements; and Routines, Rituals and Policies. Together, these will ensure more effective strategic leadership by developing the capability and competence of senior managers to take forward the council's priorities and ensure greater accountability for delivering service and performance improvements.

The new Managing Attendance Policy provides employees with a reasonable opportunity to improve and maintain their attendance and ensures managers are clear about their responsibilities to manage attendance. A Managing Attendance Pack for Managers has now been produced which will be provided when they attend briefing sessions with Local HR Teams commencing in April 2009.

The packs will comprise:

- A Quick Reference Guide for Managers on managing attendance;
- An Attendance Target Setting Guide for Managers;
- Employee Information arrangements for sick leave, sick pay and managing attendance'
- Guide for meeting staff on Long term sick leave;
- Stress Risk Assessment guidance notes;
- Muscular Skeletal guidance notes.

Together with the Managing Attendance Policy and Procedure and the Guidance Notes this comprises a 'toolkit' of information to assist managers with their responsibility for managing attendance.

The Guide clearly defines manager's roles and responsibilities, which include:

- Ensuring employees are aware of the importance of attendance, the support available to help them to maintain this and the impact of their absence on productivity and colleagues
- Ensuring all employees have an understanding of the managing attendance policy and are aware of their responsibilities and the support available to them

The Council has recently reviewed the induction process for new council employees, including the information they are provided with as they commence employment. The Manager's Induction Checklist requires managers to explain to new staff the need to

establish and maintain good attendance. This will now be reinforced at One Council Induction events held in each directorate.

The Council has recently introduced a Probationary Period for new Council employees which provides a framework within which employees are helped to reach and maintain acceptable standards of performance. The policy and procedure supports a culture and expectation of performance in the early part of their employment, and covers all aspects of performance including conduct and attendance.

It requires managers to identify expectations and standards required in the job role and to support the employee in meeting those standards and promotes better supervision and performance management in the early part of a new starter's employment.

Recommendation Three:

That HR in conjunction with the Trade Unions run focus groups to find out what individuals are saying about their attendance habits.

A regular HR/Trade Union forum to discuss attendance matters has been in existence since 2008. Focus groups with employees have also been used successfully on matters related to developing a well-being strategy and also to establish the new in-house Occupational Health service.

HR Leadership Team will consider this recommendation to ascertain how best to capture individual employees views on attendance. Their findings will be discussed at a future management-trade union forum.

Recommendation Four:

That the Council pilots a 'shift swap' scheme within 'Environments and Neighbourhoods'.

The Chief Environmental Services Officer has agreed to run a pilot 'shift swap' scheme within his service area.

Recommendation Five:

That the City Council in the first instance develops formal links with Leeds Teaching Hospitals NHS Trust to share best practice in the area of attendance management and that consideration is given to Leeds City Council leading on the development of a wider 'best practice' network.

The importance of establishing links and learning from best practice is recognised. The Council has forged some good relationships in this area of work, including other Core City and regional local authorities. There has not, however, been any regular liaison with the Leeds Teaching Hospitals NHS Trust (LTHT) on matters relating to improving attendance. There are many parallels between the organisations in terms of size and complexity and there will undoubtedly be areas of best practice that could be shared.

Communication channels will, therefore, be established for liaison and sharing of best practice with LTHT.

In addition to this, a multi-agency group, including the NHS, has been established across the City in response to Recommendation 7.

Recommendation Six:

That the Council continues with its pro-active approach to health and well-being under the Happy, Healthy and Here Programme. In particular, it would encourage careful evaluation of pilots such as Vielife and rehabilitation and return to work, to see if there is merit in rolling them out across the Council.

It is also important that the Council is aware of its role and influence as an exemplar employer across the City and we would encourage the City Council to work with the Healthy Leeds partnership to coordinate existing and develop new health and well-being initiatives across the city. The new Workplace Health Improvement Specialist should be supported in their role in making this happen.

The Happy, Healthy and Here Programme will continue to be the vehicle for improving safety, well-being and attendance across the Council. The Vielife and rehabilitation pilots will be fully evaluated when they come to an end. If deemed to be successful, a business case will be put forward for rolling these out to a wider audience. The Vielife pilot has clearly defined success criteria built into the pilot contract.

The Council will continue to embrace its role as an exemplar employer and will work closely with the new Health Improvement Specialist, by providing opportunities to positively influence the Council's health and well-being agenda.

Recommendation Seven:

That the City Council actively pursues becoming a Fit for Work pilot area.

Following Dame Carol Black's appearance at Scrutiny, this has been actively explored. LCC has registered an interest with the Government and have attended one of their briefings for interested parties.

The Council would only be eligible to bid as part of a cross-city, multi-agency partnership and to this end has forged links with organisations including the NHS, Leeds University, Leeds Occupational Health Advisory Service, Leeds MSK Services. The application process is in three stages and the partnership has submitted a bid which met the first deadline of the 20th April.

Recommendation Eight:

That the introduction of fit notes is endorsed and implemented as soon as is possible.

It is expected that the introduction of Fit Notes will be an effective mechanism to both help people stay in and return to work much more quickly. LCC will ensure that it works closely with General Practitioners to ensure this can have maximum effect for council employees. At the time of writing this report, no firm dates had been set.

Recommendation Nine:

That the City Council explores practical ways in which jobs may be adjusted in order to respond to fit notes and therefore encourage return to work.

It is recognised that the introduction of fit notes will have an impact on the Council in terms of adjustments, temporary redeployment and other support. The new in-house Occupational Health service is perfectly placed to offer this advice and provide training and support to line

managers. A new 'Reasonable Adjustment' toolkit was also launched in March 2009, which provides practical help and guidance on a range of issues.

4.0 Implications For Council Policy And Governance

There are no specific implications for Council Policy and Governance.

5.0 Legal And Resource Implications

This work has been incorporated into the HR Service Plan for 2009-10.

6.0 Conclusions

The Central and Corporate Functions Scrutiny Board Inquiry into managing attendance has considered existing good practice and made nine recommendations. This report has detailed the Director of Resources response to these recommendations. The input from Dame Carol Black has helped to encourage multi-agency work across the City to explore how Leeds City Council can become involved in funded activity to support the national agenda around work, health and well-being.

7.0 Recommendations

The Executive Board is recommended to accept the Scrutiny Board recommendations, subject to the comments in this report.

8.0 Background Papers

The Scrutiny Board report is attached at Appendix 1.

Attendance Management Scrutiny Inquiry Report

Introduction and Scope



Introduction and scope

1. The business case for sound attendance management procedures and processes is clear. Dame Carol Black in her report *'Working for a Healthier Tomorrow'* identified that absence from work through ill health is costing the country £100 billion per year, (the equivalent to the annual running costs of the NHS).
2. The Confederation of British Industry has calculated that in 2007 an average of 9 days were lost per employee in the public sector, at a cost of £900 per individual per annum.
3. In Leeds City Council the absent rate for 2007-08 was 12.18 full time equivalent days lost (LCC and Schools) against a target of 11.50. On the highest sickness day in 2007/8, 1,317 or 8% of the work force were off sick. It is estimated that sickness absence cost the authority approximately £26 million in 2007/08. This to our mind is not acceptable.
4. In the current economic climate the question we ask is can we afford this? The Council budget, agreed in February, calls for substantial reduction in sickness absence to ensure that services to those who need them continue and are not compromised. Every day of absence results in less money spent on services. The Gershon Review has also highlighted the reduction of sickness levels as a means of making efficiency savings and increasing productivity.
5. The economic argument is not our only concern. There is also a human cost to these figures. There is now clear evidence to show that working is good for one's health and that worklessness is bad, not just for the individual concerned but for the whole family. There is evidence to show that families without a working member are more likely to suffer poverty and ill health. Leeds City Council employs 32,379 people, the majority of whom have families and live in Leeds. The good health of these employees will provide better life chances for their families and go a long way towards our aim of 'narrowing the gap.'
6. When we decided to undertake this Inquiry, we were aware of the detailed and comprehensive work previously undertaken by the Overview and Scrutiny Committee and Scrutiny Board (Resources) and the subsequent recommendations made by Members. Whilst technical data would be of use, we wanted to minimise repetition of previous discussions and certainly did not want to simply cover the same ground as previous inquiries.
7. Therefore, the aim of this Inquiry was to take a more radical approach to seeking solutions to the challenges of sickness absence management within the Authority.

Introduction and Scope



This included actively identifying recognised good practice and seeking out innovative and creative approaches.

8. Similarly the Board acknowledges that there has been significant work done to establish a framework for managers at all levels to deal with absence. This inquiry did not seek to investigate the framework, but rather how the tools are being applied. With this in mind, the Board engaged with a wide cross section of officers within the Authority, private sector practitioners and recognised national leaders.
9. We are very grateful to our witnesses for their expertise and candour.

Conclusions and Recommendations



Conclusions and Recommendations

1.1 Two interrelated themes have emerged from our Inquiry. We make no apologies for these resembling the themes which emerged from Dame Carol Black's review. We consider Dame Carol's review to be a significant piece of work in the sickness management debate and we recommend that anyone involved in staff management or HR policy development reads her work.

1.2 Our themes cover;

- Improving sickness management
- Supporting people back to work

Improving sickness management

1.3 We are satisfied that the authority has robust sickness management procedures and management frameworks in place. These have significantly improved over the past few years and are clearly supported by the Trade Unions.

1.4 In many ways our procedures are very similar to the majority of other authorities, the NHS and those of the private sector. They are written not as a way of determining the genuineness of an episode of absence, but as a way of determining the ability to fulfil a contract. It is our view that it is the *application* of the procedures and the culture of the organisation in which they operate

which ultimately determines their success.

1.5 Both HR Officers and the Trade Unions tell us that the application of the procedures across the authority is inconsistent. This is clearly unsatisfactory and needs to be addressed as no amount of well written procedures will compensate for poor management. We welcome therefore the concept and roll out of the Enabling Managers Project. We hope that this will bring consistency in the application of procedures. We also hope it will result in team managers taking responsibility for the management of absence within their units and see it as a key component of their job and not just an add on.

1.6 A recurring comment from all our witnesses has been the importance of the role of the immediate team manager in managing absence and promoting a culture of good attendance. Line managers must consider good attendance management as important a function as good budgetary management. It is not acceptable for managers to see it as a function handed over to HR.

1.7 ASDA has a saying; "Hire for attitude – train for skill". ASDA head office will not allow promoted staff, who are to manage staff, to take up post until they have completed all the required staff

Conclusions and Recommendations



management training including the management of sickness absence.

- 1.8 We consider the successful training of team managers to be crucial. We believe that training should focus particularly on early interventions, getting the first stages right and developing pathways back to work. All our witnesses stressed the importance of making early interventions when someone is off sick and not to allow a situation to drag on. We were pleased that this ethos is supported by Trade Unions as it removes the fear managers may have that early intervention could be perceived as bullying.
- 1.9 Historically there has been a tendency for officers to be promoted on their technical merit with little or no thought as to their ability to effectively manage their human resources. We were given an interesting statistic from Steve Sumner, (Local Government Employers' (LGE) National Health and Safety Policy Adviser) who stated that 75% of people "leave their line manager not their job". We are convinced that the key to the success of our policies lies in the ability of local team leaders to be able to apply them correctly and to be confident and skilled enough to be able to make early interventions when staff go off sick.

Recommendation 1

That the Council's most senior officers instill a culture where all team leaders, at all levels, are expected, and are equipped with the skills, to take responsibility for the attendance management of their staff and that this form part of the team leaders performance appraisal.

- 1.10 Team managers with human resource skills are also best placed to create a working environment where people want to work and where people think twice about being off because of the impact it has on colleagues. We support the Council's aspirational culture of "The Council's business is my business." We consider this to be very important. Whilst we might not be able to obtain an employee's loyalty to a monolithic organisation the size of Leeds City Council, we should be obtaining peoples' loyalty to their immediate service area and colleagues. People should be made aware of the impact of their absence both on their service area and on the colleagues who have to cover for them. This should start at induction and continue throughout a person's career.
- 1.11 Managers should also keep job design under regular review and made a key part of appraisal

Conclusions and Recommendations



discussions to help motivation and morale and to create a spirit of team working.

Recommendation 2

That all staff recognise their responsibility to foster a culture where good attendance is expected and where unjustified absence will not be tolerated

1.12 We discussed at length the reasons why some people took random days off for minor illnesses, whilst others did not. It is clear that there are a myriad of reasons why some employees will struggle to work whilst nursing minor illnesses whilst others will not. It is also likely that people will use sick days to manage some domestic difficulty. We feel it is important to establish the causes of non-attendance and get beneath the statistics. We recommend therefore that HR, in conjunction with Trade Unions, run focus groups to find out what individuals are saying about their attendance habits.

Recommendation 3

That HR in conjunction with Trade Unions run focus groups to find out what individuals are saying about their attendance habits.

1.13 We acknowledge that the Council offers various flexible working schemes ranging from standard flexi time working to annualised hours and compressed hours. This clearly helps staff find the right work/life balance and reduces the need for people to take sick days for domestic purposes. Having spoken to ASDA and the Council's Chief Environmental Services Officer, we are interested in the concept of 'shift swaps'. This is an arrangement whereby staff can swap shifts with colleagues to accommodate non-work commitments. We acknowledge that this will not be applicable for all services however we believe that further investigation should be made as to whether the Council can add this facility to its flexible working scheme. Having discussed this with the Council's Chief Environmental Services Officer we are of the view that a pilot should be run within Environment and Neighbourhoods to test its application.

Recommendation 4

That the Council pilots a 'shift swap' scheme within Environment and Neighbourhoods.

1.14 When representatives from the Leeds Teaching Hospitals NHS Trust came to see us we were

Conclusions and Recommendations



struck by the similarities of the issues they also faced, particularly around the skill levels of local managers, early intervention and the importance of fostering an attendance culture. We believe there is an opportunity to work more closely with colleagues at the Leeds Teaching Hospitals NHS Trust in order to share best practice and this should be actively pursued. We would also encourage the development of a wider network of professionals from other organisations in order to share best practice.

Recommendation 5

That the City Council in the first instance develops formal links with Leeds Teaching Hospitals NHS Trust to share best practice in the area of attendance management and that consideration is given to Leeds City Council leading on the development of a wider 'best practice' network

- 1.15 The Council should continue to be an exemplar in attempting to pro-actively improve the health and well-being of its workforce. This recognises not only the effect on attendance and productivity in work, but the affect it will have on families and communities. We heard examples of what the Council is doing through its Happy,

Healthy and Here Programme for example new Occupational Health Service; rehabilitation and early return to work pilots; Health Awareness Weeks and Vielife. Vielife is an organisation that provides an innovative approach to health and performance by specialising in increasing the ability of people and organisations to be healthier, more effective and more productive. They achieve this through providing tailored lifestyle planning together with practical health and well-being services to the public and private sector.

- 1.16 We also believe that the City Council should continue to work with the Healthy Leeds Partnership to coordinate the many health and well-being initiatives and pilots operating in the city. The recent joint appointment of a Workplace Health Improvement Specialist with the Primary Care Trust is endorsed by Scrutiny and is well placed to drive this shared agenda. The recent work on a 'Year of Workplace Health' across Leeds is a good example of this in action.

Conclusions and Recommendations



provides an action plan for achieving recovery, with a focus on a return to *appropriate* work as part of that recovery process.

Recommendation 6

That the Council continues with its pro-active approach to health and well-being under the Happy, Healthy and Here Programme. In particular, it would encourage careful evaluation of pilots such as Vielife and rehabilitation and return to work, to see if there is merit in rolling them out across the Council.

It is also important that the Council is aware of its role and influence as an exemplar employer across the City and we would encourage the City Council to work with the Healthy Leeds Partnership to coordinate existing and develop new health and well-being initiatives across the city. The new Workplace Health Improvement Specialist should be supported in their role in making this happen.

- 1.18 The Government has committed to help support employers develop *Fit for Work* services in a programme of piloting. We believe the new Occupational Health Service with its emphasis on prevention and rehabilitation, moving away from the traditional medicalising of absence, has many of the elements of a *Fit for Work* service. We therefore recommend that this is built upon and that the Council becomes a *Fit for Work* pilot area. We would envisage this being achieved through the Healthy Leeds Partnership and Leeds GPs

Recommendation 7

That the City Council actively pursues becoming a *Fit for Work* pilot area.

Supporting people back to work

- 1.17 Dame Carol's report talks about the need for people in the early stages of sickness absence to receive support in order to reduce longer-term or repeated episodes of absence and recommends a *Fit for Work* service. Based on an individual case managed multidisciplinary approach a *Fit for Work* service

- 1.19 We believe the City Council, due to its sheer size, has enormous potential to facilitate a person's return to work. We do not support the view that it is inappropriate to be at work unless 100% fit, nor do we believe that being at work impedes recovery. It is our view that it is better for one's health to be in work. We therefore strongly support the concept of "fit notes". That is,

Conclusions and Recommendations



understanding what duties a person *can* undertake rather than not. With the impending introduction of the fit note it is imperative that the Council embraces the concept of making reasonable adjustments to a person's job in order to get them back into work.

Recommendation 8

That the introduction of fit notes is endorsed and implemented as soon as is possible.

Recommendation 9

That the City Council explores practical ways in which jobs may be adjusted in order to respond to fit notes and therefore encourage return to work.

Monitoring arrangements

- Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

Evidence



Reports and Publications Submitted

- Working for a healthier tomorrow – Dame Carol Black’s Review of the health of Britain’s working age population - March 2008
- Improving health and work: changing lives. The Government’s response to Dame Carol Black’s Review of the health of Britain’s working-age population
- CBI/AXA Absence and Labour Turnover Survey 2008 - Summary of Findings
- Overview and Scrutiny Committee - Inquiry into Safety, Wellbeing and Attendance – March 2006
- Report of the Director of Resources - April 2008 - Detailed Attendance Analysis
- Report of the Director of Resources - December 2007 - Update on the Development and/or Roll-out of New HR-Related Policies/Procedures.
- Report of the Director of Resources - November 2007 - Sickness Absence

Witnesses Heard

- Professor Dame Carol Black - National Director for Health and Work, Chairman of the Academy of Medical Royal Colleges and Chairman of the Nuffield Trust.
- Steve Sumner - Local Government Employers’ (LGE) National Health and Safety Policy Adviser
- Councillor Richard Brett – Executive Member – Central and Corporate
- Stuart Price – HR Officer - ASDA
- Chris Ingham - Deputy Head of HR - Human Resources
- Andrew Mason – Chief Environmental Services Officer
- Rachael Allsop, Director of Human Resources, The Leeds Teaching Hospitals NHS Trust
- Dick Banks – UNITE
- Steve Terrington - UNITE
- Michelle Robb – GMB
- Dave Noble – UNISON

Dates of Scrutiny

- 7th July 2008 – Scrutiny Board
- 8th September 2008 – Scrutiny Board
- 3rd November 2008 – Scrutiny Board
- 6th January 2009 – Scrutiny Board
- 29th January 2009 – Working Group
- 2nd March 2009 – Working Group
- 6th April 2009 – Scrutiny Board



Originator: Wayne Baxter
Tel: 22 43353

Report of the Chief Procurement Officer

Executive Board

13th May 2009

Response to the Central and Corporate Functions Scrutiny Board Inquiry into Procurement of Services

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In
(Details contained in the report)

EXECUTIVE SUMMARY

This report provides the Executive Board with details of the recommendations from the recent Central and Corporate Functions Scrutiny Board Inquiry into Procurement of Services, and details the response of the Chief Procurement Officer.

The Chief Procurement Officer is supportive of all six recommendations made by Scrutiny Board.

1.00 PURPOSE OF THIS REPORT

- 1.01 This report provides the Executive Board with details of the recommendations from the recent Central and Corporate Functions Scrutiny Board Inquiry into Procurement of Services and details the response of the Chief Procurement Officer to those recommendations.

2.00 BACKGROUND INFORMATION

- 2.01 The Central and Corporate Functions Scrutiny Board conducted an inquiry into Procurement of Services between October 2008 and February 2009. The Board was particularly interested in how the authority measures the value for money received from external service providers; how quality is ensured; and how the ethical framework of the Council is translated within contracts. The Scrutiny Board Inquiry report is attached at Appendix 1. The report makes six recommendations for action.

3.00 MAIN ISSUES

- 3.01 Each of the Scrutiny Board's six recommendations are listed below along with a response from the Chief Procurement Officer.

Recommendations One

That further work is undertaken by the Chief Procurement Officer to ascertain whether the One Council Commissioning Framework can be embedded within existing constitutional arrangements. This could involve a formalised role for scrutiny

- 3.02 The Chief Procurement Officer supports this recommendation. Contract Procedure Rules have been identified as the main vehicle for incorporating the One Council Commissioning Framework into the Council's constitutional arrangements. The approach will be to embed the framework into existing arrangements wherever possible. The role of scrutiny in the One Council Commissioning Framework will be considered against current guidance and best practice, and will be subject to consultation and a further report.

Recommendations Two, Three and Four

That the Chief Procurement Officer is given responsibility for the successful development of the Category Management Approach.(Recommendation 2)

That Category Management plans for key spend areas are developed by the Chief Procurement Officer. These plans should cover up to a 3 period and detail what the Council plans to commission in those areas; what resources will be required to commission and manage the arrangements and how efficiencies will be made in those spend areas (Recommendation 3)

That a Category Manager is identified for each category who will be responsible for that category and will engage with the relevant parts of the Council who spend in that category area (Recommendation 4).

- 3.03 Category Management is a key element of the One Council Commissioning Framework and is a procurement methodology that is advocated as best practice in both the public and private sectors. The RIEP (Regional Improvement and Efficiency Programme) 'Smarter Procurement' work programme has secured funding to develop a regional approach to Category Management and it is proposed that the Council's own approach is developed in tandem. This will allow sharing of regional expertise and resources. The Chief Procurement Officer is the Programme Manager for the RIEP 'Smarter Procurement' work.
- 3.04 A Category Management approach to procurement will take a more strategic view to improvement across a whole area of expenditure rather than looking at individual contracting arrangements. Taking a Category Management approach will facilitate, short, medium and long term planning of: demand management, contracting strategies, market engagement and management, collaborative and shared service opportunities; supply chain management; efficiency forecasting and realisation; and socially responsible approaches to procurement and commissioning. The Chief Procurement Officer supports this recommendation.

Recommendation Five

That a 'certificate of competency' is developed and introduced for officers involved in procurement.

That contract management is incorporated in the pre-contract phase of all projects and that complex or high risk services also include the development of a Contract Management Plan identifying resources to be assigned to contract management and any training requirements.

That a regional approach is taken to addressing capacity and capability problems around contract management, using Yorkshire and Humber's Regional Improvement and Efficiency Plan (RIEP) funding to facilitate improvements

- 3.05 The RIEP 'Smarter Procurement' work-strand has also secured funding to develop a regional approach to capacity and capability building, a core element of which will be a training programme. Initial research indicates that many of the issues identified in this scrutiny inquiry are common to many of the region's public sector organisations. It is therefore proposed that this recommendation is also progressed in tandem with the RIEP 'Smarter Procurement' work programme.

Recommendation Six

That further discussion and agreement takes place on the most appropriate way forward to influence contractors' employment practices, which promotes our legal equality duties and helps achieve our Equality and Diversity Scheme

- 3.06 The Chief Procurement Officer supports this recommendation and will work closely with the Head of Equality to build on the work and best practice already undertaken in this area.

4.00 IMPLICATIONS FOR COUNCIL POLICY AND GOVERNANCE

- 4.01 The One Council Commissioning Framework and the development of a Category Management approach could have implications for the Council's policy and governance arrangements in the areas of procurement and commissioning. The specific implications would be identified as the recommendations are progressed and any policy/governance changes required, would be subject to consultation and the required change procedures.

5.00 LEGAL AND RESOURCE IMPLICATIONS

- 5.01 If agreed, the implementation of the above recommendations would be met within existing resources, but would have some dependency on funding from the Yorkshire and the Humber RIEP – 'Smarter Procurement' work programme. The Scrutiny Board's recommendations would be incorporated into the Service Plan of the Corporate Procurement Unit 2009/10.

6.00 RECOMMENDATIONS

- 6.01 To recommend that the Executive Board approves the proposed responses outlined in this report.

Background Papers

The Scrutiny Board Inquiry report (Attached as Appendix A)

Procurement of Services

Scrutiny Inquiry Report

Introduction and Scope



Introduction and scope

- 1 At its meeting on 9th June 2008, Scrutiny Board (Central and Corporate Functions) resolved to undertake an Inquiry into the procurement of services. The Board was particularly interested in how the authority measures the value for money received from external service providers; how quality is ensured; and how the ethical framework of the Council is translated within contracts.
- 2 Our starting point was to better understand the business case for the proposed development of a One Council Commissioning Framework and particularly to understand how this Framework would address elected Members perennial concerns over contract management.

Conclusions and Recommendations



Conclusions and Recommendations

- 3 The procurement of goods, services and works is a major part of the City Council's business, accounting for over £700 million of expenditure. It is not surprising, therefore, that a great deal of attention is focused on ensuring value for money.
- 4 Procurement is an activity that is shared across all Directorates. It ranges from small-scale, routine purchases to large and/or high-risk projects. The role of the Procurement Unit within this process is by no means straightforward. It performs the dual role of gatekeeper and also enabler and facilitator for Council Directorates seeking to procure contracts. On occasion, it is the Procurement Unit that will have the expertise in a given area, certainly in relation to what can and cannot be done and the correct processes to be followed, however on other occasions it will be a Directorate where, quite properly, the expertise and specialist knowledge specific to service delivery will exist. The key to successful procurement is therefore around successful partnership working.
- 5 However, much procurement activity is undertaken by staff who are not specialists in this area of work. We endorse therefore the concept of a One Council Commissioning Framework. In our view, the business case for why a one-council approach is needed is clear. The framework, as described to us, provides a clear methodology for approaching the commissioning cycle; clear guidance on the decision-making process; additional corporate support on commissioning; sets out a commissioning framework so that our potential partners and providers are clear on our approach; and provides an opportunity to share good practice in a more structured way.
- 6 There is provision in the Council's Constitution for ensuring that contracts let do meet the Council's compliance regulations and are subject to appropriate scrutiny and transparency. Whilst we did not come to any firm conclusions on the governance arrangements for the One Council Commissioning Framework, we recommend that further work is undertaken to ascertain whether the Framework can be embedded within existing Constitutional arrangements, for example, Contracts Procedure Rules or Financial Procedure Rules. This could involve the introduction of a formalised role for Scrutiny. For example each contract could have a Contract Supervising Officer who is responsible for the way that contract is managed. That person could be held to account by Scrutiny where contracts are managed poorly.

Conclusions and Recommendations



Recommendation 1

That further work is undertaken by the Chief Procurement Officer to ascertain whether the One Council Commissioning Framework can be embedded within existing constitutional arrangements. This could involve a formalised role for Scrutiny.

- 7 The One Council Commissioning Framework has within it two important elements which have been the focus of our inquiry.
- 8 The first element of interest has been the concept of 'Category Management'. Category Management recognises the very different approaches required (and challenges faced) when commissioning the full range of Council goods, works and services. This approach (rather than a 'directorates' approach) reinforces the One Council ethos.
- 9 We believe a Category Management approach will 'bring into line' directorate resources and 'central' resources to focus on specific key spend areas or categories and identify management/responsibilities within those categories. We would recommend that the Chief Procurement Officer is given responsibility for the successful development of the Category Management approach.

Recommendation 2

That the Chief Procurement Officer is given responsibility for the successful development of the Category Management approach.

- 10 We recommend that Category Management plans for key spend areas are also developed. These plans should cover up to a 3 year period and detail what the Council plans to commission in those areas; what resources will be required to commission and manage the arrangements; and how efficiencies will be made in those spend areas.

Recommendation 3

That Category Management plans for key spend areas are developed by the Chief Procurement Officer. These plans should cover up to a 3 year period and detail what the Council plans to commission in those areas; what resources will be required to commission and manage the arrangements and how efficiencies will be made in those spend areas.

- 11 We also recommend the identification of Category Managers responsible for specific categories, who will engage with the relevant

Conclusions and Recommendations



parts of the Council who spend in that category area.

Recommendation 4

That a Category Manager is identified for each category, who will be responsible for that category and will engage with the relevant parts of the Council who spend in that category area.

12 A Category Management approach will also, in our view, address the need for the authority to be more 'market savvy'. It became apparent in our discussions that our knowledge of available markets in some areas was deficient.

13 Category Management will focus the Council's mind on developing supplier and provider intelligence. Thus we would be looking for improvements in supplier and market development, strategic partnerships, supplier engagement and contract compliance.

14 In our minds, contract compliance is a significant area for improvement.

15 Across public procurement networks the issue of poor contract compliance and management has become known as the 'let and forget' concept. This refers to the fact that considerable effort goes into procuring or commissioning a service up to the point where the

contract is let, but then relatively little effort goes into managing the contract arrangement throughout the contract period.

16 We were told that the common reasons for this include:

- different resources being used at the procurement stage and the contract management stage with no continuity between the stages;
- not enough resource being allocated to contract management duties;
- available resources not being targeted to best effect;
- staff not having the correct skills and competencies or being unaware of the requirements of the service specification/contract.

17 It is our view that where a contract is poorly managed and monitored, as well as increasing the chances of poor service delivery and increased costs during the life of the contract, the opportunity to redesign and improve the next contract by building on lessons learned is lost.

18 We are of the view that contract management could be improved by the following actions;

- At a general level through training and development on generic contract management skills. We therefore support the introduction of a 'certificate of competency' and

Conclusions and Recommendations



its modular approach to training. A modular approach helps officers identify the relevant competencies they should have in relation to their role in the commissioning cycle. We would also recommend using a case study approach to demonstrate good examples of contract management across the Council and identifying what makes them good examples then building that into guidance and training.

- At an individual project level, incorporating contract management in the pre-contract procurement phase of a project. For complex or high risk services, there should also be a Contract Management Plan in place alongside the specification. This plan should identify the level of resource to be assigned to contract management; any training requirements; contract priority areas; and approaches to be adopted.
- At a regional level, taking a collaborative approach to addressing capacity and capability problems around contract management. We note that the region's Councils have already identified 'contract management' as one of the priority areas should they be successful in securing funding as part of the Yorkshire and Humber's Regional Improvement and Efficiency Plan (RIEP).

Recommendation 5

That a 'certificate of competency' is developed and introduced for officers involved in procurement.

That contract management is incorporated in the pre-contract phase of all projects and that complex or high risk services also include the development of a Contract Management Plan identifying resources to be assigned to contract management and any training requirements.

That a regional approach is taken to addressing capacity and capability problems around contract management, using Yorkshire and Humber's Regional Improvement and Efficiency Plan (RIEP) funding to facilitate improvements.

- 19 The second element of our Inquiry has been around the concept of socially responsible commissioning, particularly around equality. The Equality and Diversity Scheme 2008 – 2011 has priority outcomes relating specifically to procurement.

Conclusions and Recommendations



Outcomes	Actions
All organisations commissioned to deliver services meet the duties within the relevant equality legislation	Develop and rollout equality assurance and impact assessments within procurement
Our staff have the skills, understanding and confidence they need to ensure that through procurement arrangements organisations we commission to deliver our services meet duties within relevant equality legislation	Develop and deliver training programme for all procurement staff to ensure they know, understand and implement our equalities duties in awarding contracts for functions, goods and services.

20 At a number of stages within the procurement process there is an opportunity to influence contractors regarding equality, diversity and cohesion considerations. The stages included are: Pre qualification, Specification, Tender, Contract award and Contract monitoring.

21 However, there is currently no formal structure within which to ensure that this takes place. There is too much reliance on an individual's personal knowledge of equality and diversity. Also, less account is taken of equality and diversity issues where contracts do not involve service provision.

22 Whilst initial work on the Equality Assurance process indicates that it is influential in embedding equality within the procurement process, it is vital to fully evaluate equality assurance following the full procurement cycle. This would need to be led by Procurement and involve contractors, service managers and the Equality Team.

23 We were told that a number of principles have been established as key to making changes in this area around equality and diversity. These are initial areas only and could be developed further based on the approaches adopted from this point on.

24 We recommend that further discussion and agreement needs to take place on the most appropriate way forward to influence contractors' employment practices, which promotes our legal equality duties and helps achieve our Equality and Diversity Scheme.

Recommendation 6

That further discussion and agreement takes place on the most appropriate way forward to influence contractors' employment practices, which promotes our legal equality duties and helps achieve our Equality and Diversity Scheme.

Evidence



Monitoring arrangements

- Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

Reports and Publications Submitted

- Report of the Chief Procurement Officer – October 2008
- Report of the Chief Procurement Officer – December 2008
- Report of the Chief Procurement Officer and Strategic Equality Manager – February 2009

Witnesses Heard

- Wayne Baxter – Chief Procurement Officer
- Anne McMaster – Strategic Equality Manager – Equality Team

Dates of Scrutiny

- 7th July 2008 – Scrutiny Board
- 6th October 2008 – Scrutiny Board
- 1st December 2008 – Scrutiny Board
- 2nd February 2009 – Scrutiny Board