



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

Meeting to be held in Civic Hall, Leeds on
Wednesday, 23rd January, 2013 at 10.00 am

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

MEMBERSHIP

Councillors

- P Truswell - Middleton Park;
G Hussain - Roundhay;
T Murray - Garforth and Swillington;
J Walker - Headingley;
C Fox - Adel and Wharfedale;
S Armitage - Cross Gates and Whinmoor;
K Bruce - Rothwell;
J Illingworth (Chair) - Kirkstall;
S Varley - Morley South;
S Bentley - Weetwood;
M Robinson - Harewood;

Co-optees

- Joy Fisher Leeds LINK
Sally Morgan Equality Issues
Betty Smithson Leeds LINK
Emma Stewart Alliance of Service Users and Carers

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

Agenda compiled by:
Stuart Robinson
Governance Services
Civic Hall
LEEDS LS1 1UR
Tel: 24 74360

Principal Scrutiny Adviser:
Steven Courtney
Tel: 24 74707

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

DECLARATION OF DISCLOSABLE PECUNIARY AND OTHER INTERESTS

To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-18 of the Members' Code of Conduct. Also to declare any other significant interests which the Member wishes to declare in the public interest, in accordance with paragraphs 19-20 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 OF THE PREVIOUS MEETING

To confirm as a correct record, the minutes of the meetings held on 21st November 2013 and 19th December 2012.

1 - 12

7

SERVICES FOR BLIND AND VISUALLY IMPAIRED PEOPLE IN LEEDS

To consider a report of the Head of Scrutiny and Member Development presenting the recent correspondence received from the acting Chair of the National Federation of the Blind (Leeds Branch), in order that the Scrutiny Board might determine what, if any, further scrutiny activity may be required.

13 -
26

8

DEMENTIA IN LEEDS

27 -
40

To consider a report of the Head of Scrutiny and Member Development providing an update on the progress of the Leeds' draft Dementia Strategy – *Living Well with Dementia in Leeds (2012-2015)* and an overview of work to date and future plans for dementia-friendly Leeds.

9

WORK SCHEDULE - JANUARY 2013

41 -
56

To consider a report of the Head of Scrutiny Board and Member Development on the Board's work schedule.

10

DATE AND TIME OF THE NEXT MEETING

Wednesday 20th February 2013 at 10.00am in the Civic Hall, Leeds
(Pre-meeting for Board Members at 9.30am)

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

WEDNESDAY, 21ST NOVEMBER, 2012

PRESENT: Councillor J Illingworth in the Chair

Councillors S Bentley, K Bruce, C Fox,
G Hussain, C Macniven, M Robinson,
P Truswell, S Varley and J Walker

CO-OPTED MEMBERS:

Joy Fisher, Leeds LINK
Sally Morgan, Equality Issues
Emma Stewart, Alliance of Service Users and Carers

56 Declaration of Disclosable Pecuniary and other Interests

Councillor Macniven declared an interest in Agenda Item 7, Transformation of Health and Social Care Services in Leeds (minute 59 refers), due to her position as Executive Support Member for Adult Social Care and a Governor of the NHS York and Leeds Partnership Foundation Trust.

Joy Fisher declared an interest in Agenda Item 7, Transformation of Health and Social Care Services in Leeds (Minute 59 refers) due to her involvement as a LINK representative involved in discussions around service integration.

57 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted on behalf of Councillor T Murray, Councillor S Armitage and Mrs B Smithson.

Councillor C Macniven was in attendance as substitute for Councillor T Murray.

58 Minutes of the Previous Meeting

RESOLVED – That the minutes of the meeting held on 24 October 2012 be confirmed as a correct record.

59 Transformation of Health and Social Care Services in Leeds

The report of the Head of Scrutiny and Member Development presented Members with an update against a number of the Board's recommendations regarding the Transformation of Health and Social Care in Leeds.

The following were in attendance for this item:

- Councillor Lucinda Yeadon, Executive Member for Adult Social Care
- Dennis Holmes, Deputy Director, Adult Social Services
- Richard Clayton, Programme Manager – Leeds and York Partnership NHS Foundation Trust

- Michele Tynan, Chief Officer – Learning Disabilities, Adult Social Services
- Paul Morrin, Director of Integration – Leeds Community Healthcare NHS Trust
- Hilary Phillpot, Programme Manager – Commissioning Partnerships, NHS Airedale, Bradford and Leeds

Members discussed governance arrangements between the Council and health partners. Issues highlighted included the following:

- The opportunity for social care and health partners to provide better outcomes through working together.
- The potential for savings to be made through joint working.
- The need to ensure and to be clear about relevant accountability for Elected Members.
- Complexity of the various organisations involved in the local healthcare system / economy.
- Integration of teams and pooling of facilities and resources.
- Reference to a report that was considered at Executive Board in October 2012 which set out the legal position on how to manage arrangements as commissioners and providers.
- Sharing of data and compatibility between different IT systems.

Members discussed partnership arrangements between Adult Social Care and Leeds and York Partnership NHS Foundation Trust. Issues highlighted included the following:

- Provision of services for mental health patients – the social care needs for all mental health care would be met within Leeds but some hospital treatment would be provided elsewhere.
- Equality Impact Assessments.
- There had been more collaborative working between the organisations and a merging of roles and responsibilities.
- Focusing on service user outcomes and how these can be improved.
- Budget information – staffing budgets were not pooled.
- The future relationship between the Scrutiny Board and the Health and Wellbeing Board.
- Equality Impact Assessments
- Staffing issues – processes for integrated working and protection of employment rights.
- Mental Health Needs arising from Health Impact Assessments.

Members were informed about integrated health and social care teams and risk stratification. It was reported that the integrated health and social care portfolio was focussed on older people and long term conditions with the provision of high quality care and the reduction of unnecessary hospital admissions and followed the following three strands:

- Risk stratification – those likely to be needing health resources in the future
- Introduction of health and social care teams and work with GP practices.
- Supporting people to manage their conditions and retain independence.

Further discussion included the following:

- Importance of risk stratification and how to identify those who need support – information provided from primary and secondary care systems and GP information.
- Predicted future social care and health provision.
- Co-location of NHS and Adult Social Care Staff – findings from demonstrator sites and roll out to more neighbourhoods.
- Early evidence of impact – Leeds had been quoted as being in the top 3 nationally for provision of integrated care.

The Board was also informed of progress at Harry Booth House. It was reported that building work had commenced and it was hoped that facilities would be open for use from April 2013.

RESOLVED – That the progress reported and subsequent discussion be noted.

60 Review of Children's Congenital Heart Services in England; Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) - Referral to the Secretary of State for Health (Draft Report)

The report of the Head of Scrutiny and Member Development presented the draft report of the Joint Health and Overview Scrutiny Committee (Yorkshire and the Humber) (JHOSC) to support its referral of the Joint Committee of Primary Care Trusts' (JCPCT) decision around the reconfiguration of Children's Congenital Cardiac Surgical Centres across England.

It was reported that the JHOSC had recently met and had prepared a report for referral to the Secretary of State. Further issues discussed included the following:

- Difficulties and delays encountered requesting information from the JCPCT. Freedom of Information requests had been made and local MPs had also asked parliamentary questions.
- An Independent Reconfiguration Panel (IRP) had been commissioned to review the decision by the Secretary of State.
- The Children's Heart Surgery Fund had requested a delay to the Judicial Review of the decision of the JCPCT following the commissioning of the IRP. This had been opposed by the Safe and Sustainable Review team.

It was reported that the Board would be kept updated.

RESOLVED – That the report and discussion be noted and the Board's appreciation for the work of the Chair in this regard be registered.

61 Work Schedule

The report of the Head of Scrutiny and Member Development outlined the Board's work schedule for the forthcoming municipal year. Recent Executive Board minutes were appended to the report.

The following matters were raised and briefly discussed:

- The availability and use of forthcoming guidance for local authorities from NICE (National Institute for Clinical Excellence);
- The recent/ ongoing consultation around Adult Social Care charging and the 'care-ring' service;
- The forthcoming 'Time to Change' members seminar – focusing on mental health.

RESOLVED – That the report presented and discussion points raised be noted and incorporated into the work programme as appropriate.

62 Date and Time of the Next Meeting

Wednesday, 19 December at 10.00 a.m. (Pre-meeting for all Board Members at 9.30 a.m.)

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

WEDNESDAY, 19TH DECEMBER, 2012

PRESENT: Councillor J Illingworth in the Chair

Councillors S Bentley, C Fox,
G Hussain, T Murray, M Robinson,
P Truswell, S Varley and J Walker

CO-OPTED MEMBERS:

Joy Fisher, Leeds LINK
Sally Morgan, Equality Issues
Betty Smithson, Leeds LINK
Emma Stewart, Alliance of Service Users and Carers

63 Chair's Opening Remarks

The Chair welcomed everyone to the December meeting of the Scrutiny Board (Health and Well-being and Adult Social Care), and advised that due to the availability of attendees at different times, the agenda order had been revised to maximise attendance.

64 Late Items

There were no formal late items of business to consider, however the following supplementary information was submitted and accepted by the Board:-

- Yorkshire Ambulance Services NHS Trust – Quality Accounts (2011/12) – Progress – Priorities for Improvement 2012-13 (Agenda Item 8) (Minute 69 refers)
- 2012/13 Quarter 2 Performance Report – Appendix 1 – Performance Reports for the Health and Wellbeing City Priority Plan Priorities (Agenda Item 9) (Minute 70 refers)

The documents were not available at the time of the agenda despatch, but subsequently made available to the public on the Council's website.

65 Declaration of Disclosable Pecuniary and other Interests

There were no disclosable pecuniary and other interests declared at the meeting.

66 Apologies for Absence and Notification of Substitutes

Apologies for absence were received on behalf of Councillors S Armitage and K Bruce.

67 Minutes of the Previous Meeting

The Principal Scrutiny Adviser informed the meeting that the minutes of the previous meeting held on 21st November 2012 were not yet available.

It was agreed to consider the minutes at the next meeting on 23rd January 2013.

68 2012/13 Quarter 2 Performance Report - Adult Social Care

The Head of Scrutiny and Member Development submitted a report providing a summary of performance against the strategic priorities for the Council relevant to the Health and Wellbeing and Adult Social Care Scrutiny Board.

Appended to the report was a copy of the following document for the information/comment of the meeting:-

- Adult Social Care Directorate Priorities and Indicators

The following representatives were in attendance:

- Councillor L Yeadon (Executive Board Member for Adult Social Care), Leeds City Council
- Mr D Holmes (Deputy Director), Leeds City Council, Adult Social Services
- Mr S Cameron-Strickland (Head of Policy, Performance and Improvement), Leeds City Council, Adult Social Services

In his presentation, the Deputy Director circulated a copy of a document entitled 'Better Lives Explained' for the information/comment of the meeting.

In summary, specific reference was made to the following issues:

- Clarification of the colour coding of the performance indicators and their relevant meaning
- Clarification of the current position in relation to:
 - Extending the use of personal budgets for service users;
 - Service user reablement; and,
 - Safeguarding
- Impact of directing limited budget resources towards those with greatest need while helping to avoid those with relatively low needs slipping towards crisis
- The potential for the Board to receive a future report around effective measures to improve consultation with BME communities
- Clarification of the amber rating in relation to efficiency savings and whether or not this was reflective of the likely end-of-year position.
- Clarification in relation to progress against the reablement target of 2,000

Arising from detailed discussions of the above issues, the Executive Board Member for Adult Social Care, together with the Deputy Director and Head of

Policy, Performance and Improvement responded to Members' queries and comments and agreed to undertake the following:

- The potential to invite Ms D Boyne to a future meeting to provide the Board with more information regarding personal health budgets and the current pilots in Leeds
- The potential to provide the Board with further details in relation effective measures on improving consultation with BME communities, at a future meeting

In concluding discussions, the above representatives also provided the Board with details of the measures and incentives being undertaken within the Council around Adult Social Care.

RESOLVED-

- a) That the contents of the report and appendices be noted.
- b) That the Principal Scrutiny Adviser be requested to liaise with the above representatives on the evidence required and to present details in a revised work schedule for future consideration.

69 Quality Accounts (2011/12) - Progress

The Head of Scrutiny and Member Development submitted a report updating the Board on the progress of various local healthcare providers against the plans and targets set out in their respective Quality Accounts (2011/12). The report also provided some information around the process for producing the Quality Accounts for 2012/13.

Appended to the report were copies of the following documents for the information/comment of the meeting:-

- The Leeds Teaching Hospitals NHS – Performance on Quality measures at Leeds Teaching Hospitals NHS Trust - Appendix 1 refers
- Leeds and York Partnership NHS – Quality Accounts 2011/2012 – Update on Priorities and Targets – Appendix 2 refers
- Leeds Community Healthcare NHS – Leeds Community Healthcare NHS Trust Update on quality account objectives for 2012/13 – Appendix 3 refers
- Yorkshire Ambulance Service NHS Trust – Quality Accounts (2011/12) – Progress – Priorities for Improvement 2012-13 - Appendix 4 refers

The following representatives were in attendance and responded to Members' queries and comments:

- Mr C Brigg (Director of Quality) - Leeds Teaching Hospitals NHS Trust
- Mr K Milner (Director of Communications and External Relations) – Leeds Teaching Hospitals NHS Trust
- Mr C Butler (Chief Executive) - Leeds and York Partnership NHS Foundation Trust

- Ms A Clegg (Executive Director of Quality) – Leeds Community Healthcare NHS Trust
- Ms K Warner (Associate Director of Quality) – Yorkshire Ambulance Services NHS Trust
- Mr P Mudd (Locality Director of A&E Operations) - Yorkshire Ambulance Services NHS Trust
- Ms D Williams (Locality Director of Patient Transport Service) (PTS) - Yorkshire Ambulance Services NHS Trust

The Chair invited representatives from the Leeds Teaching Hospitals HNS Trust; Leeds and York Partnership NHS Foundation Trust and the Leeds Community Healthcare NHS Trust to highlight key issues within their specific areas.

Detailed discussion ensued on the evidence provided.

In summary, specific reference was made to the following issues:

- Clarification of how the Trusts measured their success rates
- Clarification if the number of falls from patients in hospitals was as a result of limited numbers of nursing staff and the need for individual assessments to be undertaken as a preventive measure
- To welcome the fact that the Trusts were meeting their 18 week targets in relation to waiting times and to request that the Board receives further detail on the average waiting times over the last two/three year period to ascertain the pressure areas
- Concerns about any increase in Grade 3 and Grade 4 pressure ulcers
- Clarification of the treatment programme in relation to those people nursed at home who were suffering from Grade 3 and Grade 4 pressure ulcers
- The importance of communicating with people who were discharged from hospital to ensure that they were aware of their medical after care needs
- Some concern around compliance for improving care to patients with dementia and clarification of how general outcomes for treating people with dementia could be improved
- Clarification around any work / research undertaken relating to hospital mortality at weekends and the need for the Board to be supplied with figures in this area
- Patient feedback around their care in hospital

The representatives in attendance responded to Members' queries and comments and agreed to supply any additional information where necessary.

The Chair then invited representatives from Yorkshire Ambulance Service NHS Trust to highlight key issues within their specific area.

Reference was made to the supplementary paper provided at the meeting.

Draft minutes to be approved at the meeting
to be held on Wednesday, 23rd January, 2013

With regard to the Patient Transport Service, it was reported that key themes arising from the patient experience survey relating to waiting times, communication and escort eligibility.

Detailed discussion ensued on the details provided and highlighted at the meeting. Specific reference was made to particular matters, including:

- Patient numbers in terms of emergency services/ responses and demand management
- Raising public awareness / managing public expectation regarding ambulance service
- The need to consider data in relation to the eleven new clinical outcome measures for 2011-12
- Clarification if the Yorkshire Ambulance Service NHS Trust undertook an analysis of those journeys that were not necessary
- Clarification of how transport eligibility was determined and the involvement of other relevant health care professionals
- Clarification of the measures in place in relation to determining 'life threatening' circumstances
- The need for the Board to see data on Ambulance Quality Indicators (AQIs)

The representatives in attendance responded to Members' queries and comments and agreed to supply any additional information where necessary, in particular:

- To provide data in relation to the eleven new clinical outcome measures for 2011-12
- To provide data on Ambulance Quality Indicators (AQIs)

RESOLVED-

- a) That the contents of the report and appendices be noted.
- b) That this Board notes that the Dementia Strategy would be discussed at the next meeting in January 2013.
- c) That the Principal Scrutiny Adviser be requested to liaise with those representatives in attendance in order to provide any additional information identified.

(Councillor M Robinson left the meeting at 11.25am during discussions of the above item)

(Councillor J Walker left the meeting at 11.55am during discussions of the above item)

(Joy Fisher, Leeds LINK left the meeting at 12:00 noon during discussions of the above item)

(Councillor T Murray left the meeting at 12.10pm during discussions of the above item)

70 2012/13 Quarter Performance Report - Health

The Head of Scrutiny and Member Development providing a summary of performance against the strategic priorities for the Council relevant to the Health and Wellbeing and Adult Social Care Scrutiny Board.

Appended to the report was a copy of the following document for the information/comment of the meeting:-

- Performance Reports for the Health and Wellbeing City Priority Plan Priorities

The following representatives were in attendance :

- Councillor L Mulherin (Executive Board Member for Health and Wellbeing) – Leeds City Council
- Dr. I Cameron (Joint Director of Public Health) – NHS Airedale Bradford and Leeds/Leeds City Council

In summary, specific reference was made in relation to the latest developments and statistics in relation to tobacco including:

- Any increases in smoking among young children and clarification if any research was being undertaken in this area
- Staff morale in those specific areas where there was a lack of progress in stopping people from smoking
- Initiatives raised at the recent Belle Isle Workshop
- Reference to the work being undertaken by the Faith Forum on smoking and the need to use the role of Imans within communities
- Communicating both the health and financial costs of smoking. It was noted that a national anti-smoking campaign was planned to commence in January 2013
- The likely/ potential impact of the forthcoming welfare reforms and the potential to target future activity at those most affected

RESOLVED-

- a) That the contents of the report and appendices be noted.
- b) That the Principal Scrutiny Adviser be requested to liaise with the above representatives on the evidence required and to revise the Board's work schedule.

(Councillor S Bentley left the meeting at 12.40pm during discussions of the above item)

(Councillor S Varley left the meeting at 1.05pm at the conclusion of this item)

71 Leeds Clinical Commissioning Group - Performance Report (December 2012)

The Head of Scrutiny and Member Development submitted a report on performance of the Leeds Clinical Commissioning Group as at December 2012.

Appended to the report were copies of performance information providing an overview of performance in the following areas:

- Financial Management
- Provider performance and
- Quality and Safety

Mr G Brown (Performance Manager) – NHS Airedale, Bradford and Leeds was in attendance and responded to Members' queries and comments:

In summary, specific reference was made to the following issues:

- Clarification as to why the performance information had significantly changed in relation to treating and caring for people in a safe environment and protecting them from avoidable harm
- Clarification of the action taken towards maternal smoking in pregnancy and to raise concerns about this continuing issue
- Clarification of the current position in relation to improving access to psychological therapy of those percentage receiving treatment
- Clarification of the referrals service within Resources and why this was happening

In concluding discussions, it was agreed to request Dr. I Cameron (Joint Director of Public Health)–NHS Airedale Bradford and Leeds/Leeds City Council to provide a view on maternal smoking in pregnancy for consideration at a future meeting.

RESOLVED- That the contents of the report and appendices be noted

(Sally Morgan, Equality Issues left the meeting at 1.15pm during discussions of the above item)

72 Review of Children's Congenital Heart Services in England: Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) - Referral Report to the Secretary of State for Health

Referring to Minute 61 of the meeting held on 16th November 2012, the Head of Scrutiny and Member Development submitted a report presenting the report of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Joint HOSC) to support its referral of the Joint Committee of Primary Care Trusts' (JCPCT) decision around the reconfiguration of Children's Congenital Cardiac Surgical Centres across England.

Appended to the report were copies of the following documents for the information/comment of the meeting:

Draft minutes to be approved at the meeting
to be held on Wednesday, 23rd January, 2013

- Letter from the Chair of the Joint Health Overview and Scrutiny Committee (HOSC), Yorkshire and the Humber addressed to the Secretary of State for Health dated 27th November 2012
- Scrutiny Inquiry Report on the Review of Children's Congenital Cardiac Services in England – 2nd Report – November 2012
- Scrutiny Inquiry Report on the Review of Children's Congenital Cardiac Services in England – 2nd Report – November 2012 - Appendices
- Scrutiny Inquiry Report on the Review of Children's Congenital Cardiac Services - October 2012

The Chair introduced this item and sought the Board's endorsement to an approach to undertake further work in this area which would address the anomalies that currently existed within parts of the NHS.

Prior to taking a decision on this issue, the Board congratulated the Chair and the Principal Scrutiny Adviser on the excellent work undertaken on the review of Children's Congenital Heart Services in England.

RESOLVED-

- a) That the contents of the report and appendices be noted.
- b) That this Board endorses the approach to undertake further work in this area which would address the anomalies that currently existed within parts of the NHS.

73 Work Schedule - December 2012

The Head of Scrutiny and Member Development submitted a report which presented the Scrutiny Board's outline work schedule for the remainder of the current municipal year.

Appended to the report were copies of the following documents for information/comment at the meeting:-

- Scrutiny Board (Health and Wellbeing and Adult Social Care) 2012/13 Municipal Year – Work Schedule (Appendix 1 refers)
- Executive Board minutes of meeting held on 7th November 2012 (Appendix 2 refers)

RESOLVED –

- a) That the contents of the report and appendices be noted.
- b) That the Executive Board minutes presented be noted.
- c) That, with the inclusion of the areas identified at the meeting, the work schedule as presented be approved.

74 Date and Time of the Next Meeting

Wednesday 23rd January 2013 at 10.00am in the Civic Hall, Leeds (Pre-meeting for Board Members at 9.30am).

(The meeting concluded at 1.30pm)

Draft minutes to be approved at the meeting
to be held on Wednesday, 23rd January, 2013

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 23 January 2013

Subject: Services for Blind and Visually Impaired People in Leeds

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

1 Purpose of this report

- 1.1 The purpose of this report is to present the recent correspondence received from the acting Chair of the National Federation of the Blind (Leeds Branch), in order that the Scrutiny Board might determine what, if any, further scrutiny activity may be required.

2 Background

- 2.1 In October 2011, the Scrutiny Board (Health and Wellbeing and Adult Social Care) was presented with a request for scrutiny regarding the arrangements for meeting the needs of Visually Impaired adults in Leeds.
- 2.2 At that meeting, the Scrutiny Board noted that a deputation was due to be made to Full Council at its meeting on 16 November 2011. Following on from the deputation, Scrutiny Board established a working group to consider the issues raised, agreeing that this should arrange to meet prior to the Executive Board so that any findings and/or recommendations could be submitted back to the Executive Board to assist their consideration of the issues raised by the deputation at Full Council.
- 2.3 The working group sought to explore the issues raised in the deputation in more detail through a number of different elements of work. This included a site visit (9 December 2011) and discussions with a range of stakeholders as follows:
- Service users, including, but not exclusively, Dual Sensory Loss (DSL) service users;
 - Leeds Vision Consortium (LVC) staff members;
 - LVC managerial staff;
 - Officers from Adult Social Services

- 2.4 The working group considered the content of the issues raised in the deputation and ancillary matters brought to the attention of Scrutiny Members. In response, a range of written evidence was produced by LVC and Adult Social Care officers. This allowed the working group to consider additional information that provided useful context to the current position in relation to the request for scrutiny.
- 2.5 The findings and recommendations from the working group were presented and agreed by the Scrutiny Board (Health and Wellbeing and Adult Social Care) at its meeting on 25 January 2012. The agreed report was subsequently presented to the Executive Board at its meeting on 10 February 2012.

3 Main issues

- 3.1 At its meeting on 26 September 2012, the Scrutiny Board (Health and Wellbeing and Adult Social Care) considered a report that provided an update on the Scrutiny Board's previously agreed recommendations and an overview of the services currently on offer to blind and visually impaired people across Leeds. A copy of this report is provided at Appendix 1 for information.
- 3.2 The main points of discussion at the meeting on 26 September 2012 related to:
- the fundamental shift in service design – moving from a centre based service to a community/ outreach based service, focusing on individual needs;
 - the need to provide a range of services for blind and visually impaired people across Leeds, to suit all age groups, especially younger people;
 - the referral process to services and the importance of the role of the hospital-based eye clinic liaison officer;
 - the importance of assistive technology in helping to maintain service users' independence;
 - the increased number of service users from BME groups;
 - the role of the employment officer; the scale of the challenge in securing employment opportunities for people with visual impairments in what was currently a difficult labour market ;
 - the outcomes achieved by people being assisted to find employment;
 - the raised expectations for people with disabilities as a result of the success and legacy of the Paralympics;
 - the importance of stakeholder involvement in shaping services.
- 3.3 Whilst welcoming the changes that had been made to services and noting the positive feedback from the recent visit to Fairfax House, the need to obtain direct feedback from those service users/ stakeholders that had previously presented the deputation to Full Council and made the Request for Scrutiny, i.e. the National Federation of the Blind (Leeds Branch).
- 3.4 At the meeting in September 2012, the Scrutiny Board resolved to request a further report in six months (i.e. March 2013) that included the following information/ details:
- The number and age profile of blind and partially sighted people across Leeds;
 - The number and age profile of service users accessing/ using the various elements of services commissioned by the Council and provided by Leeds Vision Consortium;

- Specific outcomes relating to employment service provided and take-up of employment, training and/or volunteering placements;
- The number and age profile of service users from BME groups;
- Direct responses from service users to the actions taken to address the concerns raised at Scrutiny Board (Health and Wellbeing and Adult Social Care) in October 2011.

3.5 However, in November 2011, further correspondence was received from the acting Chair of the National Federation of the Blind (Leeds Branch). Following discussions with the Chair of the Scrutiny Board, it was felt appropriate to present this correspondence to the Scrutiny Board for consideration, ahead of the 6-month update previously identified in September 2012.

3.6 The correspondence received from the acting Chair of the National Federation of the Blind (Leeds Branch) is attached at Appendix 2. Representatives from the National Federation of the Blind (Leeds Branch) have been invited to attend the Scrutiny Board meeting to outline and discuss the issues raised in Appendix 2, and address any questions raised by members of the Scrutiny Board.

4 Recommendations

4.1 Members are asked to consider the issues raised in this report and associated appendices and determine what, if any, further scrutiny activity may be required.

5 Background papers¹

None used

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

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Report of Director of Adult Social Services

Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 25 July 2012

Subject: Update on recommendations following deputation to Scrutiny by the National Federation of the Blind (16 January 2012)

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. This report provides feedback on how the recommendations from Scrutiny on 16 January 2012 have been implemented.
2. This report provides a summary of the contract performance between January and March 2012.

Recommendations

1. To note the content of this report and the actions that were undertaken by Adult Social Care (ASC) and Leeds Vision Consortium (LVC) to address the recommendations.
2. Members of the Health and Wellbeing (Adult Social Care) Scrutiny Board are recommended to accept this report as the final update report as the recommendations made in the previous Municipal year have now been fully implemented. Adult Social Care commissioning officers will continue to actively monitor this service in line with the terms and conditions of the contract.

1 Purpose of this report

- 1.1 The purpose of this report is to provide a response to the recommendations of the scrutiny working group of the 16 January 2012.

2 Background information

- 3 In October 2011, the Scrutiny Board (Health and Wellbeing and Adult Social Care) was presented with a request for scrutiny regarding the arrangements for meeting the needs of Visually Impaired adults in Leeds.

- 3.1 At that meeting, the Scrutiny Board noted that a deputation was made to Full Council at its meeting on 16 November 2011. Following on from the deputation, Scrutiny Board established a working group to consider the issues raised, agreeing that this should arrange to meet prior to the Executive Board so that any findings and/or recommendations could be submitted back to the Executive Board to assist their consideration of the issues raised by the deputation at Full Council.

- 3.2 A meeting of the working group was held on 16 January 2012. The working group considered the content of the issues raised in the deputation and ancillary matters brought to the attention of Scrutiny Members. In response, a range of written evidence was produced by LVC and Adult Social Care officers. This allowed the working group to consider additional information that provided useful context to the current position and the request for scrutiny.

4 Main issues

- 4.2.1 Following consideration of all the issues and the responses provided, the working group agreed the following recommendations with the services provided by LVC essentially aimed at improving the experience of all people accessing facilities at Fairfax House (the base used by LVC for its activities)

- 4.2.2 In line with the recommendations, LVC implemented the following programme of improvements to the ground floor meeting room which is used by people experiencing Dual Sensory Loss (DSL):

- **Toilets:** alterations to the position of the toilet door have been carried out providing greater privacy.
- **Drinks station:** a cold water dispenser and a hot water urn are now provided at a counter in a corner of the Dual Sensory Loss (DSL) room for hot and cold drinks availability at all times throughout the DSL days. Staff and volunteers are on hand to dispense drinks when service users request.
- **Curtains:** LVC has consulted with all the people accessing this service with regard to the fitting of high level curtains. People overwhelmingly decided against fitting curtains as it was felt they would darken the room. Therefore the original blinds have been retained to let as much light into the room as possible.

- **Soft furnishings:** Two sofas and cushions have been installed in the DSL room and a corner has been partitioned off for quiet conversation.
- **Talking microwave:** LVC have installed a 'talking microwave', which enables service users who previously brought sandwiches to have a hot meal if they wish to. People using this service can heat food themselves or staff or volunteers can assist on their behalf.

4.1.2 In relation to the future of the Shire View site, options continue to be considered by the Asset Management Board of the Council who are now responsible for determining the future use of the building. Adult social care officers continue to advise colleagues with regard to the views expressed by people with a continuing interest in the use of the site. To that end, a meeting has taken place with the Executive Lead Member for ASC, the ASC officer responsible for the contract and representatives from the original Deputation from the National Federation of the Blind. Further meetings are scheduled and there is an agreement to continue to meet to discuss a range of issues. Adult Social Care has recommended that the Asset Management Board consider allocating a community room within Shire view for the use of by the Federation and its members. The Chair of the Federation has been given consent to submit a report to Corporate Asset Management Board regarding this request.

4.1.3 The current lease for Fairfax House is due to end in June 2014. Preceding this, discussions will take place with regard to whether this will continue to be the favoured location for DSL services or whether an alternative venue should be sought . This process will naturally closely involve consultation with people using the current service and the full range of other stakeholders.

4.1.4 LVC continues to support the social groups either at Fairfax House, at the satellite sites or at other venues across the city.

4.1.5 In recognition that further development is needed around establishing and maintaining effective 'peer support' and 'peer learning' opportunities for people experiencing sight loss, LVC have commenced this work and, as a direct result of this a specific group has now been established at Fairfax House. The expectation is that this element of the work will continue to grow in this the second year of the contract.

4.1.6 ASC continues to receive quarterly performance reports from LVC and will continue to do so for the duration of the contract. The monitoring report for the period January 2012 to March 2012 is referenced in the construction of this report as is a performance update prepared in May 2012. The next performance report for April to June 2012 is due to be produced in mid July and a performance and end of year meeting will take place at the end of July.

5 Corporate Considerations

5.1 Consultation and Engagement

5.1.1 Prior to ASC undertaking the procurement exercise a series of regular consultation events took place at Shire View. People were able to provide feedback on the content of the service specification and amendments were made

to the specification following their comments. The consultation events from the outset provided details about the position with the lease and people using or attending the centre were made aware that the services operated from there would in all likelihood need to be relocated to a more central location.

- 5.1.2 Following the award of the contract LVC had a weekly presence at Shire View until the contract transferred formally to them on 13 June 2011. This provided the opportunity for LVC to meet with service users, staff and volunteers. The Senior Managers from LVC and the Adult Commissioning Manager also attended two large meetings with over 100 people, staff, volunteers and concerned individuals at Shire View. These sessions provided the opportunity for information to be shared in an open and transparent way and for all questions to be responded to.
- 5.1.3 ASC sent out a letter to 5200 adults that are registered as being blind or partially sighted providing them with information about the new service and this generated a significant number of new referrals and enquiries resulting in temporary staff having to be employed by LVC to respond to the level of demand.
- 5.1.4 LVC will continue to consult with people using these services for the duration of this contract on their satisfaction levels of the services provided. There is also a stakeholder group that meets on a regular basis at LVC, it's chief focus is to receive direct feedback from people using the services on offer.

5.2 Equality and Diversity / Cohesion and Integration

- 5.2.1 Since the new service commenced on 13 June 2011 there has been an increase in the number of adults from BME communities receiving services from LVC. Up to the end of September 2011, 62 adults from BME communities had accessed LVC in comparison to the same time in the previous year with the previous provider when just 3 people had accessed the comparable offer.
- 5.2.2 There are specific pieces of work being undertaken to engage with BME communities that are particularly affected by certain eye health problems such as glaucoma related to diabetes. Partnership arrangements have been established with other voluntary sector organisations that work with BME communities in Leeds which are already proving effective in the short time that the service has been open.

5.3 Council policies and City Priorities

- 5.3.1 ASC has a duty under the National Assistance Act 1948 to make arrangements for promoting the welfare of adults who are blind or partially sighted.
- 5.3.2 The Leeds Vision Strategy 2009-2014 was developed by the Leeds Vision Strategy group, of which ASC was a key partner. The Strategy sets out Leeds' ultimate goal for eye care and sight loss services, a goal that Leeds should always be striving towards: "Leeds offers a flexible and seamless service of eye care and sight loss support tailored to meet individual needs and targeted to address inequalities in the city and offers barrier-free access to all opportunities within the city."

5.4 Resources and value for money

- 5.4.1 The value of this contract per year is £500,000. This budget was agreed upon prior to the procurement exercise and was based upon the expenditure on the contract with the previous provider. The budget for this service was not reduced nor has there been any disinvestment in the level of service delivery.

5.5 Legal Implications, Access to Information and Call In

- 5.5.1 This is a report to Scrutiny Board (Health and Wellbeing and Adult Social Care).

5.6 Risk Management

- 5.6.1 The points raised by the Deputation have been included in the monitoring of the contract and service delivery. The contract performance and service delivery are being rigorously monitored by ASC commissioning officers. A new monitoring framework is in place, which consists of monthly and quarterly contract monitoring meetings. LVC piloted a new outcome measurement tool to be used with service users and this will accurately measure the distance travelled by service users who access the service. It will focus on the delivery of individual outcomes that will have been identified via a comprehensive assessment. This outcome is now being used within LVC and is proving to be effective in its measurement of service user outcomes.

6 Conclusions

- 6.1 ASC is satisfied that LVC have implemented all of the recommendations arising out of the Scrutiny enquiry and will continue to monitor the level of service user satisfaction. LVC have demonstrated absolute willingness to ensure that they do all that they can to deliver an effective service to a growing client base.

7 Recommendations

- 7.1 to note the content of this report and the actions that were undertaken by Adult Social Care (ASC) and Leeds Vision Consortium (LVC) to address the recommendations.
- 7.2 Members of the Health and Wellbeing (Adult Social Care) Scrutiny Board are recommended accept this report as the final update report as the recommendations made in the previous Municipal year have now been fully implemented. Adult Social Care commissioning officers will continue to actively monitor this service in line with the terms and conditions of the contract.

8 Background documents¹

- 8.1 LVC performance report April 2012 & May update
- 8.2 Health & Wellbeing Scrutiny Board working Group recommendations (Feb 2012)

¹ The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.

Mr Stephen Courtney
Chairman, Scrutiny Board
Civic Hall
Millennium Square
Leeds LS1 1UR

Yewtrees.
63 High Ash Drive
Alwoodley
Leeds
LS17 8RD

09 November 2012

**NATIONAL FEDERATION OF THE BLIND
Leeds Branch**

Dear Sir

I have been requested to write to you on behalf of the above Organisation because of our continued concerns regarding those people suffering from Sensory Loss in this City. We objected at the last Scrutiny, Health and Wellbeing Board Meeting, when told by a Member of Leeds Vision Consortium that as well as the Satellite Groups that they looked after ALL the Groups that formally used Shire View. This is not true as Friends of Shire View have themselves paid out £2,600 to assist groups in cost of room hire in centres throughout the City. The Womens' Group meet at Fairfax House on a Tuesday but provide all their own refreshments and Volunteers. We are constantly reminded that 'we get the room for free.' The Craft group also meet there on alternate Wednesdays as they find the cost of the Ziff Centre too expensive to attend on a weekly basis.

No other member of Adult Social Care, other than Sinead Cregan, have spoken to us regarding the Deafblind, Blind and Partially-sighted; nor have they enquired how we feel about the new arrangements or asked for our advice.

We asked sometime ago for a review of Services. Has this been done and why have we not been advised on any outcome?

Alan Oldroyd and Victor Jackson are both Representatives on the Equalities Hub of Leeds City Council to assist in obtaining some form of cohesion in Leeds. Due to the present situation we have

lost touch with, not only the Groups of older people, but also our diverse Communities such as the Jewish Blind and the Association of Blind Asians.

When the BID was first thought of three meetings were held. This was classed as a Consultation. At the first one the Deafblind could neither hear or understand what was going on and asked questions of the Staff afterwards. The second was disrupted by the fire alarm, at Shire View Resource Centre, , and never reconvened. The third was held, in the late afternoon, at Centenary House, and the only person to attend was Alan Oldroyd with his guide dog. This is not our idea of a consultation!

There are at present 65 empty buildings in this City belonging to the Council and we have only been offered the use of one room in Shire View. We have not been informed as to which room, nor any specifications of any such room. This we consider not only a disgrace, but somewhat degrading to the Blind and Partially-sighted People of Leeds. We also feel this is discriminatory to those with a Sensory loss and in no way conforms with the Equalities Act of 2010.

The BID did not include the Groups from the onset, as Sinead Cregan later admitted, she wished the Deafblind, Blind and Partially-sighted to mingle within their Community. Deafblind People are unable to do so as they have no means of communicating with 'normal' people unless that person has the ability to hand-sign. All people with a Sensory loss prefer to congregate with like-minded people so they can discuss their problems and so gain knowledge from those who know.

May we ask what training the Staff of Adult Social Care have undertaken to understand the problems that people with a Sensory Loss have to cope with in their day to day lives?

A number of points raised in this letter have already been discussed and written about in previous communications with, the Commissioner of Adult Social Care, Asset Management and the Scrutiny Board (Health and Wellbeing.) In conclusion we are of the opinion that the contents of the new contract should have been

thoroughly researched prior to the tendering process.

Yours sincerely

A handwritten signature in black ink, appearing to read "Hilary M. Adolfson". The signature is fluid and cursive, written in a professional style.

Hilary M. Adolfson SRN., SCM., (Retd)
Acting Chair,
National Federation of the Blind (Leeds Branch)

c.c. ✓ Mr P. Marrington , Head of Scrutiny
Councillor L. Yeadon
File

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Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 23 January 2013

Subject: Dementia in Leeds

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

1 Purpose of this report

- 1.1 The purpose of this report is to provide an update on the progress of the Leeds' draft Dementia Strategy – *Living Well with Dementia in Leeds (2012-2015)* and an overview of work to date and future plans for dementia-friendly Leeds.

2 Background

- 2.1 In June 2012 the Scrutiny Board (Health and Wellbeing and Adult Social Care)) identified 'dementia' as one of its priority work areas for 2012/13. At its meeting on 25 July 2012, the Scrutiny Board considered Leeds' draft Dementia Strategy – *Living Well with Dementia in Leeds (2012-2015)* and provided the consultation response attached at Appendix 1.

3 Main issues

- 3.1 At its July 2012 meeting, the Scrutiny Board welcomed the opportunity to discuss the on-going work being undertaken around dementia and comment on the draft strategy, ahead of it being formally agreed and adopted later in the year (2012/13). The Scrutiny Board also highlighted a desire to consider the draft action plan produced following analysis of all the consultation responses. It was anticipated this would be available in January 2013. Appropriate representatives have been invited to attend the meeting to provide an update on the development of Leeds' Dementia Strategy and associated action plan.
- 3.2 It should be noted that at its January 2013 meeting, the Executive Board considered a report that provided an overview of work to date and future plans for helping to ensure Leeds is recognised as a dementia-friendly City. As part of the Scrutiny Board's on-going consideration of 'dementia', the Executive Board report is attached at Appendix 2 for consideration. Again, appropriate representatives have been

invited to attend the meeting to outline the report and address matters raised by the Scrutiny Board.

4 Recommendations

- 4.1 Members are asked to consider the issues presented and discussed at the meeting and determine what, if any, further scrutiny activity may be required at this time.

5 Background papers¹

None used

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

Scrutiny Board (Health and Wellbeing and Adult Social Care)

Living Well with Dementia in Leeds – Our Local Strategy (2012 – 2015)

Consultation Response on Draft Strategy

Introduction

1. In June 2012 we (the Scrutiny Board (Health and Wellbeing and Adult Social Care)) identified 'dementia' as one of our priority work areas for 2012/13. Therefore we welcomed the opportunity to consider Leeds' draft Dementia Strategy – *Living Well with Dementia in Leeds (2012-2015)* at our meeting on 25 July 2012.
2. This provided us with an opportunity to discuss the on-going work being undertaken around dementia and comment on the draft strategy, ahead of it being formally agreed and adopted later in the year (2012/13).

Background

3. We considered Leeds' draft Dementia Strategy – *Living Well with Dementia in Leeds (2012-2015)* – at our meeting on 25 July 2012. Attending that meeting to address the Board and answer our questions, were:
 - Dennis Holmes (Deputy Director) – Leeds City Council, Adult Social Services
 - Mick Ward (Head of Commissioning) – Leeds City Council, Adult Social Services
 - Tim Sanders (Integrated Commissioning and Transformation Manager, Dementia) – NHS Leeds and Leeds City Council
4. We are grateful to the above officers for attending our meeting and contributing to our discussion.
5. As a Board, we noted that the draft strategy was open for public comment until 30 September 2012 and, that following public consultation, the Strategy document and accompanying Action Plan would be published in autumn 2012.
6. We received a copy of the accompanying consultation questionnaire and, while not attempting to address each question posed, this has been used to inform the detail of the response provided below.

Comments on the draft Strategy

Overview

7. As briefly described in the draft document, dementia and living with its effects (both on individuals and their families) have been the subject of increased national attention and profile over recent years.
8. While we acknowledge that Leeds has a track record for being an early implementer of a number of initiatives around dementia, we welcome Leeds' draft strategy and accompanying action plan (to be drafted) as the local response to this national issue.

9. The draft document is well structured and relatively easy to read – despite some of the fairly technical issues it presents. It provides:
 - An overview of the issues and summary key facts about people with dementia in Leeds;
 - Clearly sets out the projected rise in the number of people suffering dementia; and,
 - Identifies areas for development to be addressed through the accompanying action plan (to be drafted).
10. The ‘Dementia Journey’ provides a useful summary of the stages of dementia and the accompanying areas of support and service provision necessary across the dementia continuum. Nonetheless, in terms of some of the detailed ‘next steps’ highlighted throughout the draft Strategy, we believe it might be useful to include some indication of timescales associated with action points and some indication of prioritisation. Clearly, it will be important to ensure these tally with the full and more detailed action plan due to be produced.
11. We also believe that, in common with similar strategy documents, the addition of a glossary of terms would be useful for service users, their families and other readers.

Assessment of need

12. We recognised that one of the main actions identified in the draft strategy is around improving understanding of the Leeds population and how current services are used. This will be achieved by completing a ‘dementia needs assessment’ for the population of Leeds. However, due to the nature of data sources used to collate the information on the number of dementia sufferers, we understand that the number of dementia sufferers from Black and Minority Ethnic (BME) communities is likely to be higher than currently indicated. We believe it is essential that this is addressed through the needs assessment activity.

Early diagnosis

13. The importance of early diagnosis of the condition is recognised but we note it might take up to 12-months for some sufferers to seek professional help. We recognise the impact this may have on early diagnosis, therefore work around raising awareness is essential.
14. We also believe that at the point of diagnosis it is important to have early discussions about the future and ensure relevant plans are put in place as early as possible – particularly where financial issues are concerned, i.e. power of attorney.

Training and development

15. Alongside early diagnosis, we believe it is important to ensure that people with complex needs, co-morbidities or symptoms similar to early onset dementia are not misdiagnosed.
16. We also recognise the importance of training especially for medical staff dealing with people with dementia who also have other, often unrelated, health issues that required treatment.

17. It is also important for all care staff to receive appropriate training and ongoing support in order to help meet the needs of individuals suffering from dementia and their families. We recognise that appropriate training and development of all staff will remain key in the delivery of appropriate services.
18. During our discussion, we highlighted potential exploitation and abuse of dementia sufferers as a particular concern; alongside the need for all workers in health and adult care settings to be aware of this – including knowing the reporting mechanisms for suspected cases and understanding the role of the Adult Safeguarding Board.

Service issues and considerations

19. Given the potential impact of dementia on both individuals and their families, we believe that the needs of carers should be recognised and addressed within the overall strategy and accompanying action plan.
20. In particular, we believe there should be a particular emphasis on support for families and relatives in terms of explaining how changes in behaviour may manifest themselves, including depression, loneliness, aggression and psychotic behaviour in a previously “normal” individual. Alongside such information giving, it would also be helpful to provide examples of strategies or mechanisms around how best to cope with such distressing symptoms should they appear. The development and promotion of self-help/ support groups may offer useful opportunities to provide peer support.
21. We would also wish to highlight the potential benefits of using and encouraging the use of technology, for example telecare, mobile phones and other assistive technologies to improve the overall wellbeing of dementia sufferers, their families and carers.
22. We believe it is important to ensure that any residential care provided is of high quality and the needs of couples, where one partner may be suffering from dementia, need to be carefully considered. During our discussions, we highlighted the potential role of extra care housing schemes in this regard.
23. We also highlighted the need to ensure adequate bereavement support for families, and the potential role hospices could have in providing help and advice to statutory health and social care bodies in this area.
24. We also believe there is a specific need to ensure the provision of age-appropriate care and services, especially for younger people experiencing early on-set dementia.

Leadership and partnership

25. Leeds’ emerging Health and Wellbeing Board has a pivotal role in providing leadership and direction for a range of priority service areas. As such, we believe it is important that all members of the Health and Wellbeing Board support the final strategy and its accompanying action plan.
26. Operationally, it is important that the three Clinical Commissioning Group (CCG) representatives on the Health and Wellbeing Board disseminate the agreed strategy and action plan to their constituent GP practices and ensure dementia is identified within relevant target training programmes.

Financial and resource considerations

27. We note that, whilst dementia care had been identified as a nationally priority, it is unlikely that there will be any new funding available to support the local response, i.e. the strategy and supporting action plan. As such, it is clear that delivery against the strategy will need to be funded through existing resources. We believe it is important for this to be recognised within the strategy, alongside the overall financial environment and associated context for the health and social care economy.
28. The draft Strategy outlines that the largest increase in the number of people suffering from dementia is likely to occur in the 90+ years age bracket – which is likely to quadruple (from around 1,000 people to 4,000 people) over the next 25. It is perhaps more likely that as people in this age range move towards the ‘End of Life care’ stage of dementia, they will need to access more specialist care.
29. By the very nature of ‘specialist care’, this is likely to have a significant financial impact across health and social care services in Leeds. As such, we believe it might be useful to provide within the document an overall estimate of the current level of (health and social care) resources attributable to the provision of carer and support for people suffering from dementia.
30. We believe it would be helpful to use this information to demonstrate the impact of the projected increase in numbers, to help highlight the financial pressures such increases will undoubtedly have. We believe this will also help to reinforce the need to redesign how care and support is provided in the future and how, by working more closely and pooling resources, health and social care organisations might be better placed to identify the necessary efficiencies.
31. Given the undoubted ongoing financial pressures likely to affect aspects of all services across health and social care, we believe it is important to include the estimated financial costs and benefits against appropriate aspects of the action plan. Financial expenditure and efficiencies will then be able to monitored alongside the actions themselves.

Evidence of Good Practice

32. Finally, given the national profile of dementia and the services needed to support and care for sufferers and their families, we believe it is important to take note of and learn from identified areas of good practice. That is not to say that what works well in one local authority area will automatically be successful in Leeds – but equally, approaches should not automatically be ruled out of hand.
33. We note that the Department of Health publication *Living well with dementia: A National Dementia Strategy, Good Practice Compendium – an assets approach* was published in January 2011. We recommend that in finalising the draft strategy and accompanying action plan, consideration is given to merits of the different approaches adopted elsewhere in the country identified in this, and other, publications.

Councillor John Illingworth
Chair, Scrutiny Board (Health and Wellbeing and Adult Social Care)

Report of: Director of Adult Social Services and Director of Public Health

Report to: Executive Board

Date: January 9th 2013

Subject: Dementia-friendly Leeds

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

- This report gives an overview of work to date and future plans for dementia-friendly Leeds. The scope of this report covers important developments in health and social care; and steps towards local "dementia-friendly communities", which are intended to improve the everyday experience of living with dementia.
- A dementia-friendly Leeds can only be achieved by the Council working with partner organisations. During 2012, this has included:
 - The Council announcing the commitment to dementia-friendly Leeds (March 2012); and our event for dementia awareness week, "Better lives for people with dementia in Leeds", hosted by West Yorkshire Fire and Rescue.
 - Support from the three Clinical Commissioning Groups in Leeds to allocate £400K of service transformation monies to projects to develop early diagnosis, post-diagnosis support, integrated care, and a skilled workforce. A further £45K has been attracted from NHS regional innovation fund, for collaborative work to reduce inappropriate use of anti-psychotic medication.

Recommendations

That Executive Board:

- notes the progress made on local strategy and actions to improve the experience of living with dementia in Leeds, including significant investment from local NHS transformation funds.
- affirms the commitment to dementia-friendly Leeds, and requests local strategic partners to support the formation of a Leeds Dementia Action Alliance .
- leads and prioritises this commitment within all areas of Executive responsibility.
- requests all Strategic Directors to develop a proposal which identifies appropriate front-line staff to have dementia-awareness training, and the associated costs.

Purpose of this report

- 1.1 This report gives an overview of work to date and future plans for dementia-friendly Leeds. The scope of this report covers important developments in health and social care; and steps towards local “dementia-friendly communities”, which benefit the everyday experience of living with dementia. It is an opportunity to develop the Council’s leadership of dementia-friendly Leeds.

2 Background information

- 2.1 It is estimated that there are 8,400 people with dementia in Leeds, of whom 4,000 have a diagnosis recorded. Dementia is a term used to describe:
- a set of symptoms that include loss of memory, mood changes, and problems with communication and reasoning. There are many types of dementia. The most common are Alzheimer's disease and vascular dementia. Dementia is progressive, which means the symptoms will gradually get worse*¹.
- 2.2 *Living Well With Dementia: a National Dementia Strategy* (Department of Health, 2009) is a strong statement of dementia being seen as a national priority. It set out a model to transform health and social care, prioritising early diagnosis and support; improving quality of care and the training of the workforce; and thereby reducing the high costs associated with the condition.
- 2.3 The Department of Health and the Alzheimer’s Society issued the call for dementia-friendly communities in March 2012. Six cities - Bradford, Leeds, Liverpool, Plymouth, Sheffield and York - responded to this call and were announced at the Alzheimer’s Society’s *Dementia 2012* event on 26th March².
- 2.4 The Alzheimer’s Society has led the formation of the Dementia Action Alliance (DAA) as a national organisation which brings together “organisations from across the charity, public and private sector to radically improve the lives of people with dementia”³. Leeds City Council has joined the DAA, and the Council’s Director of Adult Social Services addressed the launch of the Yorkshire and Humberside Dementia Action Alliance on November 16th.

3 Main issues

- 3.1 The Council and local NHS organisations, working with a broad range of stakeholders, have produced a draft strategy, *Living Well With Dementia in Leeds*, to be finalised with a published action plan early in 2013. It recognises that:
- Dementia is a long-term condition, which can be managed to maintain well-being; and usually co-exists with other long-term conditions;
 - Support must be co-ordinated throughout the “dementia journey”, from awareness of early signs and symptoms, through diagnosis and early intervention, to care through the advanced stages and end of life care.
 - Family members and carers are often the most important support that a person with dementia has, and have specific needs arising from the impact of dementia on relationships, decision-making, and daily living.

¹ <http://www.alzheimers.org.uk/site/scripts/documents.php?categoryID=200120>

² <http://mediacentre.dh.gov.uk/2012/03/26/becoming-world-leader-for-dementia-friendly-society-care-research/>

³ <http://www.dementiaaction.org.uk/>

- 3.2 The three Clinical Commissioning Groups (CCGs) in Leeds have all engaged positively with the development of the local dementia strategy, and the approach of including dementia as part of integrated health and social care developments. Leeds North CCG leads on dementia on behalf of the collaborative arrangements between the three CCGs. As Clinical Director of Leeds North CCG, Dr Manjit Purewal has lead responsibility for dementia.
- 3.3 The three CCGs in Leeds will be required to set a quantified ambition for diagnosis rates. This is the percentage of people estimated to have dementia in the population, who are actually recorded on GP registers as having a diagnosis of dementia. In Leeds, the current figure is 47%, compared to a national average of 43%⁴. The NHS will not set a single national target, because of the wide variation in diagnosis rates. Instead, the Department of Health will *support clinical commissioning groups to set a local ambition to improve their dementia diagnosis rate, commission sufficient memory services to deliver their ambition, and to track and demonstrate their progress; anduse the NHS Outcomes Framework 2013/14 to measure progress on diagnosis rates*⁵.
- 3.4 The following priorities have been identified for improving health and social care in Leeds, the first four of which will be supported by one-off investment of local service transformation funds:
- Increasing early detection and diagnosis, by support and training for GPs, and improvements to memory clinic services.
 - Ensuring that after diagnosis, there is a clear offer of support and treatment to maintain well-being and independence as far as the condition allows.
 - Improving integrated care for people with more complex needs and risks, which arise from a combination of dementia, long-term conditions, and frailty.
 - Achieving the standard for workforce quality, for health and social care, set by the National Institute for Clinical Excellence – that people with dementia are cared for by appropriately-trained staff.
 - Better support with emotional and psychological needs, and reduced use of anti-psychotic medication; supported by investment of £45K NHS regional innovation fund.
 - A local campaign to improve public awareness, and promoting positive attitudes towards people living with dementia.
 - Leeds Teaching Hospitals Trust to improve ward environments, in line with the NHS Call To Action *The Right Care – developing dementia-friendly hospitals*⁶.
 - A dementia needs assessment for the Leeds population, to improve our understanding of local needs, as part of the Joint Strategic Needs Assessment.
- 3.5 Alongside these priorities, Leeds is committed to developing dementia-friendly communities and involving people living with dementia in this process. This requires the greatest degree of engagement from a wide range of businesses and organisations outside health and social care, most of whom never have considered their role in enabling people to live well with dementia.

⁴ <http://www.alzheimers.org.uk/dementiamap>

⁵ <https://www.wp.dh.gov.uk/dementiachallenge/files/2012/11/The-Prime-Ministers-Challenge-on-Dementia-Delivering-major-improvements-in-dementia-care-and-research-by-2015-A-report-of-progress.pdf>

⁶ www.dementiaaction.org.uk/info/2/action_plans/165/the_right_care_creating_dementia_friendly_hospitals

- 3.6 The Alzheimer's Society has produced a consultation paper (October 2012) on the recognition process for dementia friendly communities⁷. It proposes that a dementia-friendly community should:
- a. Have a Dementia Action Alliance or similar effective network;
 - b. support from recognised local leaders championing the work, including from the statutory and commercial sectors;
 - c. have analysed the key issues that need to be adapted / changed;
 - d. involve people living with dementia, taking account of lived experiences and needs.
 - e. identified businesses and organisations which are priority for awareness / training, with publicly-accessible records of those who have completed it.
 - f. organisations providing information about dementia and local services, with a range of outlets and formats.
- 3.7 We have made progress on each these specific criteria:
- a. We have set up a "Dementia-Friendly Leeds Forum", chaired by the Deputy Executive Member for Adult Social Care. Membership is on an informal basis and mainly representatives of neighbourhood networks and other voluntary and community groups.
 - b. Leeds Initiative Board, representing statutory and business sectors, has supported dementia as a priority at its February 2012 meeting.
 - c. Our "Better Lives For People With Dementia In Leeds" event in May 2012, included a workshop on dementia-friendly communities. This suggested that priorities should include awareness-raising with supermarkets and transport providers; promoting intergenerational work; and exploring whether a 'self-identification' scheme would be helpful. This would enable a person to show a 'passport'-type document to explain one's condition and needs, in case of difficulties.
 - d. We have started to involve people with dementia via the above event and the Dementia-Friendly Leeds Forum. We will develop and support this by working with Leeds Involving People.
 - e. The Leeds Alzheimer's Society has delivered awareness-raising talks at two meetings of supermarket managers and staff; and the Chief Executive has written to the bus operating companies to offer the opportunity of awareness-raising for drivers.
 - f. Information is available via the Leeds branch of the Alzheimer's Society, health and social care organisations, and by telephone and online from the Leeds Directory. Leeds Library Services has set up information sessions about dementia, making use of its meeting spaces and information resources.
- 3.8 Leeds Neighbourhood Networks and other community groups have been developing services for people with dementia, and supporting people with dementia to take part in groups and activities. Leeds currently has: 17 dementia cafes; 2 dementia advisers; 2 carer support workers; 3 carer support groups; 5 "singing for the brain" groups; a peer support network with links to libraries and art gallery; reminiscence and other creative activities / projects.
- 3.9 The "Good Ideas for Dementia" small grants programme is supporting 18 groups to run projects offering community awareness, creative and therapeutic activities, and

⁷ www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1500

support groups. In January and February there will be training courses for staff and volunteers on dementia awareness, how to include and involve people with dementia, and reminiscence.

- 3.10 Success in working across Council Directorates has been demonstrated by the Dementia Peer Support Service, provided by Adult Social Care has working in partnership with other Council directorates. A cultural partnership with Leeds Museums, Galleries and Libraries and West Yorkshire Playhouse enables people with dementia structured, safe and supported access to learning, reminiscence, history, arts and drama; and to resources and venues in our City of Leeds that may otherwise be difficult for some individuals to access. The partnership increases opportunities for people which are often restricted or lost during the experience of dementia. For example:
- *Thinking Art* - this group produced an art installation which went on display in Leeds Art Gallery and The Discovery Centre.
 - *Playing the part* - a creative arts project working with masks. Each participant went on to design and produce their own mask which was then displayed in The Discovery Centre.
 - *Musical Memories* - a support group based around the history of musicals, modern musicals and art, leading to the group writing and recording a song.
 - *Puppeteers* - an opportunity to explore the theatre, production, history, reminiscence and make puppets. The group has made a short film to create and tell a story.
- 3.11 There is a range of intergenerational work in Leeds, including an initiative between Bramley Elderly Action and Raynville Primary School which involves people with dementia meeting weekly with a group of children, which has been sustained since 2009⁸. A dementia-friendly Leeds would see such initiatives becoming widespread across the city, towns and villages. Leeds Older People's Forum has held an event to disseminate the learning from this project, and identified that the main challenge is to engage more schools and young people's organisations.
- 3.12 It is envisaged that Leeds should have at least one innovative project to develop a dementia-friendly environment outside health and social care. This would introduce eg. clear signage and good lighting, which would help many people, regardless of dementia. Signage is already used in a range of health and care settings, provided by a Leeds-based company. Opportunities are being explored to pilot a dementia-friendly environment in a local supermarket or other setting.

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 This has taken place with individuals who are living with dementia, third sector organisations including the local dementia advocacy provider, NHS and social care providers and clinicians. Leeds Alzheimer's Society and the Council's Peer Support Service in particular enable us to access views from people living with dementia. Leeds Involving People has agreed to provide support for people with dementia to become involved in dementia-friendly Leeds.

⁸ <http://www.olderpeopleleeds.info/clients/infostore/files/NAA%20Newsletter%203rd%20Edition.pdf>

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 Dementia is itself a condition which causes cognitive and other impairment, and affects a diverse range of local people. It is suggested by community groups and professionals that poor understanding of the condition, and stigma attached to it, may be a particular concern in some minority ethnic communities. It is estimated that there are 100-200 older people living with dementia in Leeds Caribbean, Irish, Jewish, and south Asian communities.
- 4.2.2 Age is the main risk factor linked to dementia, and thus dementia is most prevalent in the more affluent and rural areas within the Council boundary, where life expectancy is longest. However, at any given age, the risk of developing dementia is highest in the more deprived, inner-city areas of Leeds.

4.3 Council policies and City Priorities

- 4.3.1 Dementia-friendly Leeds is linked to the aspiration to become “Best City...”, not only for health and well-being, but all five themes in the City Priority Plan. The Chief Executive of the Council spoke to this theme when addressing the event “Better Lives For People With Dementia In Leeds” during dementia awareness week in May 2012.
- 4.3.2 It is proposed that Leeds City Council should demonstrate its commitment to dementia-friendly Leeds, by ensuring that customer-facing staff have dementia awareness training. This training is already available for adult social care staff, and for staff and volunteers in Neighbourhood Networks and other local organisations.

4.4 Resources and value for money

- 4.4.1 The National Dementia Strategy emphasises the high cost of dementia to health, social care and wider society. It is based on supporting people to live well with dementia from the earliest stages, to maintain well-being and reduce costs associated with eg. avoidable admissions to hospital and care homes.
- 4.4.2 The resources required to support dementia-friendly Leeds are, in the main, to be found from people and organisations acknowledging that dementia is “everybody’s business”, and contributing time and effort accordingly. The formation of a Leeds Dementia Action Alliance is proposed as a means to involve partner organisations, develop the programme of work, co-ordinate local action and make best use of others’ time and effort. This will require resource to work effectively.
- 4.4.3 The delivery of half-day dementia awareness training for customer-facing staff in the Council would cost c. £45 per person (not including any costs of staff cover during training). Further work would be required to assess numbers of staff and costs.

4.5 Legal Implications, Access to Information and Call In

- 4.5.1 There are no direct legal implications of this report. There is no confidential information or implications regarding access to information. It is subject to call-in.

4.6 Risk Management

- 4.6.1 “Dementia-friendly communities” is a simple idea, but in practice it is a complex task which requires the commitment of many businesses and other organisations beyond the direct authority of the Council. This gives rise to the risk of negative public perceptions of the aim. The approach outlined in section 3 above is proposed to manage this risk, by including both simple and achievable actions, alongside winning the commitment of other organisations, and exploring innovations.

5 Conclusions

- 5.1 In 2013, Leeds will see investment in improvements to health and social care for people living with dementia. Our commitment to dementia-friendly communities complements this with wider social action to improve experience of everyday life with dementia. Initial steps have been taken in line with the framework set by the national Alzheimer’s Society, but there is much to do. Potential next steps in Leeds are:
- Supporting stronger involvement of people living with dementia, families and carers.
 - Supporting the formation of a Leeds Dementia Action Alliance, with wider membership across business, community and statutory organisations, and supporting local towns and villages to sign up and identify their own leaders and ‘champions’ for dementia.
 - Leeds City Council to take a lead in ensuring a dementia-friendly approach, including dementia-awareness training for customer-facing staff.
 - Developing awareness-raising work with supermarkets and transport providers.
 - A “flagship” project to pilot a dementia-friendly environment in a supermarket or other well-used building.
 - Supporting the development of intergenerational work, including steps to involve more schools.

6 Recommendations

- 6.1 That Executive Board:
- notes the progress made on local strategy and actions to improve the experience of living with dementia in Leeds, including significant investment from local NHS transformation funds.
 - affirms the commitment to dementia-friendly Leeds, and requests local strategic partners to support the formation of a Leeds Dementia Action Alliance .
 - leads and prioritises this commitment within all areas of Executive responsibility.
 - requests all Strategic Directors to develop a proposal which identifies appropriate front-line staff to have dementia-awareness training, and the associated costs.

7 Background documents⁹

- 7.1 None.

⁹ The background documents listed in this section are available to download from the Council’s website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 23 January 2013

Subject: Work Schedule – January 2013

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

1 Purpose of this report

- 1.1 The purpose of this report is to consider the Scrutiny Board's work schedule for the forthcoming municipal year.

2 Main issues

- 2.1 An updated work schedule is attached at Appendix 1 for consideration. This incorporates the areas previously discussed and identified for inclusion in the work schedule.
- 2.2 Attached at Appendix 2 are the minutes from the Executive Board meeting held on 9 January 2013 for consideration.
- 2.3 It should be noted that the work schedule is likely to be subject to change throughout the municipal year, to reflect any emerging issues and/or any changes in the Scrutiny Board's priorities.

3 Recommendations

- 3.1 Members are asked to:
- a) Consider the current outline work schedule and agree any amendments if/ where appropriate.

4 Background papers¹

None used

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

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Area of review	Schedule of meetings/visits during 2012/13		
	December	January	February
Dementia in Leeds		Update on Strategy and Dementia friendly city SB 23 January 2013 @ 10 am	Update on Strategy and Action Plan SB 23 January 2013 @ 10 am
Mental Health Services in Leeds			WG – date to be determined
Loneliness and Social Isolation			WG – date to be determined
Public Health and Planning responsibilities			
Review of Partnership effectiveness and associated arrangements			
Other (details defined)	Care Quality Commission – local activity report SB 19 December 2012 @ 10 am Quality Accounts: Updates on progress/ priorities identified in 2012 from: <ul style="list-style-type: none"> • LTHT • LYPFT • LCH • YAS (particularly focus on Patient Transport Service performance/ progress) To include commissioner assurance – NHS ABL/ CCGs. SB 19 December 2012 @ 10 am	Public Health transition update – to include details of any Public Health funding allocations that may have been announced. SB 23 January 2013 @ 10 am Update on Services for the Blind and Visually Impaired SB 23 January 2013 @ 10 am	Update on progress against the Leeds Tobacco Action Plan and previous Scrutiny Board recommendations. Draft Quality Accounts for 2012/13 from: <ul style="list-style-type: none"> • LTHT • LYPFT • LCH • YAS To include commissioner assurance – NHS ABL/ CCGs. SB 20 February 2013 @ 10 am

Key: SB – Scrutiny Board (Health and Wellbeing and Adult Social Care) Meeting

WG – Working Group Meeting

Updated: January 2013

Area of review	Schedule of meetings/visits during 201213		
	December	January	February
Briefings		Health Service Developments Working Group WG date to be determined	Health Service Developments Working Group WG date to be determined
Budget & Policy Framework Plans			
Recommendation Tracking			
Performance Monitoring	<ul style="list-style-type: none"> 2012/13 Quarter 2 performance report NHS Airedale Bradford and Leeds Cluster – performance report SB 19 December 2012 @ 10 am		

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Key: SB – Scrutiny Board (Health and Wellbeing and Adult Social Care) Meeting

WG – Working Group Meeting

Updated: January 2013

Area of review	Schedule of meetings/visits during 201213		
	March	April	May
Dementia in Leeds			
Mental Health Services in Leeds			
Loneliness and Social Isolation			
Public Health and Planning responsibilities			
Review of Partnership effectiveness and associated arrangements	Annual Assessment by the SB SB 27 March 2013 @ 10 am		
Other (details defined)	Progress update against the Local Account SB 27 March 2013 @ 10 am		
Briefings	Health Service Developments Working Group WG date to be determined	Health Service Developments Working Group WG date to be determined	
Budget & Policy Framework Plans			
Recommendation Tracking			
Performance Monitoring	<ul style="list-style-type: none"> 2012/13 Quarter 3 performance report NHS Airedale Bradford and Leeds Cluster – performance report SB 27 March 2013 @ 10 am		

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Key: SB – Scrutiny Board (Health and Wellbeing and Adult Social Care) Meeting

WG – Working Group Meeting

Updated: January 2013

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Public Document Pack

EXECUTIVE BOARD

WEDNESDAY, 9TH JANUARY, 2013

PRESENT: Councillor K Wakefield in the Chair

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

145 Exempt Information - Possible Exclusion of the Press and Public

RESOLVED – That the public be excluded from the meeting during 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 2 to the report entitled “Council Brownfield Land Programme” referred to in Minute No. 153 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the information within the Appendix contains details relating to the financial and/or business affairs of the authority as it relates to the anticipated values attached to the sites prior to marketing, which if disclosed to the public would, or would be likely to, prejudice the future commercial interests of the Council during any subsequent open market disposal exercise.

146 Late Items

The Chair admitted to the agenda, the following late items of business:

- (a) A report entitled, ‘Local Government Finance Settlement 2013/14 and 2014/15’ (Minute No. 150 referred). It was deemed appropriate that this matter be considered by the Board as a matter of urgency in order to ensure that the Board received at the earliest opportunity the latest information on the Provisional Settlement which was announced on 19th December 2012.

Additionally the Board was in receipt of the following supplementary documents:

- a) Natural Resources and Waste Development Plan Document – Inspector’s Report. The comments made by the Scrutiny Board (Sustainable Economy and Culture) at the meeting held 20th December 2012 were submitted for consideration (Minute 154 refers)
- b) Council Brownfield Land Policy – Site Plans relating to each of the sites detailed within Appendix 1 of the submitted report were submitted to assist Members consideration of the item (Minute 153 refers)
- c) Reform of Adult Social Care and Support – An additional recommendation was submitted for Members consideration (Minute 161 refers)

147 Minutes

Draft minutes to be approved at the meeting
to be held on Friday, 15th February, 2013

RESOLVED – That the minutes of the previous meeting held on 12th December 2012 be approved as a correct record

RESOURCES AND CORPORATE FUNCTIONS

148 Monthly Financial Health Report - Month 8

The Director of Resources submitted a report presenting the Council's projected financial health position for 2012/2013 after eight months of the financial year.

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

149 Leeds City Region Business Rates Pool - update

Further to minute 88 of the meeting held 17th October 2012, the Director of Resources submitted a report providing an update on the development of the Leeds City Region Business Rates Pool. The report set out the financial context of the Pool following publication of the Local Government Finance settlement on 19th December 2012 and sought approval for Leeds to continue to be a member and act as lead authority for the LCR Pool.

In response to a Members' enquiry, the Board noted the response regarding the decision of Craven, North Yorkshire and Selby authorities not to join the LCR Pool

RESOLVED – That agreement be given for Leeds to continue as a member of the Business Rates Pool that has been designated for the Leeds City Region and as lead authority for the Pool. Notwithstanding this decision, the continuation of the Pool will be dependent upon none of the other member authorities choosing to withdraw before 16th January 2013

150 Late Item - Local Government Finance Settlement 2013/14 and 2014/15

The Board considered the report of the Director of Resources on the main features of the Provisional Local Government Finance Settlement which was announced by Government on 19th December 2012. The report outlined the implications for Leeds and contained underlying data which had only become available during the days following publication of the Provisional Settlement and too late for inclusion within the agenda for this meeting.

The Board received an update on the outcome of a meeting held between the Leader of Council, the Director of Resources and the Parliamentary Under-Secretary for London, Local Government and Planning, on 8th January 2013 in respect of Leeds' provisional financial settlement.

It was reported that the DCLG had now acknowledged that an error had been made in the calculation of the "Spending Power" figures as reproduced in paragraph 3:9 of the report and that clarification was awaited on this and several other issues from the Department.

A formal response was being prepared by officers to the Settlement in order to inform the final budget proposals to be considered by Executive Board on 15th February 2013 and to be recommended to Council on 27th February 2013

Responding to a Members' enquiry, clarification was provided on how the figures within the Settlement compared to the funding which had been anticipated for Leeds.

The concerns of the Board were noted in respect of the Settlement and it was proposed that an all-party letter be sent to the Minister detailing the concerns of the Council over the contents of the Provisional Settlement for Leeds.

RESOLVED – That the contents of the report and the intention for the Leaders of the Political Groups to write a joint letter to the Minister setting out the concerns of the Council over the contents of the Provisional Settlement for Leeds, be noted

ENVIRONMENT

151 Proposed Improvements to Golden Acre Park Bakery Cafe

The Executive Board considered the report of the Director of Environment and Neighbourhoods outlining proposals to develop the café at Golden Acre Park with the addition of a conservatory and Changing Places toilet facility, in partnership with a business sponsor and Adult Social Care

RESOLVED - That the contents of the report be noted and that support be given to the principle of a sponsorship agreement with Franklin Windows Ltd for the creation of a conservatory to the existing café at Golden Acre Park

DEVELOPMENT & THE ECONOMY

152 East Leeds Extension and East Leeds Orbital Road

The Director of City Development submitted a report on the emerging proposals for development of the East Leeds Extension and its relationship to the delivery of a new East Leeds Orbital Road. The report also sought consideration of the Council's approach to the infrastructure requirements for the proposals.

Receipt of a late representation was noted, the contents of which were addressed during the Boards' consideration of the matter.

The Board noted the experience which had been gained in obtaining central government support for such schemes through the delivery of the East Leeds Link Road project. Emphasis was placed upon the importance of other infrastructure improvements which were required in the area to ensure that future developments were sustainable. In conclusion the Board highlighted the need to progress this initiative as a priority.

RESOLVED –

Draft minutes to be approved at the meeting
to be held on Friday, 15th February, 2013

- a) That the release of funding of £150,000, necessary for the Council to undertake feasibility work on the East Leeds Orbital Road, be supported;
- b) That approval be given for the principle of the Council taking a leading role in the delivery of the East Leeds Orbital Road and other infrastructure requirements and to formally engage with the landowners about the delivery process;
- c) That the potential for the Council to use its Compulsory Purchase Order powers in the event that land requirements for the East Leeds Orbital Road cannot be secured via negotiation be noted;
- d) That a further report on the outcome of the Feasibility Study be received in due course;
- e) To request that the Director of City Development liaises with appropriate government departments to identify the support that could be made available to facilitate the delivery of infrastructure in the East Leeds Extension to support housing growth.

153 Council Brownfield Land Programme

The Director of City Development submitted a report setting out proposals for the Council to establish a Brownfield Land Programme in order to stimulate and encourage the development of new housing on Leeds City Council unallocated brownfield land.

Copies of site plans illustrating those sites identified in Appendix 1 of the report were circulated to Board Members prior to the meeting.

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

RESOLVED –

- (i) That approval be given to the establishment of a Brownfield Land Programme based on the principles set out in the report and incorporating those sites listed at Appendix 1 of the submitted report;
- (ii) That approval be given to the ring-fencing of all capital receipts arising from the sale of the sites listed in Appendix 1 to the Brownfield Land Programme;
- (iii) That approval be given for capital receipts arising from disposal of the remaining EASEL Phase 1 development sites to be incorporated into the Brownfield Land Programme;
- (iv) To note the intention to progress the acquisition of two remaining owner-occupied properties on the Askets and subject to the need for these to enable full development, to undertake a marketing exercise for disposal of the site;
- (v) That the re-allocation of uncommitted sites from the former Affordable Housing Strategic Partnership to the Brownfield Land Programme be approved;
- (vi) To note the initial potential for institutional investment in the development of rented housing and that further discussion with third

Draft minutes to be approved at the meeting
to be held on Friday, 15th February, 2013

- parties will be undertaken to establish the potential for this as a route for supporting housing growth in the city;
- (vii) That a further report presenting an evaluation of the performance of the policy be presented to the Board within 12 months

NEIGHBOURHOODS, PLANNING AND SUPPORT SERVICES

154 Natural Resources and Waste Development Plan Document - Inspector's Report

The Director of City Development submitted a report on the Natural Resources and Waste Development Plan Document, including the Inspectors Report which, following independent examination of the Plan, concluded that the Plan Document was “sound”. The Board was requested to make a recommendation to full Council that the Plan be adopted.

A copy of the full Inspectors Report was attached to the report for Members consideration. The Board was also in receipt of comments made by Scrutiny Board (Sustainable Economy and Culture) during its consideration of the DPD at the meeting held 20th December 2012.

Reference was also made to a letter of representation received from a member of the public in respect of one site located in east Leeds.

RESOLVED - That the Board notes the contents of the Inspector’s Report, including his recommendations and reasons, and recommends to full Council that the Natural Resources and Waste Development Plan Document (the Submitted DPD and Post Submission Changes) pursuant to Section 23 of the Planning and Compulsory Purchase Act 2004 as presented to this meeting, be adopted

(The resolutions referred to within this minute were not eligible for Call In, as the Development Plan Document which incorporates the Natural Resources and Waste Development Plan Document, is part of the Budgetary and Policy Framework. Therefore, the ultimate determination of such matters are reserved to Council, in line with the Council’s Budget and Policy Framework Procedure Rules)

155 Review of the ALMO Management Arrangements

The Executive Board considered the report of the Assistant Chief Executive (Customer Access and Performance) setting out the background to the review of housing management services in Leeds initiated earlier in the year and presenting options for the future delivery of housing management in the city, prior to a wider consultation on the future direction.

The review covered both the delivery aspect of the service, predominantly provided by the three ALMOs; and also the strategic landlord and other related functions provided by the Environment and Neighbourhoods directorate. Extensive engagement work had been undertaken with key stakeholders and the review had concluded that two options for the future

delivery of housing management services should be consulted upon including a full test of tenant opinion, before a final decision is taken. The two options being:

- a) Move to a single company model (e.g. a single ALMO) with a retained locality delivery structure and strengthened governance arrangements; or
- b) Move to all services being integrated within direct council management with a retained locality delivery structure and strengthened governance arrangements to include tenants and independent members.

The Board received assurances that measures would be introduced to ensure that response levels to the consultation exercise were maximised and that the implementation of the new arrangements would be done on an all-party basis, once the new arrangements had been determined. In addition, the Board received clarification on the status of the Tenant Management Organisations and considered the role of Scrutiny in the consultation process.

RESOLVED – That the progress made so far on the review be noted and that the following two options be taken forward to the next stage for consultation:

- i) a move to a single company model (e.g. a single ALMO) with a retained locality delivery structure and strengthened governance arrangements; OR
- ii) a move to all services being integrated within direct council control with a retained locality delivery structure and strengthened governance arrangements to include tenants and independent members

156 Development of New Council Houses

The Directors of City Development and Environment & Neighbourhoods submitted a joint report on the progress made towards the delivery of new Council homes over the next three years utilising Housing Revenue Account (HRA) resources. The report sought approval for the sites contained within the shortlist at Appendix 1 of the report in order to progress the proposals to the next stage of the scheme.

The Board discussed the details of the site selection and property type as outlined in the report. Responding to the comments made in respect of the use of commuted sums for the provision of Affordable Housing to assist delivery of the initiative; the Director of City Development undertook to provide a written response to the Member in question on this issue. In addition, the Board noted the comments made on the need for this initiative to have regard to provision of older peoples' housing and that a report on this issue was scheduled to be submitted to the next meeting.

RESOLVED –

- i) That approval be given to the proposals to progress the development of the HRA new build programme towards final site selection from the shortlist provided at Appendix 1, and through to the design and construction phases.

- ii) That approval be given to delegate the development of HRA new build programme to the Directors of City Development and Environment & Neighbourhoods, in consultation with the Executive Member for Development and the Economy and the Executive Member for Neighbourhoods, Planning and Support Services.
- iii) That approval be given to an injection of £1.38m of commuted sums which were previously earmarked for affordable housing and remain unallocated, bringing the total resource to £10.88m

CHILDREN'S SERVICES

157 Response to Deputation - Allerton Fields

The Director of Children's Services submitted a report setting out the response to the Deputation brought to the full meeting of Council on 12th September 2012 by the "Friends of Allerton Grange" group in respect of the Allerton Fields site. The response included proposals to transfer the site from Children's Services to the Environment and Neighbourhoods Directorate and outlined the ongoing discussions between the Directorates regarding the ownership and future maintenance of the site.

A copy of the full deputation speech made to Council was included within the report for Members consideration.

RESOLVED –

- a) That the response to the Deputation in respect of Allerton Fields and the ongoing discussions between the Council Directorates regarding future ownership and maintenance of the site be noted
- b) That the transfer of the Allerton Fields site from Children's Services to the Environment and Neighbourhoods Directorate be agreed.

158 Expression of Interest - University Technical College for Leeds

The Board considered the report of the Director of Children's Services on the submission of an Expression of Interest to the Department for Education for the establishment of a University Technical College (UTC) for Leeds with Leeds City Council being proposed as one of the main partners in this new Academy.

A copy of the Expression of Interest made on 16th November 2012 was attached for Members reference along with a copy of the response from the Parliamentary Under Secretary of State for Schools. The report sought the Boards support for the Council having a central role in any further developments in the future.

Responding to a Members' query regarding potential sites for the UTC, the Board received confirmation that a final schedule of sites would be provided once discussions with partners and stakeholders' had concluded.

In conclusion, the comments made on the need for the project to be progressed as a priority were noted, whilst the Board acknowledged the need

for the Council to work alongside the most appropriate partners in order to ensure the initiative was sustainable.

RESOLVED -

- a) That the content of the report be noted
- b) That support be given for the Council to broker discussions at the highest level to explore the potential for the development of UTCs in Leeds and helping partners move forward any proposals at pace.

159 The Development of All-Through Schools at Carr Manor and Roundhay - Lessons Learned

Further to minute 224(d) of the Executive Board meeting held 7th March 2012, the Director of Children's Services submitted a report advising Members of the lessons learned following the report taken to Scrutiny Board (Children's and Families) on 27th September 2012 in respect of the all-through school developments at Carr Manor and Roundhay. The report set out the history of the two Basic Need projects and detailed the recommendations of the Scrutiny Board.

Members noted the work undertaken by Scrutiny Board (Children and Families) and expressed thanks to Councillor J Chapman, Chair of Scrutiny Board (Children and Families) who was in attendance at the meeting.

RESOLVED –

- a) That the recommendations made by Scrutiny Board (Children and Families) at its meeting held 27th September 2012 be noted; and
- b) That the lessons learned from the Carr Manor and Roundhay projects and the changes in procedure which have been implemented, be noted

ADULT SOCIAL CARE

160 Dementia Friendly Cities

The Director of Adult Social Services and the Director of Public Health submitted a joint report providing an overview of what is meant by the term "dementia-friendly" communities and advising the Board of the work undertaken so far in Leeds to develop a plan for a dementia-friendly Leeds.

Members commented on the growing demand for services and the important role played by volunteers and families in service provision, whilst also noting the work being undertaken in related areas by the Health and Wellbeing Board and Healthy Leeds Partnership.

RESOLVED -

- a) To note the progress made on local strategy and actions to improve the experience of living with dementia in Leeds, including the significant investment from local NHS transformation funds
- b) That a commitment to dementia-friendly Leeds be affirmed and that support be given to the request for local strategic partners to support the formation of a Leeds Dementia Action Alliance

- c) That the Board supports the initiative to lead and prioritise this commitment within all areas of Executive responsibility
- d) That all Strategic Directors be requested to develop a proposal which identifies appropriate front-line staff to have dementia-awareness training, and the associated costs.

161 Reform of Adult Social Care and Support

The Director of Adult Social Services submitted a report providing a summary of the Government's plans for the development of social care and support in England and a summary of the current position in Leeds in respect of the proposals set out in the "Better Lives for Leeds" strategy.

In addition to the report, the Board considered an additional recommendation proposed by the Executive Member for Adult Social Care.

Reflecting on the increasing demand for services, the Board noted the importance of maximising care provision in local communities.

RESOLVED –

- a) That the contents of the report be noted, particularly the requirements that will be made of adult social care services in the future consequent to the passage of the relevant legislation
- b) That cross party support be given to the introduction of a new funding model for Adult Social Care Services which is adequately resourced and able to provide long term sustainability for the sector
- c) That cross-party support be given to the "Show Us You Care" campaign initiated by the Local Government Association and that support be given for the proposal to write a letter to local MPs and to raise local awareness of the issue

DATE OF PUBLICATION: 11TH JANUARY 2013

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 18TH JANUARY 2013 (5.00P.M.)

(Scrutiny Support will notify Directors of any items called in by 12.00 p.m. on 21st January 2013)

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