



SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)

**Meeting to be held in Civic Hall, Leeds on
Friday, 25th November, 2011 at 10.00 am**

(A pre-meeting will take place for ALL Members of the Board at 9.30 a.m.)

MEMBERSHIP

Councillors

- R Charlwood - Moortown;
C Fox - Adel and Wharfedale;
S Armitage - Cross Gates and Whinmoor;
K Bruce - Rothwell;
J Chapman - Weetwood;
A Hussain - Gipton and Harehills;
W Hyde - Temple Newsam;
J Illingworth - Kirkstall;
G Kirkland - Otley and Yeadon;
L Mulherin (Chair) - Ardsley and Robin Hood;
S Varley - Morley South;

Co-optees

- Joy Fisher Alliance of Service Users
Sally Morgan Equality Issues
Betty Smithson Leeds LINK
Paul Truswell Leeds LINK

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

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<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, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND THE 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 the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:- No exempt items on this agenda.</p>	

3

LATE ITEMS

To identify items which have been admitted to the agenda by the Chair for consideration.

(The special circumstances shall be specified in the minutes.)

4

DECLARATIONS OF INTEREST

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.

5

APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES

To receive any apologies for absence and notification of substitutes.

6

MINUTES

To approve the minutes of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting held on 28th October 2011

(minutes attached)

1 - 8

7

INQUIRY INTO HEALTH INEQUALITIES

To consider a report of the Head of Scrutiny and Member Development introducing an outline of proposals for the Board's inquiry into Health Inequalities

(report attached)

9 - 18

8

NHS FOUNDATION TRUST PROPOSALS

19 -
22

Further to minute 29 of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting held on 28th October 2011 where the Board considered information on proposals for local NHS Trusts to become NHS Foundation Trusts, to consider a report of the Head of Scrutiny and Member Development setting out the draft comments/main issues identified by Members, to form the basis of the Board's formal consultation response

(report attached)

9

**YORKSHIRE AMBULANCE SERVICE (YAS) -
NHS FOUNDATION TRUST PROPOSALS**

23 -
38

To consider a report of the Head of Scrutiny and Member Development providing information on the plans for Yorkshire Ambulance Service NHS Trust to become a Foundation Trust and seeking the Board's views on this

(report attached)

10

WORK SCHEDULE

39 -
76

To consider a report of the Head of Scrutiny and Member Development setting out the work schedule for the Board for the current municipal year

(report attached)

11

DATE AND TIME OF THE NEXT MEETING

Wednesday 21st December 2011 at 10.00am (Pre-meeting for all Board Members at 9.30am)

Agenda Item 6

SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)

FRIDAY, 28TH OCTOBER, 2011

PRESENT: Councillor L Mulherin in the Chair

Councillors R Charlwood, C Fox,
S Armitage, J Chapman, A Hussain,
W Hyde, J Illingworth and S Varley

Co-opted Members – J Fisher, S Morgan, B
Smithson and P Truswell

24 Late Items

Although there were no formal late items, the Board was in receipt of the following additional information, circulated by the Principal Scrutiny Adviser:

An e-mail from an outreach officer of RP Fighting Blindness in support of the request for scrutiny into the arrangements for meeting the needs of blind and visually impaired people in Leeds (minute 28 refers)

25 Declarations of Interest

The following Members declared personal/prejudicial interests for the purposes of Section 81(3) of the Local Government Act and paragraphs 8-12 of the Members Code of Conduct:

Councillor Armitage declared a personal interest as the Chair of Swarcliffe Good Neighbours on issues relating to the care of elderly people

Councillor Fox declared a personal interest as a member of Otley Action for Older People Management Committee on issues relating to the care of elderly people

Joy Fisher declared a personal interest through knowing the nominated speaker seeking a request for scrutiny and many of those present for this item, in her role as a member of the Alliance of Services Experts (minute 28 refers)

26 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from Councillor Bruce and Councillor Kirkland

27 Minutes

Draft minutes to be approved at the meeting
to be held on Friday, 25th November, 2011

RESOLVED - That the minutes of the Scrutiny Board (Health and Well-being and Adult Social Care) meeting held on 21st September be approved

28 Request for Scrutiny- Arrangements for meeting the needs of Blind and Visually Impaired people in Leeds

The Board considered a report of the Head of Scrutiny and Member Development setting out a request for scrutiny relating to the current arrangements for meeting the needs of Blind and Visually Impaired people in Leeds. A copy of the request made by Mr Victor Jackson, was appended to the report

Members noted that a Deputation to Full Council on this matter was scheduled to be presented at its meeting on 16th November

The Board heard from Mary Naylor MBE who had been nominated to speak on this matter

Members were informed that following the changes to the provision of services for blind, visually impaired and dual sensory loss people in Leeds, there were major concerns by service users about the loss of venues for the range of groups which had been formed which as well as providing the opportunity for socialisation also provided help, motivation and continued support for people living with these conditions

Concerns were also highlighted in respect of:

- the provision at Fairfax House; that as a drop-in centre this was adequate but not as a day centre due to its location; its design – i.e. an office building - and its lack of basic facilities suitable for service users
- the monitoring of complaints within Adult Social Care in view of the concerns about the provision which had been raised, although it had been stated by Senior Officers within the Department that no complaints had been received in respect of this provision
- the impact of the changes on carers, in that the previously guaranteed respite provided by the regular group meetings at Shire Oak, had ceased
- the need to ensure provision for the future
- that Shire Oak which had been a centre planned for and by people with visual impairments, remained empty
- that the current unstable situation was causing fear and concern and that without the support networks provided by service users and volunteers, those people newly diagnosed with visual impairment would not have the same opportunities when dealing with their new situation which could lead to isolation and loss of confidence

As deputations to Council were usually referred to Executive Board for consideration, the Scrutiny Board considered that a working group be established as a logical way forward, comprising members of the Scrutiny Board which would meet before the Executive Board meeting as this would

enable the working group's recommendations to be put directly to the Executive Board

RESOLVED –

- i) To note the report and to thank Mary Naylor for her presentation
- ii) To note that a deputation on the issues raised would be presented to Council at its meeting on 16th November 2011
- iii) That a working group of the Scrutiny Board (Health and Well-being and Adult Social Care) be established to consider the issues raised and that a meeting be arranged prior to the Executive Board meeting to enable the working group's findings to be submitted to the Executive Board

29 NHS Foundation Trust Proposals

The Board considered a report of the Head of Scrutiny and Member Development seeking its views on the plans of local NHS Trusts to become NHS Foundation Trusts. Copies of the consultation documents on the proposals in relation to Leeds Community Healthcare NHS Trust, The Leeds Teaching Hospitals NHS Trust and Yorkshire Ambulance Service NHS Trust were appended to the report

The following people attended for this item:

Dennis Holmes – Deputy Director Strategic Commissioning – Adult Social Care

Karl Milner – Director of External Affairs for Leeds Teaching Hospitals

Brian Steven – Deputy Chief Executive of Leeds Teaching Hospitals Trust

Emma Fraser – Head of Performance, Contracting and Business Planning at Leeds Community Healthcare NHS Trust

Rob Webster – Chief Executive Leeds Community Healthcare NHS Trust

The Chair stated that a representative of West Yorkshire Ambulance Service was expected, following their request to attend

The Board was informed of the work being undertaken by the local NHS Trusts to become Foundation Trusts which whilst retaining the primary purpose of providing health care free at the point of delivery, would provide greater local involvement and accountability; be free from central government control; be self-governing and have new financial freedoms to raise capital which could then be reinvested into the Trust to provide new services

Members were informed that the work towards Foundation Trusts had led to an increased focus on what was currently happening within the Trusts and that changes and improvements would come with Foundation Trust status

In summary the key areas of discussion were:

- the pros and cons of Foundation Trust status with details being provided of the increased monitoring and checks and balances which would be needed arising out of the situation at Mid

Staffordshire NHS Foundation Trust together with the possibility of creating the best possible health service for the city; creating seamless, professional integrated services and being an employer of choice

- the importance of the governance arrangements of the new Trusts
- staff training and career development across the whole structure, not solely medical staff and the need for proper staffing levels
- the need for social inclusion in terms of recruitment, with concerns that currently some groups and areas of Leeds were not represented in certain professions amongst hospital staff
- public involvement in the membership of the Foundation Trusts and the need to broaden this beyond the LS postcode to take into account areas of Leeds with Bradford and Wakefield postcodes
- that for governance arrangements, Electoral Wards might be more appropriate to align with rather than parliamentary constituencies due to the proposed parliamentary boundary changes and the fact that one constituency includes part of Leeds and part of another area
- how NHS and private care would be managed; how the two streams of patient care would be segregated and how pressure on patients to opt for private care would be avoided
- the financial pressures on Foundation Trusts
- quality, whether this would improve through achieving Foundation Trust status, if so, the reasons for this and how this would be measured
- the structures which would be in place for engaging and involving the public, beyond Governing Bodies
- scrutiny arrangements, that this important element would remain, with it being confirmed that this Board would retain its current role and that further scrutiny of the Foundation Trusts would also come from the Governors

RESOLVED –

- i) To note the report and the information presented and that the following comments be included in relation to the proposals:
- the need to include all the postcodes which cover the Leeds area in terms of the membership of an NHS Foundation Trust
 - that local Council Ward boundaries should be used when seeking members to join the Trust
 - the importance of future proofing, particularly the taking on of the new Health and Well-being Boards
 - the importance of integration of Health and Council services in terms of governance arrangements
 - the need for socially inclusive recruitment to reflect the diversity of the population of Leeds in all of its areas
 - the need for quality to be assured

- the need for clear definition in relation to NHS patients and private patients, including the governance arrangements
- ii) That a further report setting out the Board's draft consultation response to the proposals be submitted to the next meeting for approval

30 Health Inequalities

Further to minute 11 of the Board meeting held on 22nd July 2011, where Health Inequalities was identified as an area of review within the Board's work schedule, to consider a report of the Head of Scrutiny and Member Development outlining proposals for an inquiry into this subject. Appended to the report for information was a copy of the inquiry undertaken in 2009/10 by the former Scrutiny Board (Health) entitled – *Promoting Good Public Health: The Role of the Council and its Partners*, together with the latest recommendation tracking report, last updated in April 2011

Dennis Holmes was joined by Rob Kenyon, Head of Partnerships – Adult Social Services for this item

It was noted that some of the actions arising from recommendations of the previous inquiry had not been completed, with the Chair requesting a further update on these outstanding issues at the November Board meeting

The following comments were made:

- that key areas, such as the availability of alcohol – regulated by licensing regulations and public open space – regulated by planning policies – needed to be considered, with concerns being raised that centrally there were no links between all of these issues which related to people's health
- the previous scrutiny inquiry, with the Chair referring to work being done by Trading Standards around tobacco which would be included in the Board's inquiry on reducing smoking. Members were informed that Trading Standards had also expressed an interest in being involved in the Health Inequalities inquiry
- the importance of the JSNA in providing information from across the city to inform the debate on this matter and the difference in life expectancy rates depending upon where people lived in Leeds was stated
- that most of the work done by the previous Board on health inequalities was based on the Marmot report, with an alternative publication 'The Spirit Level: Why Equality is Better for Everyone' being suggested, as this presented a different view which could be of use

Members were advised by Councillor Chapman, Chair of Children's Services Scrutiny Board, that her Board would like to continue receiving feedback on the issues around teenage pregnancy and that she would be happy to relay information to both Boards which might be of use in their work

RESOLVED -

- i) To note the report and the information provided
- ii) That an updated recommendation tracking report be submitted to the next meeting which focussed on those recommendations

made in the previous Board's inquiry, which as at April 2011, remained outstanding

- iii) That further information be provided on 'The Spirit Level'
- iv) To note the request for wider involvement of Partners and Council Departments in the Board's inquiry and that a wider list of possible participants be drawn up for the Board's approval

31 Review of Children's Congenital Cardiac Services in England : Inquiry report

The Board received a report of the Head of Scrutiny and Member Development summarising the main issues identified by the Joint Health Overview and Scrutiny Committee (HOSC) which comprised the 15 top-tier local authorities across Yorkshire and the Humber and was formed to consider and respond to the Review of Children's Congenital Cardiac Services in England and the associated reconfiguration proposals. A summary of the Committee's recommendations to the Joint Committee of Primary Care Trusts – the decision-making body - were included in the report, for information

Copies of the full HOSC report were available at the meeting

The Chair informed the Board of the work undertaken by HOSC and the efforts made to question fully the rationale and evidence behind the proposals, whilst at the same time making a clear, strong and evidenced case for the retention of the service provided at the LGI; this being one of an eight-centred model proposed by HOSC which also proposed the retention of the other northern centre, in Newcastle

In terms of the number of procedures required to be carried out at the Leeds Centre as part of the proposals, Members were informed that the LGI was confident it could deliver that number and with only three surgeons currently, were nearly at that figure. Whilst work to recruit a fourth surgeon was underway, the uncertainty around the Leeds Centre was having an impact on this recruitment exercise

The Chair informed the Board that she would be speaking in Westminster on 9th November 2011 to present the Yorkshire and Humber Regional Scrutiny Report and its findings to the Health Minister at a meeting organised by the Leeds Children's Heart Surgery Fund which all of the region's MPs and Peers had also been invited to attend

The Board congratulated the HOSC for an excellent Inquiry and Karl Milner, Director of External Affairs for Leeds Teaching Hospitals thanked Leeds City Council for the lead it had taken on this important issue and stated that in terms of scrutinising the options provided by the NHS Medical Director, no other region had done as much or provided such a comprehensive and well presented document

In relation to the parallel consultation on Adult Congenital Cardiac Services, the Chair informed the Board that the view of HOSC was that consultation should have been undertaken jointly; that there was a need for consistency of service for children with congenital heart problems who then grew into adults with congenital heart problems; that it was the same

surgeons treating children and adults and that any decision should not be taken in isolation

It was noted that a decision on the proposals was expected on 14th December 2011, although it was accepted that this date could change

RESOLVED - To note the main issues and recommendations of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

32 Crisis Centre - Proposed Terms of Reference

Further to minute 68 of the Scrutiny Board (Adult Social Care) meeting held on 16th February 2011 where the Board agreed to review the exit strategy for the Crisis Centre following its decommission, Members considered a report of the Head of Scrutiny and Member Development setting out details of the proposed inquiry into this matter. Appended to the report were the draft terms of reference agreed by Scrutiny Board (Adult Social Care) at its meeting on 13th April 2011 (minute 95 refers)

Dennis Holmes, who was in attendance for this item explained that the draft terms of reference had been drawn up at a specific point in time, i.e. April 2011 and that as the Centre had closed in July 2011, some of them might not be relevant, whilst other matters not referred to in the terms of reference might need consideration

Members discussed the amount of data which would be available, with a suggestion that after the initial 2-3 months of data being looked at, that data for 6 months and then a year could be considered

The Board considered how to proceed and it was suggested that a monitoring report on the re-provision of services and the impact of change on service users since the closure of the Crisis Centre would be more appropriate rather than an inquiry

RESOLVED - That instead of an inquiry into the Crisis Centre, the Director of Adult Social Care be asked to submit a monitoring report to a future Board meeting setting out re-provision of services and the impact of change on service users since the closure of the Crisis Centre, supported by data providing information on the alternative services and pathways offered to those people who used, or would have used the Crisis Centre

33 Work Schedule

The Head of Scrutiny and Member Development submitted a copy of the work programme for the 2011/12 Municipal Year which had been populated with six priority areas for scrutiny identified at the July meeting

RESOLVED –

- i) To note the Work Schedule and to agree the amendments in terms of the establishment of a working group to consider the issues raised in relation to the provision of services for blind and visually impaired people in Leeds (minute 28 refers) and the change of approach to an examination of issues following the closure of the Crisis Centre (minute 32 refers)

- ii) To note the contents of the Executive Board minutes dated 7th September 2011 and 12th October 2011 and the Forward Plan covering the period 1st October 2011 – 31st January 2012

34 Date and Time of the Next Meeting

Friday 25th November 2011 at 10.00am (Pre-meeting for all Members at 9.30am)

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 25 November 2011

Subject: Inquiry into Health Inequalities

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

Summary of main issues

1. At its meeting in July 2011, the Scrutiny Board identified Health Inequalities as a particular area of review within its work schedule for 2010/11. The purpose of the report is to introduce an outline of proposals for the Boards inquiry into Health Inequalities and to help identify any specific matters to be included within the scope of the inquiry.

2. At its meeting in October 2011, to help provide more detailed context for the Board's inquiry around Health Inequalities and to consider some of the potential challenges associated with integrating Public Health into the broader work of the Council, the Board agreed to invite the Director of Public Health to present the following matters to the Board:

Part 1

- Background to the JSNA and why its important;
- The key messages arising from previous iterations of the JSNA (1st and 2nd editions), including particular areas of identified and unmet needs
- Areas for development for the 3rd iteration of the JSNA.

Part 2

- An overall assessment of the impact of the previous iterations (1st and 2nd editions) of the JSNA across the Council.
- Issues to address to [further] mainstream the JSNA in the commissioning and planning of services and general work of the Council.

- Role of the [shadow] Health and Wellbeing Board and its [potential] relationship with the Scrutiny Board.
3. In considering the details presented at the meeting, and identifying any specific areas for more detailed consideration, members of the Scrutiny Board are reminded that the approach being taken is likely to require an additional meeting (or meetings) and/or a working group arrangement during January / February 2012.

The Joint Strategic Needs Assessment (JSNA)

4. As previously reported to the Scrutiny Board, the current Health and Social Care Bill progressing through Parliament gives the Joint Strategic Needs Assessment (JSNA) a central role in the new health and social care system. It is likely that the JSNA will be at the heart of the role of the new Health and Well Being Boards and will be seen as the primary process for identifying needs and building a robust evidence base for local decision-making and commissioning plans.
5. As part of the presentation to the Scrutiny Board, the Joint Director of Public Health will provide details arising from the current refresh of Leeds JSNA. However, details presented to a recent JSNA workshop included:
- In Leeds, over 150,000 people live in areas ranked amongst the most deprived 10% nationally;
 - Almost 30,000 children (under 16) living in poverty in Leeds;
 - 25% of all households are in receipt of Housing and/or Council Tax Benefit
6. To help members of the Scrutiny Board consider the development and refresh of the JSNA, the briefing note *'The joint strategic needs assessment: A vital tool to guide commissioning'* produced by the NHS Confederation (July 2011) is attached for information.

Recommendations

7. To consider the information presented in this report and at the meeting, and identify any particular areas for more detailed consideration at a future meeting.
8. To identify and agree a proposed timetable for considering any additional information identified, and the method by which the information will be considered (i.e. formal Scrutiny board meetings and/or nominated working groups).

Background documents

- Joint Strategic Needs Assessment: A springboard for action (Local Government Improvement and Development (April 2011))



briefing

July 2011 Issue 221

The joint strategic needs assessment

A vital tool to guide commissioning

Key points

- A joint strategic needs assessment (JSNA) analyses health needs of populations to inform and guide commissioning of health, well-being and social care services within a local authority area.
- Producing an annual JSNA has been a statutory requirement for the NHS and local authorities since 2007. The Health and Social Care Bill 2011 proposes a central role for JSNAs so that health and well-being board partners jointly analyse current and future health needs of populations.
- Examples of products of JSNAs include population-level data for GPs, a priority-setting matrix and mapping the flow of money spent on priorities.

Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA will underpin the health and well-being strategies, a proposed new statutory requirement and commissioning plans. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. The NHS and upper-tier local authorities have had a statutory duty to produce an annual JSNA since 2007.

The Health and Social Care Bill 2011 proposes a central role for JSNAs to bring together partners from across the NHS, local government and the voluntary sector to analyse current and future health needs of populations. At the time of writing, the policy proposal is that clinical commissioning groups and local authorities will have a statutory responsibility to produce a JSNA and a joint health and well-being strategy to inform and guide the commissioning of health, well-being and social care services in a local authority area. JSNAs continue to evolve, and the detail of national health policy may change further, but this *Briefing* sets out the principles behind a good JSNA, provides a step-by-step guide to producing them, and presents examples of JSNA processes and products to date.

This *Briefing* has been produced jointly by the NHS Confederation, Local Government Improvement and Development (LGID) and the Royal Society for Public Health. It summarises information found in LGID's *Joint strategic needs assessment: a springboard for action*, published June 2011.

Background

The term 'JSNA' refers both to the process of conducting a needs assessment and the publication of a report/s or product/s. The 'process' aims to provide a comprehensive picture of current and future health needs for adults and children, based on a wide range of quantitative and qualitative data, including patient, service user and community views. The 'product' of a JSNA is intended to improve health and well-being outcomes and help address persistent health inequalities. Clinical commissioning groups, the local authority and the NHS Commissioning Board will need to consider the JSNA and the health and well-being strategy when commissioning services, because the JSNA should guide decisions around where to invest or reduce spending.

The JSNA will be a shared resource for clinical commissioning groups, the local authority and key players within a local authority area, such as community organisations and service providers. Challenges may include integrating complex organisations with different agendas to agree upon shared priorities, and organising clinical commissioning groups that span several local authority areas to engage with the process. Such issues will need to be considered at the start of the process as it is vital for commissioners to be engaged from the beginning.

A good quality JSNA has the potential to drive improvements, highlight health inequalities and closely inform commissioning. A weak JSNA is disconnected from key decision-makers and commissioning, and removed

from local communities. In the past, most JSNAs have focused on a 'deficit' approach based on indicators of mortality and illness. Relatively few have been balanced by an assessment of the assets, strengths and capacities of local communities, which is clearly more desirable.

Pharmaceutical needs assessments

In the new system, local authorities, through health and well-being boards, will have a responsibility to produce a pharmaceutical needs assessment (PNA). PNAs are carried out to assess the pharmacy needs of the local population. This includes dispensing services as well as public health and other services that pharmacies may provide. Completing a PNA requires medicine management and pharmacy commissioning expertise. Resources will be required to access this expertise through clinical commissioning groups or other bodies. Local authorities and clinical commissioning groups will need to develop links with the local pharmaceutical committee, and we anticipate that guidance and support from the NHS Commissioning Board, in collaboration with Public Health England, will assist local authorities carry out the PNAs.

A PNA is used to identify the pharmacy needs of a local population in order to guide the commissioning of services. Giving local authorities the responsibility for conducting PNAs should strengthen links between the two assessment processes – JSNAs and PNAs.

What is a JSNA?

The process

The JSNA's central role is to act as the overarching primary evidence base for health and well-being boards to decide on key local health priorities. Clinical commissioning groups and local authorities, including public health teams, will jointly undertake an analysis of population-level health needs. Specialist skills and resources are needed to capture, collate, analyse and interpret population-level data. The process can be driven by looking at data; stakeholder, key informant, patient and service user views; and comparisons between and within different areas.

In the future, a JSNA will be an essential part of the commissioning cycle, guiding decisions made at all stages from strategic planning and service provision through to monitoring and evaluation. In-depth needs assessments may be required in addition to the overarching JSNA when a local area is redesigning care pathways.

The product

The outcome, or product, of a JSNA process can include different ways of organising or presenting data, such as online resources, thematic maps or tables. The JSNA should reflect the needs of a local population, not just the demand for services, although this too may be important to consider. Data quality is important to ensure assessments accurately reflect the needs of a population. Clinical commissioning group and local authorities will be free to choose JSNA products that offer the most value and best meet the needs of target audiences, but

there is an expectation that products are based on reports and analysis of:

- **population level demography** – age, gender, ethnicity, population growth and migration flows
- **social, economic and environmental determinants of health** – housing quality, environment, employment, educational attainment, benefit uptake, crime, community cohesion, and community assets such as libraries
- **behavioural determinants of health** – exercise, smoking, diet, alcohol and drug use, immunisation uptake
- **epidemiology** – incidence and prevalence of physical and mental illness and well-being, quality of life, life expectancy

A step-by-step guide to JSNAs

1. Learn from the past: review your existing JSNA and local partnerships
2. Agree the scope and mandate
3. Be clear about the target audience and their requirements
4. Build trust: a shared process
5. Match form to function
6. Secure capacity, skills, data and knowledge
7. Governance of the JSNA process and products

Five principles behind a good JSNA

No need exists in isolation – the health and well-being of all citizens is shaped by social, economic and environmental determinants and the challenge of persistent health inequalities cannot be satisfactorily addressed by any single agency alone.

Partnership is part of the solution – a single, agreed picture of health needs is essential for strategic planning between partners.

A clear picture of needs means stronger partnerships – JSNAs will enable partners to better understand and value each organisation’s contribution. An agreed, comprehensive picture of needs and assets demands that the NHS and local authorities overcome professional and organisational differences and take joint responsibility for delivering services and improving outcomes.

Demand is not the same as need – building an objective picture of needs is fundamental to ensuring appropriate services are provided. Use of services data is useful but it will not demonstrate a community’s health requirements.

Each JSNA requires local design – while there are common elements of a good JSNA, each process requires local engagement and leadership to adapt the process and product/s according to local circumstances.

- **service access and utilisation** – emergency admissions, health and community provider services and data, discharge information, and children’s centres
- **evidence of effectiveness** – good practice examples, reviews of academic evidence, and NICE guidelines and quality standards
- **community, patient and service user perspectives** – views, perceptions and experiences of patients, service users and local communities; and their physical, emotional, social and physiological needs. Incorporating patient experience data and community views into the JSNA requires expertise in handling qualitative data, which is a distinctly different set of skills compared to those needed for quantitative data.

Producing an effective JSNA is best achieved by:

- learning from the past and reviewing previous JSNAs
- agreeing the scope and mandate the JSNA will have as a driver of change
- being clear about the target audience and their requirements
- building trust and developing a shared process
- producing documents/products to meet the needs of target audiences
- securing capacity, skills, data and knowledge
- agreeing the governance process.

JSNAs: a step-by-step guide

This section sets out some actions that might help commissioners develop good quality JSNA processes and products. While organisations in each local area will approach the process from their own unique perspective, not all of the actions will apply in your area. It is important to note that JSNAs and national health policy are evolving so requirements may change, but the actions set out below should provide a useful framework.

1. Learn from the past: review your existing JSNA and local partnerships

Reviewing local experiences, lessons learnt, past JSNAs and strategic partnerships will provide insight into the impact previous JSNAs have had on commissioning, partnerships, health outcomes and reducing health inequalities. This will highlight what worked well and not so well, and will assist with:

- designing the new JSNA
- developing a clear remit
- ensuring engagement across the NHS and local government
- incorporating the views of patients, service users and community groups and resourcing the process itself.

2. Agree the scope and mandate

Before the process starts, health and well-being board members should agree the mandate and what significance the JSNA could have as a driver of change. The JSNA should provide top-level analysis that guides in-depth and specific assessments linked to commissioning priorities. Different stakeholders will probably have a different understanding of both commissioning and decision-making processes, so it is essential to

explain and agree the process as clearly as possible at the start.

From the outset, health and well-being board members should:

- acknowledge that the JSNA will inform decision-making within a local area – this should make it easier to set commissioning priorities
- determine who needs to be involved
- determine the scope of the JSNA across multiple public services such as health, housing, environment and economic development, as well as collaboration with voluntary and private sectors
- recognise that connecting the wider determinants of health and influencing planning and strategy more broadly across the NHS, local government, voluntary and private sector organisations could maximise use of resources, and reduce demand for services.

3. Be clear about the target audience and their requirements

Effective JSNAs are clear about their target audience and what their information needs are. A manager or commissioner within a clinical commissioning group will have different requirements to those of an elected member of a health and well-being board. Experience shows JSNAs can be difficult for decision-makers to translate into action. A commissioning strategy guided by the JSNA and health and well-being strategy will help translate priorities into action, and detailed needs assessment and analysis may be required for particular services or care pathways. The advantage of making the JSNA widely accessible and presenting the analysis of data in a range of formats and products to a variety of audiences is that it enables many partners to align their work more easily with the JSNA. However, the broader the audience, the more varied products you may require,

Providing GPs with population-level data in Torbay

Torbay has commissioned a dynamic and interactive online dataset for GPs that allows them to look at linear growth models for the local area, and compare ward or GP practice-level data.

“Our JSNA practice profiles were designed to show the value of the process to GPs, and gives them a ready summary of the most important data and analysis.”

Doug Haines, Torbay Care Trust

Speaking to elected members in Cumbria

Cumbria developed a dissemination strategy for elected members across local government to spread insight into population health more widely.

“We sparked off a hunger for evidence and information. I think they [the elected members] feel they know what is going on and have a stake in local services.”

Graham Hodgkinson, Assistant Director for Older People, Cumbria County Council

Priority-setting matrix in Portsmouth

Portsmouth’s JSNA team uses a prioritisation score sheet format for partners to submit needs assessment requests. Workshops, made up of a wide group of stakeholders, are then asked to score the requests. Each area is scored, with a maximum of 18 points available, and a score greater than 12 identifies a topic as a high priority.

and dedicated JSNA capacity may be required to ensure quality control and coherence.

Having a communication plan should ensure that information in the JSNA is shared with a wide range of stakeholders, including the voluntary sector. This type of information should be as user-friendly as possible.

4. Building trust: a shared process

Achieving agreed priorities will require a careful, balanced process where partners feel able to digest and respond to an emerging picture. JSNAs and health and well-being strategies may become a point of tension as they drive decision-making concerning the use of limited resources. All partners should consider how to build trust and secure buy-in and will need to be ready for a debate about shared processes that scrutinise value and redirect money.

Partners should:

- agree how to handle the assessment process, moving from hard data, through analysis and interpretation, to priority setting
- give thought to the difference between data, analysis, value judgements and priority setting and take into consideration potential tensions, such as provider involvement

- consider how to ensure fairness and transparency. Not all partners may be comfortable with a shared process of priority setting, and disagreements and conflict could quickly undermine trust in the process.

Different professional groups have different terminologies and may aspire to different outcomes. All partners will need to recognise each other’s strengths and contributions towards developing a shared culture and understanding.

5. Matching form to function: examples of different products

The vision for the JSNA will guide the choice of products and services. Clinical commissioning groups and local authorities will be free to choose JSNA products that offer the most value and best meet the needs of target audiences.

Presenting intelligence and data analysis by theme or geography may satisfy some groups more than others. Alternatively, those accessing the JSNA resource may want to directly consult a team member involved in the process, and/or request bespoke JSNA data analysis or intelligence. This is an ideal outcome as it binds the JSNA to everyday decision-making. Looking at JSNAs in neighbouring areas will share learning and may highlight and help resolve key cross-boundary issues.

Good practice examples of JSNA products:

Accessible data online, Newcastle

– has a shared online information and data analysis resource spanning health and well-being for everyone who commissions, provides or uses health, social and children’s services in the city. www.newcastlejsna.org.uk

Neighbourhood profiles, Leicestershire Statistics and Research Online

– holds over 800 datasets about local communities, accessible as thematic maps or tables, as well as in-depth analysis. They have a series of interactive reports created over a number of different geographical areas. www.lsr-online.org

In-depth evaluations of complex needs, Nottingham

– has detailed intelligence and recommendations designed to dovetail into relevant commissioning strategies for domestic violence by bringing together data sources from a range of agencies, and complementing this with proxy measures and service user views. www.nottinghaminsight.org.uk

JSNA upstream modelling tool, Gateshead

– the JSNA team uses information from a wide range of sources to map the flow of money spent on key priorities, such as mental health, circulatory disease and musculoskeletal conditions, to help support upstream investments. www.gateshead.gov.uk/Care%20and%20Health/jsna2010.aspx

Monitoring infectious and vaccine preventable diseases, Nottingham

– by providing uptake data for both childhood and adult vaccines on a ward level, the Nottingham City

JSNA highlights areas where improvements in uptake are most urgent. www.nottinghaminsight.org.uk/insight/jsna/adults/jsna-immunisations-and-vaccinations.aspx

Good practice examples of JSNA working processes:

Designating JSNA team capacity, Havering – has a permanent, joint funded and co-located JSNA team that ensures the JSNA data and products are current, continually improved and refreshed. Through a rolling process of management, the team has built good relationships across organisations. www.havering.gov.uk

Stakeholder engagement, Staffordshire – was clear that its JSNA should be informed by the needs and priorities of the local community. The JSNA team consulted a wide range of partners and stakeholders. www.southstaffordshirepct.nhs.uk/YourHealth/profile/jointNeeds.asp

Training and knowledge sharing, Lancashire – provides regular updates on JSNA data and intelligence via an electronic newsletter. The JSNA team also offers ‘train the trainer’ sessions, to train individuals to show others how to get the most out of the Lancashire JSNA web pages and products. www.lancashire.gov.uk/office_of_the_chief_executive/lancashireprofile/jsna/

Involving community and voluntary sector – the Voluntary Organisations Disability Group website hosts good practice case studies, toolkits and briefing sheets to help better embed community and voluntary sector involvement in JSNAs.

It provides direct access to more than 350,000 voluntary sector organisations through the Department of Health Voluntary Sector Strategic Partners Programme. www.vodg.org.uk/jsna-resources

6. Securing capacity, skills, data and knowledge

The production of a high-quality JSNA will require access to the right data, expertise and knowledge, which will be found in different parts of the NHS and local authority systems such as children’s services, clinical commissioning groups and public health departments. The process will need to gather as much relevant and useable qualitative and quantitative data as possible. Using data from a wide variety of sources will be invaluable, but clear frameworks to manage the flow of information will be essential. Guidelines may help external agencies prepare and standardise their data to make this process easier.

Ambitious JSNAs require people, time, skills and, potentially, additional capacity. Some capacity could be freed up by reducing duplication of data and analysis systems across the NHS and local authorities within a locality. The JSNA process will require a range of skills, such as:

- research and analysis
- market segmentation
- financial modelling
- conflict resolution
- community engagement
- asset mapping approaches
- market supply

Accountability at the heart of the JSNA in Cambridgeshire

Cambridgeshire’s JSNA has clear and comprehensive operational governance arrangements. It has a dedicated JSNA coordinator who produces standard templates for all JSNA chapters and monitors timelines. The Cambridgeshire JSNA has built-in accountability arrangements by making data available to all, using an independent JSNA website, involving patients and service users, and having clear reporting structures.

“Without transparency and accountability, there can be no quality JSNA process; it simply would not work.”

Dr Fay Haffenden, NHS Cambridgeshire

Investing in the process and designating JSNA capacity will increase stakeholder confidence in the quality of the JSNA and foster good working relationships. The data may be unmanageable without investment.

7. Governance of the JSNA process and products

Outlining JSNA partners’ roles and responsibilities and governance of the process from the beginning is essential. This will assist with monitoring actions and priorities, knowing whether the process is working and how it will be reviewed. The JSNA form and function is commissioned by the members of health and well-being boards following detailed and informed negotiations with other partners. Producing a clear statement of the JSNA’s aims will help measure progress and evaluation. Establishing strong

governance procedures will ensure clear leadership, reduce the risk of partnerships disintegrating in the face of unpopular decisions, and be more respected externally by the NHS Commissioning Board, Public Health England and others.

Confederation viewpoint

We know that a good quality JSNA has the potential to drive improvements, highlight health inequalities and closely inform commissioning. This *Briefing* sets out many examples of useful JSNA 'products' that have made a real difference to understanding local needs.

A weak JSNA, on the other hand, is disconnected from key decision-makers and commissioning and, therefore, removed from local communities. In the past, most JSNAs have focused on

a 'deficit' approach based on indicators of mortality and illness. Relatively few have been balanced by an assessment of the assets, strengths and capacities of local communities, which is clearly more desirable.

We believe that JSNAs have not yet reached their full potential for commissioning in local authority areas. The reform proposals provide a welcome opportunity to extend JSNAs to include health and voluntary partners. However, it will no doubt be challenging for clinical commissioning groups and local authorities to rapidly take up all their new responsibilities. Commissioners face significant financial challenges and tough decisions about what to invest and disinvest in. Optimising the JSNA process and products should help decision-making and guide

the development of local health and well-being strategies and commissioning across health and local government.

We would encourage all partners involved in developing JSNAs to look at the broad determinants of health, such as housing, education and employment, as well as the physical and mental well-being of communities. If the JSNA remains focused on health services, public health and social care alone, it may require fewer resources but will provide a limited analysis of the needs and assets of the community and may not engage or inform key partners, which is surely one of the key benefits.

For more information on the issues covered in this *Briefing*, please contact nicola.stevenson@nhsconfed.org

Further information

Joint strategic needs assessment: a springboard for action. LGID, June 2011.

Other key JSNA resources covering asset mapping, migrant health, integrated working, children, housing and other topics are available at www.idea.gov.uk

Measuring demand – making decisions: a briefing paper exploring the relationship between commissioning and joint strategic needs assessment. North West Joint Improvement Partnership, August 2010: www.idea.gov.uk/idk/aio/23731533

The Association of Public Health Observatories provides technical guidance and access to expertise: www.apho.org.uk

The NHS Information Centre offers a range of tools and information to help complete a JSNA: www.ic.nhs.uk/services/joint-strategic-needs-assessment-jsna

The Royal Society for Public Health Training Solutions JSNA resources: www.rsph.org.uk/jsna

Mental well-being impact assessment – a toolkit for well-being 2011: www.apho.org.uk/resource/item.aspx?RID=95836 This can be used to assess the impact of a JSNA or health and well-being strategy on mental well-being.

Pharmaceutical needs assessments: www.nhsemployers.org/PayAndContracts/CommunityPharmacyContract/Pages/PNA_Guidance.aspx

Primary Care Commissioning: www.pcc.nhs.uk/pharmaceutical-needs-assessment

The NHS Confederation

The NHS Confederation is the only body to bring together the full range of organisations that make up the modern NHS to help improve the health of patients and the public. We are an independent membership organisation that represents all types of providers and commissioners of NHS services. We focus on:

- **influencing** healthcare policy and providing a strong voice for healthcare leaders on the issues that matter to all those involved in healthcare
- helping our members to **make sense** of the whole health and social care system
- **bringing people together** from across health and social care to tackle the issues that matter most to our members, patients and the public.

The Royal Society for Public Health

The Royal Society for Public Health is an independent, multi-disciplinary organisation, dedicated to the promotion and protection of collective health and well-being. We do this through our advocacy, networks, accreditation, education and training services.

www.rsph.org.uk

Local Government Improvement and Development

Local Government Improvement and Development supports improvement and innovation in local government. We work with local authorities and their partners to develop and share good practice. We do this through networks, online resources, and support from councillor and officer peers.

www.idea.gov.uk

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Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 25 November 2011

Subject: NHS Foundation Trust proposals

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

Summary of main issues

1. At the meeting in October 2011, the Board heard from local NHS Trusts about plans to become NHS Foundation Trusts, with a view to seeking the views of the Scrutiny Board in relation to the proposals.
2. The purpose of this report is to present the draft comments / main issues identified by members of the Scrutiny Board to form the basis of the Board's formal consultation response. The draft comments / main issues are presented at Appendix 1 for consideration.

Recommendations

3. To consider and agree or amend (as appropriate) the draft comments / main issues presented at Appendix 1 as the basis of the Board's formal response to the Foundation Trust proposals.

Background documents

None

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Consultation Feedback on Foundation Trust Proposals (Draft)

Governing Bodies and Foundation Trust Membership – For recruitment and consultation purposes the Scrutiny Board recommends:

- a) utilising local electoral wards as a guide rather than Parliamentary constituency boundaries, to ensure all Leeds residents (including relevant WF and BD postcodes) are included.
- b) effort is made to obtain membership from harder to reach communities and those who represent service user groups with regular health or care needs.
- c) Governors to have adequate support to be effective in their roles.
- d) Effective avenues of communication are in place to ensure Foundation Trust Members are provided with meaningful, timely and sufficient information and have the opportunities to present the Foundation Trusts with their views and opinions regarding all aspects of service provision and patient care.

Integrated Health and Social Care Services – Governance Arrangements must be robust to ensure that the responsibilities of the Local Authority are fully discharged under any new joint service initiatives.

Staff Training and Recruitment – The Health and Well-being and Adult Social Care Board welcomes the Foundation Trust's intention to consider a new strategy for education and training programmes with the Leeds Universities. The Board believes that an element of social segregation still exists within the Health Services for certain professions and that recruitment practices need to be reviewed to ensure the workforce reflect the diverse population of Leeds.

The Scrutiny Board welcomes Leeds Community Healthcare NHS Trust's apprenticeship scheme and would encourage other Trusts to follow suit.

Private Income – The Scrutiny Board welcomes the foundation trusts reassurance that the private healthcare provision will not be significantly expanded and recommends that to maintain transparency there is clear separation in terms of governance and financial management.

Quality – The Scrutiny Board notes the concept that Foundation Trust status will deliver an improved service through safety, commissioning, integrated working, patient participation and investing in staff communication and training. The Scrutiny Board will undertake to monitor the delivery of this commitment.

Accountability – The Health and Wellbeing and Adult Social Care Scrutiny Board assert that they are the Statutory Body for holding the Foundation Trusts to account. The Scrutiny Board is seeking clarity around its future role detailed in the current Health and Social Care Bill 2011, which is currently progressing through parliament.

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Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 25 November 2011

Subject: Yorkshire Ambulance Service (YAS) – NHS Foundation Trust proposals

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

Summary of main issues

1. The purpose of the report is to introduce the plans Yorkshire Ambulance Service NHS Trust to become a Foundation Trust and seek the views of the Scrutiny Board in relation to the proposals.

2. NHS Foundation Trusts are a new type of organisation, they are not-for-profit, public benefit corporations. NHS Foundation Trusts continue to provide services to patients on the basis of need and not ability to pay and their primary purpose is to provide NHS care to NHS patients according to NHS quality standards and principles. However, NHS foundation trusts are different from existing NHS trusts in the following ways:
 - They are independent legal entities - Public benefit corporations.
 - They have unique governance arrangements and are accountable to local people, who can become members and governors. Each NHS foundation trust has a duty to consult and involve a board of governors (comprising patients, staff, members of the public and partner organisations) in the strategic planning of the organisation.
 - They are set free from central government control and are no longer performance managed by health authorities. As self-standing, self-governing organisations, NHS foundation trusts are free to determine their own future.
 - They have new financial freedoms and can raise capital from both the public and private sectors within borrowing limits determined by projected cash flows and therefore based on affordability. They can retain financial surpluses to invest in the delivery of new NHS services.
 - NHS Foundation Trusts are overseen and regulated by Monitor

3. Appended to this report for consideration and comment are the proposals of Yorkshire Ambulance Service. The closing date for any comments on the proposals is 4 December 2011.
4. A representative from Yorkshire Ambulance Service has been invited to attend the meeting to outline the proposals and address any questions identified by the Scrutiny Board.
5. Representatives from (YAS) have not been invited to attend the meeting. However, arrangements can be put in place for discussions with YAS if necessary.

Recommendations

6. To consider the Foundation Trust proposals put forward by Yorkshire Ambulance Service NHS Trust and determine any specific comments or consultation response in relation to the proposals.

Background documents

None



Looking to the future

Our plans to become an NHS Foundation Trust



Consultation document



Yorkshire Ambulance Service NHS Trust

Welcome

Welcome to our consultation document which sets out our plans to become an NHS foundation trust.

This means that we will have members of the public to help us shape the way that we provide and develop our services in the future and bring us closer to the communities we serve.

We hope this document will explain what an NHS foundation trust is and give you the opportunity to get involved by giving us your views and ideas on our plans and future direction.

We intend to highlight the significant benefits of becoming an NHS foundation trust and tell you what we have already done towards this.

We have included a number of questions in this document which we would like you to answer. Please let us have your response and include them in a report which we will display on our website so that you can see how they have contributed to our plans.

Whether you are a member of the public, a patient, a member of staff, an NHS colleague or one of our many other stakeholders, we would very much like to hear from you. We also hope that you will choose to become a member of your local ambulance service, the Yorkshire Ambulance Service NHS Foundation Trust.

Find out more about our future plans and consultation at www.yas.nhs.uk/ourfutureplans.

Della Cannings
Chairman



Profile of Yorkshire Ambulance Service

- We provide 24-hour emergency and healthcare services to more than five million people.
- An accident and emergency ambulance service which responds to 999 calls. This includes our communications centres in Wakefield and York where staff arrange the most appropriate response to meet patients' needs, and our ambulance staff who go out to patients and provide immediate clinical care.
- A non-emergency patient transport service which takes patients who are eligible for the service to and from their hospital appointments.
- A private and events service which includes medical cover for football matches, race meetings, concerts, festivals and so on. We also provide ambulance transport for private hospitals, corporations and individuals. You can call the private and events service on 01904 666098.
- A GP out-of-hours service which handles calls to some primary care trusts across Yorkshire and beyond.
- Commercial first-aid training services in our local community, approved by the Health and Safety Executive. We invest any profits we receive from providing these services back into Yorkshire Ambulance Service to improve patient care. For more information, contact our Commercial Training Department (email fristaid@yas.nhs.uk or phone 0114 257 3405).



Did you know?

In 2010-11, we received 725,349 emergency and urgent calls (an average of over 1,980 a day) and responded to 615,893 incidents (we categorised 240,347 of these as immediately life-threatening).

We are the second largest provider of non-emergency transport in the UK.

Our Patient Transport Service Communications Centre dealt with over 243,000 calls in 2010-11.

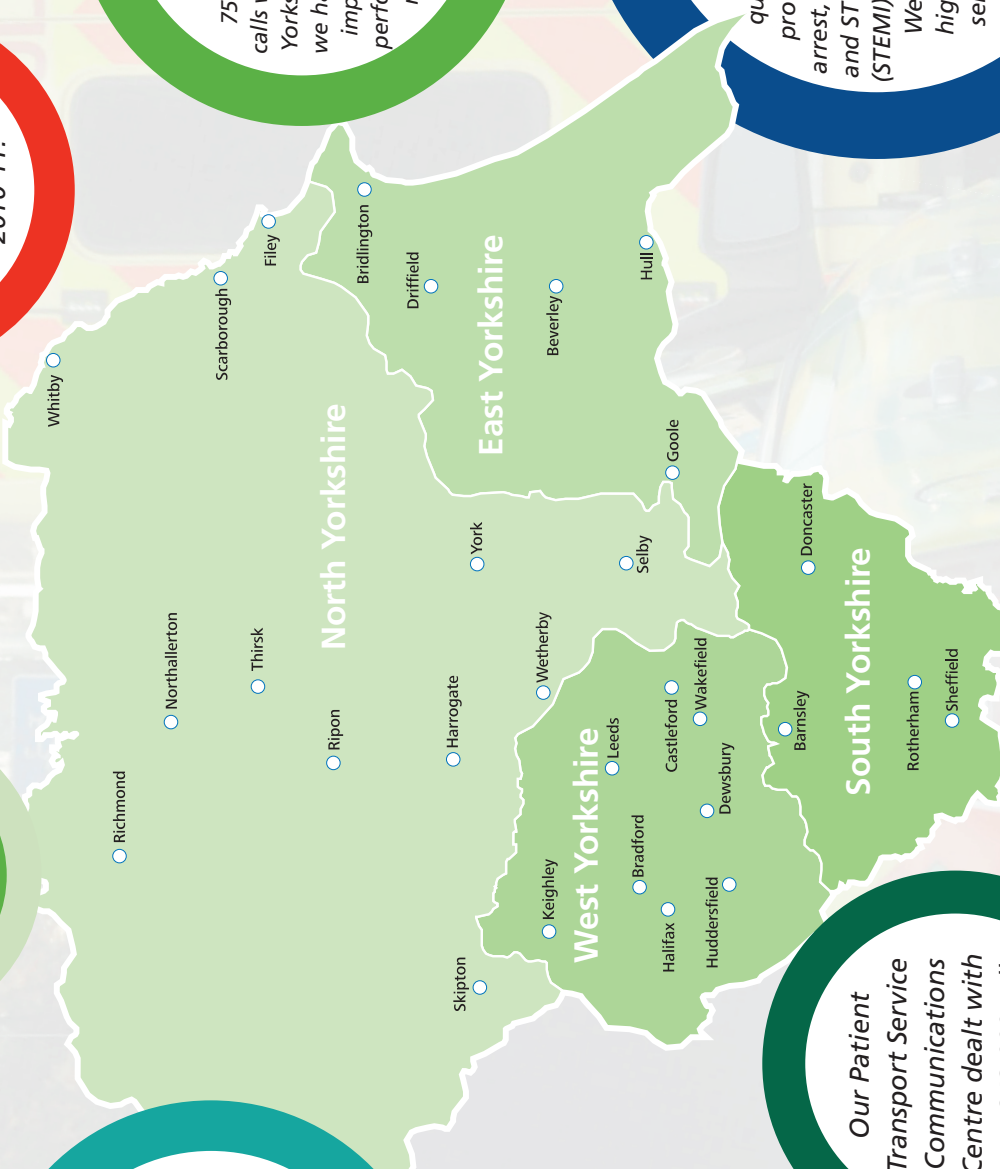
Our service covers almost 6,000 square miles, from isolated moors and dales to built-up areas, coastline and inner cities.

Patients used our non-emergency patient transport service for over one million journeys in 2010-11.

We employ more than 4,400 staff and have over 3,500 volunteers.

The national target is to reach 75% of life-threatening Yorkshire Ambulance Service calls within eight minutes. At York we have been making steady improvements in our A&E performance and have been meeting this target.

We are also measured for the quality of the clinical care we provide to patients with cardiac arrest, asthma, stroke, hypoglycaemia and ST elevation myocardial infarction (STEMI), which is a type of heart attack. We are consistently among the highest-performing ambulance services in these five national clinical performance indicators.



Mission, vision and values

Our mission is as follows:

'Saving lives, caring for you'

Our vision is as follows:

'To provide an ambulance service for Yorkshire which is continuously improving patient care, high performing, always learning and delivers value for money'



Our values are as follows:

Working together for patients

We work with others to give the best care we can

Everyone counts

We act with openness, honesty and integrity - listening to and acting on feedback from patients, staff and partners

Commitment to quality of care

We always give the highest level of clinical care

Always compassionate

Our staff are professional, dedicated and caring

Respect and dignity

We treat everyone with dignity, courtesy and respect

Enhancing and improving lives

We continuously seek out improvements

Our journey

To help us achieve our vision, we have started our journey to become an NHS foundation trust. This will give us more freedom from central government control and will mean that we can make more independent decisions about the way we provide and develop our services. Our 'members' (who will be staff, patients and members of the public) will influence our decisions to make sure they will benefit our local communities.

Our plans for the future

We want to grow and develop our services so that we can continue to provide high-quality patient care. To do this, we need to understand how the healthcare needs of our patients and the population are changing. Whether patients have a life-threatening injury or illness, a complex medical or long-term condition or just a healthcare enquiry about a less serious condition, we need to support them in the right way and provide the right advice and clinical response.



Our priorities

We have identified the following priorities as ways in which we can develop our service to continue to improve over time.

111 number

We have seen calls to our service increase over the years. We know that sometimes people don't need an emergency ambulance, but often they don't know how else to get the help they need.



That is why we plan to support a different option - a 111 number for calls that are less urgent than 999 calls.

This is part of a national programme to make sure there is an alternative to 999. To make this happen for the people of Yorkshire and the Humber, we will be bidding for this service, which is due to start in April 2013.

This will improve access to our services for patients, and also protects the 999 service so that we can get to patients with more serious illnesses and injuries, who need a fast response, more quickly in the future.

**Have your say.
See the
questionnaire
on the inside
back cover**

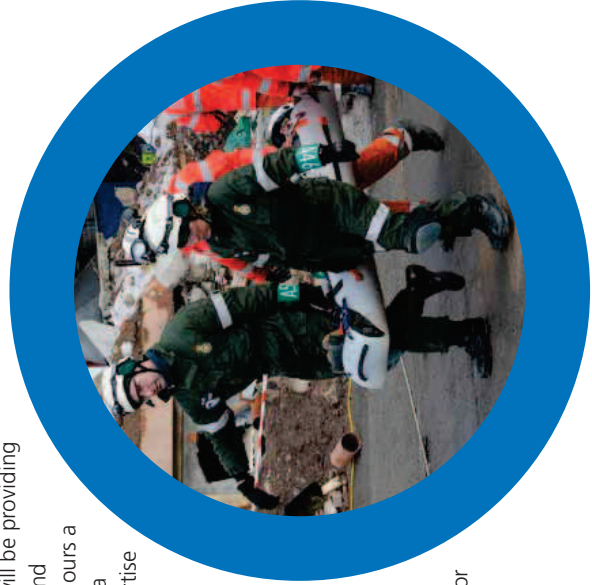
Major trauma

Major trauma is a serious and life-threatening physical injury which often happens following an accident. Patients need emergency access to a wide range of clinical services and expertise 24 hours a day, seven days a week as getting the right care at the right time is crucial to survival. Our service is the first step for patients who need expert clinical care.

We are committed to working with all areas of the healthcare system to improve the early identification of major trauma, increase our expert emergency clinical response and make the best use of major trauma centres.

We will be placing a senior paramedic in our communications centre to decide which calls are major trauma cases, and will work with trauma clinicians to co-ordinate the most appropriate response. We will be providing

skilled doctors and paramedics 24 hours a day, seven days a week with expertise in the treatment of major trauma patients receive before they arrive at hospital. Patients will be taken to the designated major trauma centres by road or air ambulance.



Improving clinical outcomes

Over the next five years, we will focus on three main areas which are linked to improving the clinical outcomes for patients who use our service. These are related to patients who have had a stroke, a cardiac arrest or ST elevation myocardial infarction (STEMI), which is a type of heart attack.

We know that it is important to get to patients quickly if they are having a cardiac arrest or STEMI, but we also know that the survival rates for these patients depend on the quality of the care they receive. We have seen improvements in the numbers of patients who survive a cardiac arrest, but we think we can improve this further. Our priorities are to:

- develop our resuscitation training programme for qualified Yorkshire Ambulance Service clinicians
- continue to educate the public in basic life support and increase the number of community first responders who can start to treat patients immediately, particularly in rural areas; and
- continue to support the use of automated external defibrillation devices which can be used by people in the community with limited training. These are used to deliver a shock to the heart of a patient who is in cardiac arrest to try to regain a normal heart rhythm.

Stroke is the single largest cause of disability in adults. Care for people who have had a stroke has significantly improved since 2005, but again we think that we can improve this further.

For patients who are having a stroke, it is important to recognise the symptoms quickly, so patients can receive treatment and access specialist stroke centres quickly.

Our priorities are to make sure that our staff and the public are trained to recognise the symptoms of stroke early, as highlighted by the national FAST campaign, and we will work across the healthcare community to make sure we can take patients to the most appropriate treatment centre.

Do you support
our plans for
the future?

More about NHS foundation trusts

NHS foundation trusts are a new way of managing the NHS. Each NHS foundation trust will be slightly different in how it is run, but here is a brief guide about these NHS trusts.

1. What are NHS foundation trusts?

NHS foundation trusts are membership organisations that are free from central government control. If NHS foundation trusts make a profit from providing their services, they can invest this back into their services. NHS foundation trusts also have more freedom to borrow for capital projects such as new buildings.

We will need to run our services more efficiently and focus more closely on how we manage our finances. Our income will have to be the same as what we spend or, better still, be a little higher than what we spend so we can use the extra to fund future projects to benefit our patients.

NHS foundation trusts have to deliver on national targets and standards like the rest of the NHS, but they are free to decide how they achieve this. There is an independent regulator called Monitor to protect the public interest.



2. What difference will it make to me if the ambulance service becomes an NHS foundation trust?

By becoming an NHS foundation trust, we will still have to meet national targets for responding to 999 emergency calls and providing high quality clinical standards. We will continue to work in line with NHS principles, but will have more freedom to make our own decisions about how we are run.

You will be able to share your views about the way in which we run our organisation, and we will listen to your ideas on our future plans. You will be helping us to improve our services. We will make decisions locally based on the views of staff and local communities. Following the agreement of our commissioners, we will be able to invest money back into developing local services.

3. Why do you want to be an NHS foundation trust?

Becoming an NHS foundation trust will give us more freedom to decide how to run and deliver services. We also expect to see the following benefits if we become an NHS foundation trust:

- Becoming a membership organisation will develop our approach to listening to our key stakeholders and asking for their views. We will also look for new ways to actively involve people in our decision-making.
- More financial flexibility will allow us to look at wider funding options for our work.

Have your say.
See the
questionnaire
on the inside
back cover

4. Are foundation trusts outside the NHS?

No. Foundation trusts are part of the NHS and are committed to its main principles of treating NHS patients, free of charge, in line with their medical needs.

In general, NHS foundation trusts have continued to work with other NHS partners in the best interests of patients. That is what we want to do. They remain part of the public service.

5. Are NHS foundation trusts a way to privatise ambulance services?

No. By law, NHS foundation trusts must use their assets to promote their main purpose which is to provide NHS care to NHS patients - free care based on people's needs, not their ability to pay.

6. Will becoming an NHS foundation trust mean you have more money for services?

The financial situation for all trusts continues to be challenging and we cannot expect to receive extra income simply by becoming an NHS foundation trust. Although we can borrow money to invest, we would need to be able to repay the loan with interest. However, becoming an NHS foundation trust does mean that if we become more efficient and get our strategy right, we will gain money to invest in clinical innovation and better services for patients, which is what we all want.

Planning our services on a five-year cycle will give us more flexibility, but it will also mean we need to be more careful with our money.

7. How are NHS foundation trusts regulated?

As with all other NHS organisations, the Care Quality Commission inspects NHS foundation trusts against national standards and produces a yearly performance rating for each trust. The independent regulator of NHS foundation trusts, Monitor, receives copies of these inspection reports and, if a trust is failing to meet the Care Quality Commission's standards, decides what action is needed.

Monitor's role is to give NHS foundation trusts the freedom they need to meet local needs, while protecting the interests of the public. Normally, Monitor will not need to take any action. However, it does have the power to step in if an NHS foundation trust finds itself in difficulty or is not operating properly.



**Have your say.
See the
questionnaire
on the inside
back cover**

8. Will becoming an NHS foundation trust mean more bureaucracy?

It should mean less bureaucracy. We will no longer be supervised day-to-day by our strategic health authority and the Department of Health. The public interest will be protected by the regulator, Monitor, which will check that we run the services we have to run by law, that our finances are sound, and that we manage ourselves properly. They will be much less concerned with the detailed decisions we make on services.

One of the benefits of becoming an NHS foundation trust is that we will be responsible for our own decisions. We will set up a Council of Governors to represent our members and work with the Board of Directors on our plans for the future. We think talking and listening to our patients and local people is a positive step forward.

9. What happens if you don't become an NHS foundation trust?

The Government has said that all NHS trusts will become NHS foundation trusts, or be part of one. If we are not able to become an NHS foundation trust on our own we will be merged with, or taken over by, an existing NHS foundation trust. This would mean we would lose our independence and the focus of the organisation on providing a quality ambulance service for Yorkshire. We would have to compete for funding and resources with a range of other services in a much larger organisation.



10. What will members do?

Members will work with us to represent their local communities or groups and tell us about their needs. They will be represented by a Council of Governors (some governors will be elected and some will be appointed) which will work with the Board of Directors to influence how we develop and provide services in the future.

Becoming a member of the Trust means you can get involved in the decisions we make and you will have the opportunity to influence the way we develop our services.

We are hoping that our members will include members of the public and our staff. We understand that some people will want to be more involved than others and you will be able to be involved as much or as little as you want.

- We will keep members informed about our organisation and how it is developing.
- Members will tell us about the needs and views of the local community.
- We will discuss our future plans for services with members.
- Members will be able to vote in elections to appoint representatives to the Council of Governors.
- Members will be able to put their name forward for election to serve on the Council of Governors.
- Members will take part in focus groups to help us understand more about important issues such as patients' experiences.



How do you think we should encourage people to become members and governors?

Who can be public members?

Everybody who lives in the Yorkshire area and is over the age of 16 will be able to become a member free of charge. Members will belong to one of four public constituencies depending on where they live.

We want our members to reflect the varied background of the people we serve. This means we will welcome anyone aged 16 and above and from all areas and all backgrounds.

Do you agree with the minimum age of 16 for membership?

Who can be staff members?

All of our permanent employees, and people on contracts of more than 12 months will be eligible to become members. We are proposing an 'opt-out' scheme which means that all eligible staff will automatically become members unless they tell us they do not want to join. Staff will join one of two staff constituencies covering front-line staff and support staff.

Front-line staff will include everyone who provides direct patient care, whether face-to-face or over the phone. This will include all our A&E clinical staff and Patient Transport Service staff working on vehicles and at reception centres. It also covers our phone-based services including staff who take our 999 calls and decide on the most appropriate response to best meet patients' needs. About three-quarters of our staff are classed as front-line staff.

Support staff will include people who work for our fleet and estates departments, finance, IT, administrative support and other services who do not provide direct patient care.

Do you agree with the split between front-line and support staff?

Public constituencies

We are proposing the following four constituencies for members of the public which match the four areas we serve in Yorkshire.

- East Yorkshire
- North Yorkshire
- South Yorkshire
- West Yorkshire

Members of the public who want to become members will join the public constituency for their area. They will be able to stand for and represent that area or vote for their governor to represent them on the Council of Governors.

Do you agree with the proposed public constituencies?



The Council of Governors

Members who join the NHS foundation trust will be able to stand as governors, or elect someone else to be a governor. The governors, along with some governors we appoint, will form the Council of Governors. We believe that if you are old enough and responsible enough to be a member, you should also be able to stand for the Council of Governors, so we are proposing that the minimum age for governors should also be 16.

Anybody who is a member of the NHS foundation trust will be able to stand as a governor, as long as they have never been violent or abusive to NHS staff and are not bankrupt.

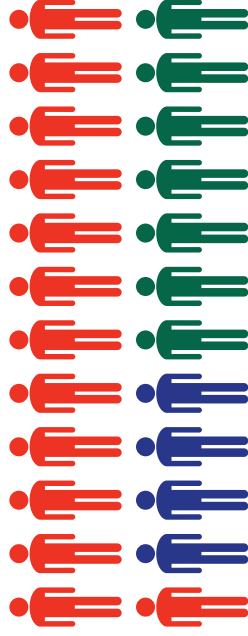
The duties of the Council of Governors include:

- appointing the Chairman and other non-executive directors;
- approving the appointment of the chief executive;
- appointing the auditors;
- considering the annual report and accounts every year;
- being consulted on the development of our future plans; and
- involving local communities in our plans for the future.

Do you agree that the minimum age of governors should be 16?



We propose that the Council of Governors will have 24 members, made up of the following:



Do you agree with our proposals for how the Council of Governors will be made up?

Thirteen public governors

These will be elected by members in the four constituencies - six from West Yorkshire, three from South Yorkshire, two from North Yorkshire and two from East Yorkshire. These numbers reflect the population sizes in the four areas.

Four staff governors

These will be elected by staff - three from front-line staff and one from support staff. Again this is based on the numbers of people in each group.

Seven appointed governors

These will be from organisations that reflect the important day-to-day working relationships that allow us to do our job. Two appointed governors will be from the local primary care trusts, two from local councils, and one each from the local police, a hospital with an emergency department and a local mental health trust. When it is time to invite organisations to appoint these governors, we will keep in mind the need to balance the four areas of Yorkshire and the needs of built-up and rural communities.

Foundation Trust Consultation
Yorkshire Ambulance Service NHS Trust
Springhill 2
Wakefield 41 Business Park
Brindley Way
Wakefield
WF2 0XQ

The Council of Governors will be chaired by the Chairman of the Trust.

The Board of Directors

The Board of Directors is responsible for the day-to-day management of the Trust and its strategic development, including:

- planning our strategy - vision, values, strategic plans and decisions;
- making sure we take responsibility for our actions and decisions - aiming for excellent performance and high quality services;
- shaping the culture of our organisation - focusing on patients, promoting our values and putting them into practice; and
- working with stakeholders, from both within and outside our organisation, to support delivery of our aims and objectives.

We propose that the Board should be made up of:

- up to seven non-executive directors plus the Chairman; and
- six executive directors including a chief executive and director of finance. One of the six executive directors will have to be a registered doctor and one a registered nurse.

The Council of Governors will appoint the Chairman and the non-executive directors.

The chief executive and other executive directors, who manage the service on a day-to-day basis, will be appointed by the Chairman and the other non-executive directors.

Have your say

There are a number of ways in which you can take part in this consultation process.

You can fill in the short questionnaire opposite and return it to us by 4 December 2011.

Or, you can email your comments to foundationtrust@yas.nhs.uk or visit our website at www.yas.nhs.uk/ourfutureplans and fill in the questionnaire online.

1. Please tell us a little about yourself

As part of our consultation we need to record where you live and some information about you. This is to show we are consulting as widely as possible across Yorkshire and the people who live here.

Your postcode:

Date of birth (dd/mm/yyyy): / /

Are you: male? female?

Which of the following ethnic groups do you belong to? <i>Please tick one box only.</i>	<input checked="" type="checkbox"/>
White - British	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>
White - other <i>(please give details)</i>	<input type="checkbox"/>
Mixed - white and black African	<input type="checkbox"/>
Mixed - white and Asian	<input type="checkbox"/>
Mixed - other <i>(please give details)</i>	<input type="checkbox"/>
Asian - Indian	<input type="checkbox"/>
Asian - Pakistani	<input type="checkbox"/>
Asian - Bangladeshi	<input type="checkbox"/>
Asian - other <i>(please give details)</i>	<input type="checkbox"/>
Black or black British - Caribbean	<input type="checkbox"/>
Black or black British - African	<input type="checkbox"/>
Black or black British - other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Other <i>(please give details)</i>	<input type="checkbox"/>
Which of the following are you?	<input type="checkbox"/>
A member of the public	<input type="checkbox"/>
A member of staff	<input type="checkbox"/>

If responding on behalf of an organisation *(please tell us which organisation):*

2. Questions we would like you to consider

Do you support our plans for the future? Yes No

Comments:

Do you agree with the minimum age of 16 for membership? Yes No

Comments:

Do you agree that the minimum age of governors should be 16? Yes No

Comments:

Do you agree with the proposed public constituencies? Yes No

Comments:

Do you agree with the split between front-line and support staff? Yes No

Comments:

Do you agree with our proposals for how the Council of Governors will be made up?

Yes No

Comments:

How do you think we should encourage people to become members and governors?

Comments:

Do you have any other comments? Yes No

Comments:

3. Your chance to become a member

To help make our organisation a strong NHS foundation trust, we need to recruit members from across the area and from all walks of life. You can become part of the NHS foundation trust right now - just fill in your details below and we will do the rest. There are no fees or costs associated with joining.

Would you like to become a member?

Yes No

First name:

Surname:

Address:

Postcode:

Email:

Home phone:

Mobile:

Please tick this box if you do not want your name and constituency to appear on the public register.

We hold information in line with the Data Protection Act. We will not sell or release this information to anybody else. We will only use the information to contact you about our organisation, membership or other health issues, and will store and process it in line with the Data Protection Act 1998.

I apply to be a member of Yorkshire Ambulance Service NHS Trust and agree to keep to the rules of the organisation.

I give you permission to process my information.

Your signature:

Date:

Or, you can register your interest on-line at www.yas.nhs.uk/ourfutureplans and then go to the 'Get Involved' section.

We will be publishing the results of the consultation early in 2012. If you want us to contact you with these, please fill in your details above and tick here.



What happens next?

After the consultation is completed in December 2011, we will analyse the results and present the feedback to our Board. The Board will then consider the suggestions and decide if we should make any changes to our plans.

We will publish the results of our public consultation along with any changes we have made as a result.

The consultation will form part of our application to become an NHS foundation trust which will go to the Department of Health in the summer of 2012.

Contact details

Write to:

Foundation Trust Membership Officer
Yorkshire Ambulance Service NHS Trust
Springhill 2, Brindley Way
Wakefield 41 Business Park
Wakefield, West Yorkshire
WF2 0XQ

Phone: 01924 584567

Email: foundationtrust@yas.nhs.uk

Thank you for taking the time to fill in this form. We appreciate your support.

If you would prefer this document in a different format such as another language, in large print, in Braille or on audio tape, please contact our corporate communications department at our headquarters.

Email: corp-comms@yas.nhs.uk

Phone: 0845 124 1241



Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 25 November 2011

Subject: Work Schedule – November 2011

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

Summary of main issues

1. In July 2011, the Board identified the following priority areas for inclusion in its work schedule during the current municipal year:
 - Reducing smoking in the over 18s (as detailed in the Board's Terms of Reference agreed by Council);
 - Service Change and Commissioning in Adult Social Care (as detailed in the Board's Terms of Reference agreed by Council);
 - Reducing avoidable admissions to hospital and care homes (as detailed in the Board's Terms of Reference agreed by Council);
 - The transformation of Health and Social Care Services (as detailed in the Board's Terms of Reference agreed by Council);
 - Consultation (across adult social care and health);
 - Health inequalities; and,
 - Leeds Crisis Centre (follow-up on the work from the previous Adult Social Care Scrutiny Board).

2. These were presented as a draft work schedule at the to the September meeting of the Scrutiny Board. **An updated work schedule is attached as Appendix 1.** This should be considered as a live document and may be subject to change, to reflect any changing and/or emerging priorities identified by the Scrutiny Board. As such, it should be noted that the work schedule is likely to be subject to change throughout the municipal year.

3. Attached at **Appendix 2 is the Council's current Forward Plan (1 November 2011 – 29 February 2012)** relating to the Board's portfolio and terms of reference.

Attached at **Appendix 3** are the **Executive Board minutes from the meeting held on 2 November 2011**.

4. A summary of the proposed approach for the main areas of inquiry, currently detailed on the work schedule, are presented below:

Reducing smoking

5. Consideration of a report on the development of the Tobacco Reduction Strategy from the Director of Public Health (**December 2011**).

Service Change and Commissioning in Adult Social Care and Reducing avoidable admissions to hospital and care homes

6. Proposed activity will include general input into the Health (and Adult Social Care) Service Developments working group, where an outline of matters detailed on the Council's forward plan will be provided, in addition to horizon scanning of future issues and/or NHS service changes/ developments.
7. At the meeting in October, it was agreed that at the **January 2012** Scrutiny Board meeting to focus on Health and Social Care Service Integration: considering the implications (including governance issues) for the organisations involved, alongside the benefits for service users. In particular this will cover the following services / areas:
 - (a) Harry Booth House (integration of services provided by Adult Social Services and Leeds Community Healthcare NHS Trust)
 - (b) Integration of community Social Work Teams (integration of services provided by Adult Social Services and Leeds Community Healthcare NHS Trust)
 - (c) Working age adults with enduring mental health issues ((integration of services provided by Adult Social Services and Leeds Partnerships NHS Foundation Trust)
 - (d) Other areas under consideration/ development

The transformation of Health and Social Care Services

8. Further update on the work of the Transformation Board and associated projects / work streams coordinated by NHS Leeds (**February 2012**).

Consultation

9. Second session of the Board inquiry planned for **December 2011**. This will involve Local Clinical Commissioning Groups to outline how it is intended to take forward the responsibility for public involvement and engagement in the planning of services, potentially including the role of the Commissioning Support Unit.
10. Arrangements are also in place for a representative from Leeds Involvement Project to provide the Scrutiny Board with an additional view around the benefits of service user involvement and engagement, what may constitute good practice and any concerns/ issues associated with current and/or future practice.

Health inequalities

11. Elsewhere on the agenda, the Director of Public Health has provided a report/ presentation covering the following matters:

Part 1

- Background to the JSNA and why its important;
- The key messages arising from previous iterations of the JSNA (1st and 2nd editions), including particular areas of identified and unmet needs
- Areas for development for the 3rd iteration of the JSNA.

Part 2

- An overall assessment of the impact of the previous iterations (1st and 2nd editions) of the JSNA across the Council.
- Issues to address to [further] mainstream the JSNA in the commissioning and planning of services and general work of the Council.
- Role of the [shadow] Health and Wellbeing Board and its [potential] relationship with the Scrutiny Board.

12. Using some of the information provided, it is anticipated that the Board will identify some specific areas for more detailed examination. This may include the contribution of a number of Council Directorates and/or City Partnerships. As previously outlined, it is likely that such an approach will require an additional meeting(s) and/or a working group arrangement during January / February 2012. **The Scrutiny Board is asked to give specific consideration in this regard.**
13. With regard to the development of the [shadow] Health and Wellbeing Board, it should be noted that the initial meeting of this body took place on 14 October 2011. Once available, the minutes from that meeting will be provided to the Scrutiny Board for information. However, a factsheet produced by Leeds Initiative is appended to this report for information.

Leeds Crisis Centre (follow-up on the work from the previous Adult Social Care Scrutiny Board)

14. As agreed at the October 2011 meeting, in lieu of an inquiry into the impact of the closure of the Crisis Centre, the Director of Adult Social Care has been asked to submit a monitoring report to a future Board meeting (**most likely the February 2012 meeting cycle**), setting out re-provision of services and the impact of change on service users since the closure of the Crisis Centre. This report should be supported by data providing information on the alternative services and pathways offered to those people who used, or would have used the Crisis Centre.

Request for Scrutiny: Arrangements for meeting needs of blind and visually impaired people in Leeds

15. Following the request for scrutiny received and considered at the October 2011 meeting, arrangements are being put in place for a site visit (to Fairfax House) and a working group during December 2011. The outcome/ findings of the Scrutiny Board working group will be reported to Executive Board in January 2012.

Recommendations

16. To consider the information presented and agree/ amend the work schedule presented in Appendix 1, as appropriate.

Background documents

17. None used

Scrutiny Board (Health and Well-Being and Adult Social Care)

Work Schedule for 2011/2012 Municipal Year

	Schedule of meetings/visits during 2011/12		
	October	November	December
Area of review (detailed in the Scrutiny Board Terms of Reference)			
Reducing smoking in the over 18s			SB 21/12/11 – report from Director of Public Health on Tobacco Reduction Strategy
Service Change and Commissioning in Adult Social Care		WG – 7/11/11	
Reducing avoidable admissions to hospital and care homes			
The transformation of Health and Social Care Services			
Board initiated piece of Scrutiny work (if applicable)			
Future options for long term Residential and Day Care Services for Older People			
Consultation (across adult social care and health)			SB 21/12/11 – 2 nd session to include input from CCG and Leeds Involvement Project
Health inequalities	SB – 28/10/11 – JSNA update	SB 25/11/11 – report from Director of Public Health	
Leeds Crisis Centre	SB – 28/10/11 – representing the proposed terms of reference		

**Scrutiny Board (Health and Well-Being and Adult Social Care)
Work Schedule for 2011/2012 Municipal Year**

	Schedule of meetings/visits during 2011/12		
	October	November	December
Request for Scrutiny: Arrangements for meeting needs of blind and visually impaired people in Leeds			Site visit to Fairfax House – 9/12/12 WG meeting – 21/12/11
Recommendation Tracking			SB – 21/12/11 – consider progress against previous reviews / recommendations: <ul style="list-style-type: none"> • Promoting good public health • Adaptations
Performance Monitoring			SB – 21/12/11 – Quarter 2 report

Scrutiny Board (Health and Well-Being and Adult Social Care)

Work Schedule for 2011/2012 Municipal Year

Schedule of meetings/visits during 2011/12			
	January	February	March
Area of review (detailed in the Scrutiny Board Terms of Reference)			
Reducing smoking in the over 18s		SB report and recommendations to be agreed	
Service Change and Commissioning in Adult Social Care	SB report — 25/1/12 focusing on Health and Social Care Service Integration: considering the implications (including governance issues) for the organisations involved, alongside the benefits for service users.		
Reducing avoidable admissions to hospital and care homes			
The transformation of Health and Social Care Services		SB 29/2/12 – Update report from NHS Leeds	
Board initiated piece of Scrutiny work (if applicable)			
Future options for long term Residential and Day Care Services for Older People			
Consultation (across adult social care and health)		Final SB report and recommendations to be agreed	
Health inequalities	Additional input from a range of Directorates across the Council, to help the Board assess the extent to which service planning, commissioning and delivery may have changed as a result of the information/ data available through the JSNA. <i>NB additional meeting(s) may be required.</i>		
Leeds Crisis Centre		SB 29/2/12 – monitoring report from ASC (including data from NHS Leeds) on service user access	

**Scrutiny Board (Health and Well-Being and Adult Social Care)
Work Schedule for 2011/2012 Municipal Year**

	Schedule of meetings/visits during 2011/12		
	January	February	March
Request for Scrutiny: Arrangements for meeting needs of blind and visually impaired people in Leeds			
Recommendation Tracking			
Performance Monitoring	SB – 25/1/12 – Quarter 3 report		

**Scrutiny Board (Health and Well-Being and Adult Social Care)
Work Schedule for 2011/2012 Municipal Year**

	Schedule of meetings/visits during 2011/12		
	April	May	
Area of review (detailed in the Scrutiny Board Terms of Reference)			
Reducing smoking in the over 18s			
Service Change and Commissioning in Adult Social Care	Final SB report and recommendations to be agreed		
Reducing avoidable admissions to hospital and care homes			
The transformation of Health and Social Care Services			
Board initiated piece of Scrutiny work (if applicable)			
Future options for long term Residential and Day Care Services for Older People			
Consultation (across adult social care and health)			
Health inequalities	Final SB report and recommendations to be agreed		
Leeds Crisis Centre			

**Scrutiny Board (Health and Well-Being and Adult Social Care)
Work Schedule for 2011/2012 Municipal Year**

	Schedule of meetings/visits during 2011/12		
	April	May	
Request for Scrutiny: Arrangements for meeting needs of blind and visually impaired people in Leeds			
Recommendation Tracking			
Performance Monitoring			



FORWARD PLAN OF KEY DECISIONS

Relating to Health & Wellbeing and Adult Social Care Scrutiny Board

1 November 2011 – 29 February 2012

LEEDS CITY COUNCILFORWARD PLAN OF KEY DECISIONS

For the period 1 November 2011 to 29 February 2012

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
12 month extension period for the Independent Sector Home Care contracts and for the Independent Living Options Contracts Request to invoke Contract Procedure rule 2.5. To extend contracts for the Independent Sector home care services within their terms	Director of Adult Social Services	1/11/11	Home care programme board	Extension Report	mark.phillott

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
Award of contract to Leeds Partnerships Foundation Trust for the care and support services to adults with learning disabilities To invoke contract procedure rule 31.4 (to allow waiver of contracts procedure rule 13)	Director of Adult Social Services	1/11/11	In 2008 the Department of Health announced a national programme to transfer all funding and commissioning of social care for adults with learning disabilities from the NHS to Local Authorities under the auspices of Valuing People Now. Following a period of national consultation statutory bodies were required locally to agree the amounts for transfer with a principle of no betterment for either party. Relevant local Boards were informed of the requirement as detailed. From 2011/12 allocations previously made to the NHS are made directly to local authorities. The contract referred to formed part of this overall transfer of funding being a social care service formally commissioned by NHS Leeds	Report to the Director	janet.wright@leeds.gov.uk

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
Learning Disability Framework Procurement The award of the Framework Agreement to provide supported living services for people with learning disabilities	Director of Adult Social Services	1/11/11	Adult Commissioning Board	The report requesting the award of the Framework Agreement to provide supported living services for people with learning disabilities from December 2010 for a period of 2 years until December 2012 with an option to extend for a further 1x12 month and 1x12 month periods	Director of Adult Social Services janet.wright@leeds.gov.uk

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
<p>Mental Health Partnerships between Adult Social Care and Leeds Partnerships NHS Foundation Trust</p> <p>To approve recommendations for a new model of health and social care partnership in delivering mental health services</p>	<p>Executive Board (Portfolio: Adult Health and Social Care)</p>	<p>14/12/11</p>	<p>Service users, carers and staff are being involved in the process of developing the proposed model of service via consultation events, questionnaires and involvement in workstreams. If proposals are approved formal consultation will take place with staff and unions around the proposed changes - this will be led by the HR workstream. Communication and Engagement workstream will produce a communication plan detailing consultation with all stakeholders prior to and during implementation.</p>	<p>The report to be issued to the decision maker with the agenda for the meeting</p>	<p>kim.adams@leeds.gov.uk</p>

LEEDS CITY COUNCIL

BUDGET AND POLICY FRAMEWORK DECISIONS

Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be considered by Decision Maker	Lead Officer
Vision for Leeds	Council	To be confirmed	Via Executive Board, all Scrutiny Boards	Report to be issued to the decision maker with the agenda for the meeting	Assistant Chief Executive (Planning, Policy and Improvement)
Council Business Plan	Council	July 2013	Via Executive Board, all Scrutiny Boards	Report to be issued to the decision maker with the agenda for the meeting	Assistant Chief Executive (Policy, Planning and Improvement)
Health and Wellbeing City Priority Plan	Council	July 2013	Via Executive Board, Scrutiny Board (Health & Wellbeing and Adult Social Care), Leeds Initiative Board, Health and Wellbeing Board	Report to be issued to the decision maker with the agenda for the meeting	Director of Adult Social Care

NOTES:

The Council's Constitution, in Article 4, defines those plans and strategies which make up the Budget and Policy Framework. Details of the consultation process are published in the Council's Forward Plan as required under the Budget and Policy Framework.

Full Council (a meeting of all Members of Council) are responsible for the adoption of the Budget and Policy Framework.

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EXECUTIVE BOARD

WEDNESDAY, 2ND NOVEMBER, 2011

PRESENT: Councillor K Wakefield in the Chair

Councillors J Blake, A Carter, M Dobson,
R Finnigan, S Golton, P Gruen, R Lewis,
A Ogilvie and L Yeadon

111 Exempt Information - Possible Exclusion of the Press and Public

RESOLVED – That the public be excluded from the meeting during the consideration of the following parts of the agenda designated as 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 1 and Plan 2 to the report referred to in Minute No. 119 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 a particular person and of the Council. This information is not publicly available from the statutory registers of information kept in respect of certain companies and charities. It is considered that since this information was obtained through one to one negotiations with the Developer, it is not in the public interest to disclose this information at this point in time.
- (b) Appendices B and C to the report referred to in Minute No. 123 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that they contain commercially sensitive information on the City Council's approach towards procurement issues, and commercially sensitive pricing and information about the commercial risk position of bidders, where the benefit of keeping the information confidential is considered greater than that of allowing public access to the information.

112 Late Items

There were no late items as such, however, it was noted that supplementary information had been circulated to Board Members following the despatch of the agenda as follows:-

- (a) An addendum to the report entitled, 'Informal Consultation on Housing Growth' (Minute No. 118 refers).
- (b) Correspondence received on 31st October 2011 regarding the report entitled, 'Response to Leeds Owl Trail Deputation' (Minute No. 127 refers).

- (c) Correspondence received on 1st November 2011 regarding the report entitled, 'Residual Waste Treatment PFI Project – Response to Leeds Friends of the Earth Deputation' (Minute No. 122 refers).

113 Declaration of Interests

Councillors Wakefield, R Lewis, Golton, Gruen, Ogilvie, Blake, Dobson and Yeadon all declared personal interests in the agenda item entitled, 'Leeds Initiative Sub Board Arrangements', due to their respective memberships of Leeds Initiative Boards and Partnerships (Minute No. 138 referred).

Councillors R Lewis, Finnigan and Ogilvie all declared personal interests in the agenda item entitled, 'ALMO Review Update', due to their respective memberships of ALMO Boards and Panels (Minute No. 124 referred).

Councillors Finnigan and Gruen both declared personal interests in the agenda items entitled, 'Land at Thorpe Park, Colton', 'Residual Waste Treatment PFI Project – Response to Leeds Friends of the Earth Deputation' and 'Waste Solution for Leeds – Residual Waste Treatment PFI Project', due to respective memberships of Plans Panel (East) (Minute Nos. 119, 122 and 123 referred).

A further declaration of interest was made at a later point in the meeting (Minute No. 124 referred).

114 Minutes

RESOLVED – That the minutes of the meeting held on 12th October 2011 be approved as a correct record.

115 Matters Arising from the Minutes

Minute No. 101 – Leeds Home Insulation Scheme

Responding to Members' enquiries, the Executive Member for Environmental Services provided the Board with an update in respect of the ongoing work being undertaken on the Home Insulation Scheme.

DEVELOPMENT AND THE ECONOMY

116 Deputation to Council 14th September 2011 - Residents of Farnley and Wortley opposing the supermarket development at Stonebridge Mills, Stonebridge Lane, Leeds 12

The Director of City Development submitted a report responding to the issues and concerns raised by the deputation to Council on 14th September 2011 from residents of Farnley and Wortley opposing the supermarket development at Stonebridge Mills, Stonebridge Lane, Leeds. In addition, the report provided an update on further planning applications received in respect of the site which were to be considered by Plans Panel in due course. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

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

117 Director's Response to Report by Scrutiny Board (Regeneration) on Housing Growth

Further to Minute No. 22, 22nd June 2011, the Director of City Development submitted a report setting out the response to the recommendations arising from the recent Scrutiny Board (Regeneration) inquiry undertaken into issues associated with housing growth. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Councillor J Procter, the Chair of the Scrutiny Board (Regeneration) attended the meeting to present the Board's findings, and highlighted several of the Board's recommendations. With regard to recommendation 4, emphasis was placed upon the fact that this recommendation was intended to refer to the production of monitoring data.

Members thanked the Scrutiny Board and officers involved for the detailed Inquiry report.

Consideration was given to recommendation 10 of the Scrutiny Board Inquiry report that 80% of the income raised through the Community Infrastructure Levy (CIL) be ring fenced for the benefit of local communities, and whether this level was appropriate.

In responding to enquiries regarding recommendation 6, it was acknowledged that a review would be undertaken in respect of this matter and the outcome reported back to the Scrutiny Board (Regeneration).

Further to Members' queries regarding the preparation of the Core Strategy and the associated resource implications, assurance was provided that good progress had been made on the Core Strategy, and a draft would be available in the new year.

RESOLVED –

- (a) That the Scrutiny Board's report be welcomed as a valuable contribution to the housing growth debate.
- (b) That the recommendations of the Scrutiny Board arising from the inquiry (including recommendation 4 on the basis that it relates to the production of monitoring data) be agreed, with the exception of recommendation 10, with a further report being submitted to the Board in December 2011 in respect of issues arising from recommendation 10.
- (c) That the conclusions arising from the Scrutiny Board inquiry and the Housing Growth Consultation, as detailed at paragraph 4.1 of the submitted report, be endorsed.

118 Informal Consultation on Housing Growth

Further to Minute No. 22, 22nd June 2011, the Director of City Development submitted a report outlining proposals regarding a set of draft housing growth principles for incorporation into the Core Strategy. In determining this matter,

the Board took into consideration all matters contained within the accompanying report.

Supplementary information in the form of an addendum detailing comments received on the draft housing principles had been circulated to Board Members for their consideration at the meeting.

Members raised concerns in relation to land banking and regeneration issues, which they felt were not fully addressed in the report. It was agreed that land banking issues should continue to be highlighted with central Government.

RESOLVED –

- (a) That the outcome of the informal consultation undertaken on housing growth be noted.
- (b) That the inclusion of appropriate principles within the Council's Core Strategy be supported.
- (c) That a further report be submitted to Executive Board in July/August 2012 in order to review the progress made.

119 Land at Thorpe Park, Colton, Leeds

The Director of City Development submitted a report detailing a number of development opportunities in East Leeds which would provide major commercial and housing economic growth opportunities for the City. In addition, the report sought approval to enter into an agreement with the Developer, as detailed within the submitted report, in order to facilitate part of this future development. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Following consideration of Appendix 1 and Plan 2 to the submitted report, designated as exempt under Access to Information Procedure Rule 10.4(3), which were considered in private at the conclusion of the meeting, it was

RESOLVED – That approval be given to the Council entering into a land agreement with the Developer, as detailed within the submitted report, on the terms set out within the exempt appendix to the report, with the necessary authority being delegated to the Director of City Development and City Solicitor to approve any amendment to these terms.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Carter required it to be recorded that he voted against the decisions taken above.)

120 Economic Growth Strategy

The Director of City Development submitted a report presenting for approval a new Economic Growth Strategy for the City, which was appended to the submitted report. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

RESOLVED –

- (a) That the Economic Growth Strategy for the City, as appended to the submitted report, be approved.
- (b) That further reports be submitted to Executive Board regarding progress on the delivery of the Economic Growth Strategy.

121 Developing a Response to Neighbourhood Planning in Leeds

The Assistant Chief Executive (Customer Access and Performance) and the Director of City Development submitted a joint report providing an overview in respect of neighbourhood planning provision, and highlighting the significant level of political interest and local debate which was currently occurring on this matter in many parts of the city. In addition, the report acknowledged the need to begin the development of a corporate response in line with the city's aspirations in order to help achieve the Council's strategic objectives in this area. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Members considered the areas chosen for the pilot bids and the criteria which had been used, as well as the lessons that could be learned from the pilot process. Concerns were raised regarding the potential resource implications arising from such neighbourhood planning initiatives in the future.

RESOLVED –

- (a) That the submission of four pilots bids for Kippax, Otley, Boston Spa and Holbeck by the 4th November 2011 deadline be endorsed.
- (b) That the proposal to support on a pro-active basis, work within other parish and town councils and neighbourhood forums in order to help build capacity at a local level and help inform the site allocation process, be endorsed.
- (c) That Central Government be lobbied about the funding and resource implications arising from the neighbourhood planning process and associated referenda.
- (d) That the need for the Council to further consider the required arrangements for supporting the preparation of neighbourhood plans be noted.

(The matters referred to in this minute were not eligible for Call In, due to the 4th November 2011 submission deadline for the bids regarding neighbourhood planning frontrunner funding.)

ENVIRONMENTAL SERVICES

122 Residual Waste Treatment PFI Project - Response to Leeds Friends of the Earth Deputation

The Director of Environment and Neighbourhoods submitted a report providing a response to the issues raised by Leeds Friends of the Earth (FoE)

Draft minutes to be approved at the meeting to be held on Wednesday, 14th December, 2011

as part of the deputation presented to the Council meeting of 14th September 2011 entitled, "Why Leeds should not be chained to Waste Incineration?". In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Supplementary information in the form of correspondence received from the deputation had been circulated to Board Members for their consideration at the meeting.

RESOLVED – That the contents of the submitted report and its appendices, be noted.

123 Waste Solution for Leeds - Residual Waste Treatment PFI Project

Further to Minute No. 194, 12th February 2010, the Director of Environment and Neighbourhoods submitted a report providing Members with an update on the progress of the Residual Waste Treatment PFI Project since the last Executive Board update at the Detailed Solution Stage in February 2010, and advised on the outcome of evaluation of tenders received in respect of the Project. The report also identified the proposed, preferred bidder and requested authority to proceed to the Preferred Bidder stage, and described the programme and issues going forward into the preferred bidder and post contract signature stages. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Further to comments received regarding the possibility of increasing recycling targets, it was agreed that a report would be submitted to the Executive Board meeting in December 2011 regarding the Council's recycling strategy.

Both appendices B and C to the submitted report were designated as exempt under Access to Information Procedure Rule 10.4(3). Due to its confidential nature, appendix C was tabled and retrieved at the meeting. Following the consideration in private of both exempt appendices at the conclusion of the meeting, it was

RESOLVED –

- (a) That the contents of the submitted report, including its appendices, be noted.
- (b) That the revised price ceiling be noted.
- (c) That the outcome of the evaluation of tenders be noted.
- (d) That authority be given to proceeding to the Preferred Bidder Stage, including the formal appointment of the preferred bidder.
- (e) That a report be submitted to the December 2011 meeting of Executive Board regarding the Council's recycling strategy.

(Under the provisions of Council Procedure Rule 16.5, Councillor Golton required it to be recorded that he abstained from voting on the decisions taken above.)

NEIGHBOURHOODS, HOUSING AND REGENERATION

124 ALMO Review Update

Further to Minute No. 111 of the Executive Board meeting held on 3rd November 2010, the Director of Environment and Neighbourhoods submitted a report providing an update on the progress made regarding the implementation of the key reforms to the 3 ALMO model in Leeds. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Further to queries raised, assurance was provided that should there be a change in the decision making status of the Strategic Governance Board, this matter would be referred to Executive Board for approval. A response was also provided to a query regarding the progress made in delivering efficiencies of 2.5% through the creation of a shared service centre.

RESOLVED – That the progress made regarding the implementation of the key reforms to the ALMO model in Leeds be noted.

(Councillor Blake declared a personal interest in this item as a Board member of BITMO.)

CHILDREN'S SERVICES

125 Children's Services Improvement Update Report (November 2011)

The Director of Children's Services submitted a report providing an update on the improvement activity that was continuing across Children's Services in Leeds. The report particularly focussed upon improvement and inspection activity, together with a summary on the ongoing work to transform Children's Services. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Members emphasised the importance of achieving consistency between the Cluster Partnerships, and in support of this it was proposed that a forum be set up for elected Members appointed to Cluster Partnerships.

On behalf of the Board, the Chair paid tribute to the Executive Member for Children's Services and the officers who had contributed to the improvements in partnership and locality working.

RESOLVED –

- (a) That the contents of the submitted report be noted, in light of the Ofsted inspection report considered at the Board's October 2011 meeting.

- (b) That the continuing direction of travel across Children's Services in Leeds be supported, as it comes to the end of the period of the government Improvement Notice.

126 Progress Report on the Leeds Education Challenge

The Director of Children's Services submitted a report summarising the progress made in establishing the Leeds Education Challenge (LEC). In addition, the report also provided a summary of the progress made and outlined the proposals for the next steps in developing and implementing the challenge, particularly in respect of the establishment of a Leeds Education Challenge Board and the proposed strategy to implement the LEC. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

RESOLVED – That the progress made to date on the Leeds Education Challenge be noted, whilst support be given to the proposals for future developments and the direction of such developments.

LEISURE

127 Response to Leeds Owl Trail Deputation

The Director of City Development submitted a report responding to the Deputation to Council made by the Leeds Owl Trail on 14th September 2011. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Supplementary information in the form of correspondence received from the deputation had been circulated to Board Members for their consideration prior to the meeting.

In responding to Members' comments regarding the supplementary information submitted by the deputation, the Director of City Development advised that a response had been prepared. It was agreed that the response would be shared with Executive Board Members in order to determine whether further consideration should be given to this issue.

RESOLVED – That the response to the deputation, as detailed within the submitted report, be noted.

128 Design & Cost Report for the development of new changing rooms and associated facilities at Middleton Leisure Centre

The Director of City Development submitted a report which sought to bring together funding from the Sharpe Lane 106 scheme, Transforming Day Opportunities for Adults with Learning Disabilities programme and various revenue contributions, in order to deliver improvements to the facilities at Middleton Leisure Centre, as referred to within the 2011/12 revenue budget report. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Members highlighted the positive effect of joint working on this initiative.

RESOLVED –

- (a) That approval be given to the utilisation of £455,300 from the Sharpe Lane Section 106 scheme and authority to spend £125,000 from the Transforming Day Opportunities for Adults with Learning Disabilities Programme (both of which already had Executive Board approval for injection into the capital schemes, with the authority to spend already being agreed for the section 106 funding).
- (b) That approval be given to an injection into the capital programme together with the authority to spend £158,000, comprising prudential borrowing of £115,000 and revenue contributions of £43,000.
- (c) That it be noted an additional funding bid has been submitted to the Sport England Inspired Facilities Fund for a further £145,000, in order to fund entrance, reception and studio works, together with additional sports equipment provision, making a proposed total scheme of £883,300 on the development of changing facilities, an Adult Social care area, improved heating system, car park and the demolition of the disused swimming pool.

129 Lotherton Estate Consultation Update

Further to Minute No. 35, 27th July 2011, the Director of City Development submitted a report advising of the outcomes arising from the public consultation exercise undertaken in respect of Lotherton Hall Estate and how such consultation had been used to refine the proposals for the Estate as previously considered by the Board. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

In responding to comments made on the high number of price points in place at the Lotherton Estate, Members noted that a review of pricing structures was being undertaken in relation to such facilities across Leeds.

RESOLVED – That the new pricing structure, as detailed within the submitted report, be approved.

ADULT HEALTH AND SOCIAL CARE

130 The Government's Blue Badge reform programme - introduction of an administration charge for the issue of a blue badge

The Assistant Chief Executive (Customer Access and Performance) and the Director of Adult Social Care submitted a joint report informing of the main changes brought about by the Government's National Reform Programme to the Blue Badge disabled parking scheme, advising of the forthcoming changes to legislation in respect of the issuing of Blue Badge Disabled Parking Permits and recommending several proposals in light of such changes. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Further to queries raised, confirmation was received that the Council would not profit from the revised arrangements.

Regarding the new systems, concerns were raised in relation to their readiness, the associated implementation timescales, and the limited opportunity for testing.

RESOLVED –

- (a) That the changes to the Blue Badge Disabled Parking Permits Scheme be noted.
- (b) That approval be given to the introduction of an administration charge of £10 from 1st January 2012 for the issuing of each Blue Badge permit, as a result of the additional costs being incurred by the Council, with a £5 concessionary charge for lost/stolen badges, and no charge for children up to the age of 16, terminally ill people, war pensioners or armed forces personnel.
- (c) That a report be submitted to a future meeting of the Board regarding the revised process and its resource implications.

RESOURCES AND CORPORATE FUNCTIONS

131 Response to the Deputation to Council by the Leeds Fairtrade Steering Group

The Director of Resources submitted a report providing a response to the deputation made to full Council on 14th September 2011 by the Leeds Fairtrade Steering Group. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

RESOLVED –

- (a) That the good work already undertaken by the Council in support of fairtrade be noted.
- (b) That the city's application to retain its status as a 'Fairtrade City' be supported.
- (c) That appropriate officers, including representation from the communications and marketing team, engage with the steering group to develop promotional activities further.

132 Financial Health Monitoring 2011/12 - Month 6

The Director of Resources submitted a report setting out the Council's projected financial health position for 2011/12 at the half year stage of the financial year. The report included a section on the financial performance of other key financial indicators, including Council tax collection and the payment of creditors. The report also reviewed the position of the budget after six months and commented upon the key issues impacting on the overall achievement of the budget for the current year. In determining this matter, the

Board took into consideration all matters contained within the accompanying report.

Members received an update on the position relating to the fees paid to Leeds independent sector residential and nursing care homes.

The Director of Resources also provided an update on matters relating to ongoing claims with HMRC.

RESOLVED – That the projected financial position of the authority after six months of the financial year be noted.

133 Capital Programme Update 2011-2014

The Director of Resources submitted a report providing an update on the capital programme position for 2011/12 as at September 2011. The report included an update of capital resources, a summary of schemes which had been upgraded from 'Amber' status to 'Green' since the first quarter report, and provided a summary of progress made on some major schemes. In addition, the report sought specific approvals to allow some schemes to progress. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

RESOLVED –

- (a) That the latest position on the general fund and Housing Revenue Account (HRA) capital programmes be noted.
- (b) That the transfer of schemes from the Amber to the Green programmes, as set out within section 3.4 of the submitted report, be noted.
- (c) That the promotion of £400,000 from the reserved programme to the funded capital programme for works at Kirkgate Market, funded by a release from the capital contingency scheme, be approved.
- (d) That the injection into the capital programme of £738,700, funded by unsupported borrowing, for the demolition of surplus properties be approved.
- (e) That the reallocation of £3,510,000 from the Building Schools for the Future (BSF) programme to the capital contingency scheme, earmarked for Primary Basic Need and Children's Homes, be approved.
- (f) That the extension in the use of the existing capital programme provision for fire risk works to include asbestos removal works, be approved.
- (g) That the use of resources to develop the Assistive Technology Hub, as outlined within paragraph 3.5.5 of the submitted report, be approved.

- (h) That a release from the capital contingency scheme of £290,000 to re-provide the Millennium Square screen be approved.

134 Treasury Management Strategy Update 2011/12

The Director of Resources submitted a report providing a review and update of the Treasury Management Strategy for 2011/12, which was approved by the Board in February 2011. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Members were provided with details on the potential effect of the proposed changes to the Housing Subsidy system, further to queries raised.

RESOLVED – That the update on the Treasury Management borrowing and investment strategy for 2011/2012 be noted.

135 Local Government Resource Review Consultation

The Director of Resources submitted a report advising of the progress made in respect of the Local Government Resource Review and providing details of the consultation response submitted by the Council on 24th October 2011. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Members considered the potential impact of the changing arrangements for Leeds and the other West Yorkshire authorities. Concerns were raised in relation to the timescales relating to the implementation of the review, and the need to introduce safeguards to take account of global economic uncertainty.

RESOLVED –

- (a) That the details of the response submitted to Department for Communities and Local Government (DCLG) be noted.
- (b) That officers be authorised to continue dialogue with DCLG and others in order to improve and refine the proposals.

136 Large Casino - Approval of revised Gambling Act 2005 Statement of Licensing Policy 2010-2012

The Director of Resources submitted a report presenting the revised Gambling Act 2005 Statement of Licensing Policy which contained a statement of the principles the Council would apply when making the determination of the large casino licence. In addition, the report also presented the Consultation Report which was the proposed Council response to the public consultation on the large casino section in the Policy, and the draft application pack. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Copies of the revised Gambling Act 2005 Statement of Licensing Policy and the related Consultation Report had been provided to Board Members for their information, prior to the meeting.

RESOLVED - That having considered the revised Gambling Act 2005 Statement of Licensing Policy 2010-2012, together with the consultation report as the Council's response to the public consultation exercise, both documents be referred to Scrutiny Board (Resources and Council Services) for consideration.

(The matters referred to in this minute were not eligible for Call In, as the development of a Policy under the Gambling Act 2005 is a matter reserved to Council.)

137 Changing the Workplace - Development of the City Centre One Stop Design and Cost Report

Further to Minute No. 40, 27th July 2011, the Director of Resources and the Assistant Chief Executive (Customer Access and Performance) submitted a joint report providing an update on proposals to improve and modernise customer services delivered by Leeds City Council through the delivery of a single integrated one stop in the city centre. In addition, the report sought approval to spend £1,027,000 for delivery of the project. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Members emphasised the importance of maintaining a face to face provision in respect of such services.

RESOLVED – That expenditure of £1,027,000 to deliver phase 1 of the integrated city centre one stop at 2 Great George Street, as detailed within the submitted report, be approved.

138 Leeds Initiative Sub-Board Arrangements

The Assistant Chief Executive (Customer Access and Performance) submitted a report which sought to establish a framework for the creation of sub-boards to support the work of the five Leeds Initiative Strategic Partnership Boards. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Members raised several concerns in respect of matters regarding regeneration governance arrangements for East Leeds, and in response a detailed discussion ensued. In conclusion, it was recommended that a report be submitted to a future Executive Board meeting in order to provide clarity on such matters.

RESOLVED –

- (a) That the arrangements for the creation and cessation of Leeds Initiative sub board arrangements be endorsed.
- (b) That a further report be submitted to Executive Board in order to provide clarity in respect of the governance arrangements for South, East and West Leeds.

DATE OF PUBLICATION: 4TH NOVEMBER 2011

**LAST DATE FOR CALL IN
OF ELIGIBLE DECISIONS:** 11TH NOVEMBER 2011 (5.00 P.M.)

(Scrutiny Support will notify Directors of any items called in by 12.00 p.m. on 14th November 2011)

Draft minutes to be approved at the meeting
to be held on Wednesday, 14th December, 2011

Health and Wellbeing Board Fact Sheet

November 2011

1. Why have a Health and Wellbeing Board?

Legislative changes, introduced by the publication of *Equity and Excellence: Liberating the NHS* in July 2010, proposed bringing democratic accountability to the NHS through the establishment of statutory Health and Wellbeing Boards by local authorities. Health and Wellbeing Boards are a key element of the health and social care reforms.

2. What is a Health and Wellbeing Board?

When it takes on statutory responsibilities in April 2013 the Health and Wellbeing Board will operate as an executive body of Leeds City Council. Until then it will be a 'shadow' board. The shadow Health and Wellbeing Board will act as an advisory body to Leeds City Council's Executive Board, the NHS Airedale, Bradford and Leeds Board and the Clinical Commissioning Groups. It will be subject to scrutiny by the existing arrangements within the local authority.

Until the Board assumes its statutory responsibilities, it will ensure the effective introduction of the formal statutory Health and Wellbeing Board and will oversee relevant transitional arrangements for health, social care and public health until the new arrangements are fully in place for the NHS.

3. What will the Health and Wellbeing Board do?

The role of the Board will be to:

- bring together the key decision makers across the NHS and local government;
- set a clear direction for the commissioning of health care, social care and public health;
- drive the integration of services across communities;
- improve local democratic accountability;
- tackle inequalities in health.

The Health and Wellbeing Board aims to improve health and care services, and the health and wellbeing of local people. It will provide strong leadership and support effective partnership working on delivering the aspirations of the Vision for Leeds, to be the best city in the UK. One of its key objectives is to join up activities to ensure that we can achieve the best possible results for the people of Leeds. It also aims to create a culture where partnership work, in the interests of local people, is built into the way that all agencies, sectors and organisations work.

Ultimately Leeds will be a healthy and caring city for all ages where:

- people live longer and have healthier lives;
- people are supported by high quality services to live full, active and independent lives; and
- inequalities in health are reduced, for example, people will not have poorer health because of where they live, what group they belong to or how much money they have.

4. What is the Health and Wellbeing Board responsible for?

The Health and Wellbeing Board will be responsible for assessing the health and wellbeing needs of the population of Leeds (through a Joint Strategic Needs Assessment) and using that to develop a set of priorities (Joint Health and Wellbeing Strategy), which will be used by commissioners to

help inform their spending decisions. It will ensure that plans focus on the needs of the people of Leeds by communicating with and involving local people.

Joint Strategic Needs Assessment (JSNA) – The JSNA will be the main method for gathering intelligence to identify the needs, assets and gaps in the communities of Leeds. It will have a central role in the new health and social care system and will be undertaken by local authorities and clinical commissioning groups through Health and Wellbeing Boards. In Leeds we will develop the JSNA as part of a wider Leeds Observatory to ensure that commissioning and service decisions can be made against a single comprehensive source of intelligence. This will mean that decisions made by different organisations and departments will be more joined up leading to improved services and efficiency. The act proposes a new legal obligation to ensure commissioners take the JSNA into consideration when making their commissioning decisions.

Joint Health and Wellbeing Strategy – A new Vision for Leeds 2030 and a City Priority Plan for Health and Wellbeing (2011-2015) has been agreed. This provides a good basis for the development of a full Joint Health and Wellbeing Strategy. This will be based on the evidence and consultation work already carried out but will also be informed by the refresh of the Joint Strategic Needs Assessment. Partners have agreed that the focus of the city priority plan on four top priorities will be:

- tackling health inequalities;
- protecting people from the harmful effects of tobacco;
- developing integrated health and social care services that reduce the need for people to go into hospital or residential homes; and
- improving the patient experience of care.

5. What difference will it make?

The proposals that are being put forward by the new Health and Social Care Bill are giving us an exciting opportunity to refresh and renew our partnership working in Leeds. This builds on some excellent examples of joint working that have happened in the past. This includes our approach to joint care management as well as the 'Beacon' award, which the Leeds Initiative won in 2008 for achievements in jointly tackling the challenges the city faces in improving the quality of life for all residents. Our new approach to partnership working will enable us to focus on action and involve more local people in our decision making. It is also a fantastic opportunity for us to bring together partners, who provide health and wellbeing services in Leeds, in a more joined up way.

In practice what this will mean for Leeds includes:

A single source of information about our city, to make sure that we know what it is that Leeds' residents want and need. It will mean that the money we spend on services is based on accurate and up to date information. The professionals who decide how to spend our money (such as council staff, GPs and other NHS staff) will be able to base the decisions they make on real need and priority. This will include making sure that different organisations or departments are not duplicating similar services, that no gaps are left and that local needs are considered as much as that of the whole city.

Spending money wisely is one of the new values of the council as well as a focus for our partnership working. We have a good track record of this in Leeds, such as the way in which we have joined up NHS and local authority budgets on learning disability and joint equipment services. This gives us a good starting point for pooling budgets in future. There will also be more opportunities to deliver joint services across the city. This is already starting to happen with the integration of our Adult Social Care and Mental Health services. For service users this will mean that it is easier for them to access the services that they need, when they need them.

We will transform our health and social care services by bringing together key organisations involved in delivering these services and agreeing a way forward to work on the challenges that are ahead. This will include increasing quality, innovation and productivity as well as substantially reducing the overall cost to the Leeds health economy. Local people who receive both health and social care services will benefit from more integrated services which are tailored to meet their needs. People will also be supported to remain independent for longer and empowered to take more control over their own health and wellbeing. Ultimately public money will be spent in a more targeted way to better meet the needs of individuals and communities.

There are a range of social, economic and environmental factors that affect people's health in Leeds, which cause some people to have poorer health than others. In Leeds we will focus on how we can work together to improve housing, education, transport, green space, work opportunities and poverty to help everyone to have the best chance to be healthy and happy. The role of public health has always been a strong element of our partnership working and continues to be emphasised in our city priority plan.

6. Will the shadow Health and Wellbeing Board be directly responsible for any commissioning budgets?

The shadow Health and Wellbeing Board will not be immediately responsible for any commissioning budgets. However, in the future the statutory Board will have a duty to promote more integrated commissioning across NHS, social care and public health. The majority of local NHS commissioning budgets will be held by the three Leeds Clinical Commissioning Groups by 2013. They will be accountable to the NHS Commissioning Board for delivery of specific outcomes and financial performance associated with their commissioning plans and budgets.

The NHS Commissioning Board will commission national and regional specialised services. The NHS Commissioning Board will also commission primary care including GP, pharmacy, dental and ophthalmic services. The NHS Commissioning Board will set contracts with each GP for the services he or she will provide in their practice. Clinical Commissioning Groups will commission all other services.

The local authority will continue to commission a range of social care and care services for adults and children. Some budgets will be held within the local public health service and a framework for the allocation of monies linked to these functions is being finalised nationally. This will complement what Public Health England will commission nationally.

Some funds could be held in pooled budgets, community budgets or other partnership arrangements where partners agree jointly how to share and apply their joint resources/purchasing power.

The Health and Wellbeing Board's role will be to:

- Seek assurance that all commissioning plans and budgets within the local system, including any pooled budgets, are used effectively by commissioning partners to achieve the outcomes set out in Leeds Joint Health and Wellbeing Strategy.
- Seek more integration across NHS, public health and social care services, and provide a level of assurance and challenge across the system in this regard.
- Assist the NHS Commissioning Board in its evaluation of the clinical commissioning groups commissioning plans.

7. How will the public be involved with the Health and Wellbeing Board?

The Health and Social Care Bill sets out arrangements for the establishment of HealthWatch England and local HealthWatch. This new body corporate will act as the patients' voice in the new arrangements, and as the vehicle for patient and public engagement. Until HealthWatch is established, the Leeds Local Involvement Network (LINK) will represent the patients' voice on the shadow Health and Wellbeing Board. The Board and its related groups will communicate and engage with local people in how they can achieve healthy lifestyles and be supported to exercise choice and control over their personal health and wellbeing.

8. How will the Health and Wellbeing Board be held accountable?

The Board will be responsible to:

- The community of Leeds;
- its members, which include elected members;
- the NHS Commissioning Board for certain elements of work.

The formal arrangements for independent scrutiny of the performance, functions and outcomes of the shadow Health and Wellbeing Board in Leeds will be developed during the shadow period..

The Board will also be held to account through:

- HealthWatch;
- The Board's engagement and consultation programme with the public;
- The engagement and consultation programmes of organisations represented at the Board;
- The wider Leeds Initiative Board.

9. Who is a member of the Board?

The local authority has a statutory duty to establish a Health and Wellbeing Board. The future composition of the Board will be subject to change after the Act becomes law. The core membership of the shadow Board is:

- Leader, Leeds City Council (chair);
- Executive Member for Adult Health and Social Care, Leeds City Council;
- Executive Member for Children's Services, Leeds City Council;
- Leaders (or their nominee) of main opposition parties (Conservative and Liberal Democrat), Leeds City Council;
- Clinical Commissioning Groups (Accountable Officer for each of the three groups);
- NHS Commissioning Board (NHS Airedale, Bradford Leeds as interim);

- Director of Public Health, NHS Leeds / Leeds City Council;
- HealthWatch – Public and service users and carers (LINK as interim);
- Third Sector Leeds (as a commissioner).

The Director of Adult Social Services and Director of Children’s Services are officers in attendance.

Officers from Leeds City Council, Leeds Initiative and other partners will be invited to attend the Board at the discretion of the Chair. Their role will include to advise the group, prepare agendas, minutes, reports and briefings for the Board, and to follow up actions arising from discussions and decisions made by the Board.

10. When does the Board meet?

The board meets four times a year with additional workshops as required. The meeting dates for 2012 are:

- 26 January 2012
- 24 April 2012
- 13 July 2012
- 16 October 2012

Meetings of the shadow Board are not open to the public but papers, agendas and minutes will be published on the Leeds Initiative website. The Board will meet in public once it assumes its statutory responsibilities in April 2013.

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