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Leeds CITY COUNCIL

HEALTH AND WELLBEING BOARD

Meeting to be held in Civic Hall, Leeds on
Wednesday, 2nd October, 2013 at 4.15 pm

MEMBERSHIP

Councillors

J Blake S Golton G Latty
L Mulherin (Chair)
A Ogilvie

Directors

Sandie Keene – Director of Adult Social Services
Nigel Richardson – Director of Children's Services
Dr Ian Cameron – Director of Public Health

Third Sector Representative

Susie Brown – Zest – Health for Life

Representative of NHS (England)

Andy Buck, Director, NHS England

Representatives of Clinical Commissioning Groups

Dr Jason Broch	Leeds North CCG
Nigel Gray	Leeds North CCG
Matt Ward	Leeds South and East CCG
Dr Gordon Sinclair	Leeds South and East CCG
Dr Andrew Harris	Leeds West CCG
Phil Corrigan	Leeds West CCG

Representative of Local Healthwatch Organisation

Linn Phipps – Healthwatch Leeds
Mark Gamsu – Healthwatch Leeds

Agenda compiled by:
Andy Booth
Governance Services Tel:0113 247 4325

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 25 of the Access to Information Rules (in the event of an Appeal the press and public will be excluded) (*In accordance with Procedure Rule 25, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting)	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED** – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-	

3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration (The special circumstances shall be specified in the minutes)	
4			**DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.	
5			**APOLOGIES FOR ABSENCE** To receive any apologies for absence	
6			**OPEN FORUM** At the discretion of the Chair, a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Health and Wellbeing Board. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.	
7			**MINUTES - 24 JULY 2013** To confirm the minutes of the meeting of 24 July 2013 as a correct record.	1 - 8
8			**URGENT CARE CASE STUDY VIDEO** Commissioned by the Health and Wellbeing Board at the meeting in May, this video presents a series of case study films of Leeds citizens who have experienced multiple uses of urgent care	

9			**DELIVERING THE JOINT HEALTH AND WELLBEING STRATEGY OUTCOME 2 - PEOPLE WILL LIVE FULL, ACTIVE AND INDEPENDENT LIVES** Reviews of actions and status on this outcome	9 - 34
10			**NHS ENGLAND** Partner perspective and call to action	35 - 38
11			**FINANCE UPDATE** A – Outline of Financial Challenges facing Health and Social Care in Leeds B – Funding Transfer from NHS England to ASC 2013-14	39 - 54
12			**LEEDS SAFEGUARDING CHILDREN BOARD - ANNUAL REPORT 2012/13** To receive the annual report of the Leeds Safeguarding Children Board	55 - 76
13			**INTEGRATED HEALTH AND SOCIAL CARE PIONEERS** Update on the shortlisting stage	77 - 86
14			**ANY OTHER BUSINESS**	
15			**FOR INFORMATION: AT SAFEGUARDING**	87 - 94
16			**DATE AND TIME OF NEXT MEETING** Wednesday, 20 November at 1.30 p.m.	

HEALTH AND WELLBEING BOARD

WEDNESDAY, 24TH JULY, 2013

PRESENT: Councillors

Councillor L Mulherin in the Chair

Councillors J Blake, S Golton, G Latty, and A Ogilvie

Directors

Sandie Keene – Director of Adult Social Services
Nigel Richardson – Director of Children's Services
Dr Ian Cameron – Director of Public Health

Third Sector Representative

Susie Brown – Zest – Health for Life

Representative of NHS (England)

Andy Buck, Director, NHS England

Representatives of Clinical Commissioning Groups

Dr Jason Broch	Leeds North CCG
Nigel Gray	Leeds North CCG
Matt Ward	Leeds South and East CCG
Dr Gordon Sinclair	Leeds South and East CCG
Phil Corrigan	Leeds West CCG

Representative of Local Healthwatch Organisation

Linn Phipps – Healthwatch Leeds
Mark Gamsu – Healthwatch Leeds

14 Late Items

There were no late items. Members were issued with a revised appendix for Agenda Item 12, A Framework to Measure Progress.

15 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests

16 Apologies for Absence

Apologies for absence were submitted on behalf of Dr A Harris.

17 Open Forum

The Chair allowed a period of up to 10 minutes for members of the public to make representations on matters within the terms of reference of the Health and Wellbeing Board. On this occasion no members of the public wished to speak.

18 Minutes - 22 May 2013

RESOLVED – That the minutes of the meeting held on 22 May 2013 be approved as a correct record subject to the following amendments:

Minute 8 – Joint Health and Wellbeing Strategy and Performance

To add:

- It was suggested that it could be useful for Board Members to understand who is taking the lead on developing each of the outcomes indicators and for this information to be circulated to the Board.

Minute 3 – Declarations of Disclosable Pecuniary Interests

To be amended as follows:

- Dr J Broch and Dr A Harris drew the Board's attention to the fact as practising GPs, they could have interests in items that were of a strategic nature that affected General Practice incomes.

19 Procedural Issues

The report of the City Solicitor/Chief Officer Health Partnerships asked the Health and Wellbeing Board to confirm additional member and substitute member appointments and voting arrangements for the 2013/14 municipal year.

The following nominations had been received:

- Healthwatch – Mark Gamsu
- Leeds North CCG – Nigel Gray
- Leeds West CCG – Phil Corrigan
- Leeds South and East CCG – Matt Ward
- Third Sector – Solo, Chief Executive, Age UK (Leeds)
- NHS Leeds – Elaine Wyllie

RESOLVED –

(1) That those nominated by the CCGs and Healthwatch Leeds become additional Board Members who are non voting, with substitute voting

rights in the absence of the member of the Board from the same organisation who has voting rights.

(2) That the named substitute for NHS England be able to participate in meetings only in the absence of the Member of the Board from the same organisation and to be non voting.

(3) That the named substitute from the Third Sector be able to participate in meetings only in the absence of the member of the Board from the third sector and to vote.

20 Joint Health and Wellbeing Strategy Outcome 1 - People will live longer and have healthier lives

The report of the Director of Public Health provided an update on the range of activity being driven by strategic partnerships on Leeds to achieve the Joint Health and Wellbeing Strategy Outcome 1: People will live longer and have healthier lives. The report described past trends in performance of the six headline indicators that will demonstrate progress towards achieving the outcome and sought views from the Board on further steps, action and support needed to achieve the outcome.

The Board was given a presentation on the following priorities to achieve the outcome:

- Priority 1 – Support more people to choose healthy lifestyles
- Priority 2 – Ensure everyone will have the best start in life
- Priority 3 – Ensure people have equitable to access to screening and prevention services to reduce premature mortality

In response to Members' comments and questions, the following issues were discussed:

- Support from pharmacies – currently provide support to help people stop smoking – could this be extended to drugs and alcohol.
- Leeds Let's Change Programme – how to raise awareness of this.
- Alcohol and drug use – concern regarding the high number of alcohol dependants in Leeds and only 10% receiving treatment; long term need to change attitudes, re-commissioning of alcohol and drug services – need to reflect the broader range of drugs used; Licensing – restrictions due to licensing act and health not being a statutory consultee for licensing – involvement of partners including Police, Environmental Health and the Licensing Committee – how could the Health and Wellbeing Board be an influence?
- NHS Health Checks – Early diagnosis; targeting those at risk and addressing inequalities in areas such as South East Leeds; impact of health checks and how to increase uptake of health checks.
- Smoking cessation – involvement had flatlined recently and ways to encourage more people to stop smoking was discussed. It was reported that smoking cessation services had been successful and other issues raised included the potential introduction of plain packaging.

- Children's issues – safeguarding issues for younger children and how early intervention can prevent children and young people entering child protection plans or care, the importance of parents developing bonds with children and impact on emotional health and wellbeing, educational outcomes, social skills and long term health impact of the first two years of a child's development.
- GP performance and GP focus on improving health outcomes.
- Overall role of Health and Wellbeing Board – how could the Board influence issues relating to the outcomes and priorities.

RESOLVED –

(1) That the report be noted.
(2) That the content of the report as a basis for coordinated action across all agencies be endorsed and supported.

21 Joint Strategic Needs Assessment (JSNA)

The report of the Director of Public Health provided the Board with an update on the Joint Strategic Needs Assessment (JSNA) and Pharmaceutical Needs Assessment (PNA). It also asked the Board to agree future governance arrangements for the JSNA and the process for delivering on the requirement to produce a PNA to inform NHS England's decisions on commissioning pharmaceutical services for Leeds.

The Board was given a presentation on the Joint Strategic Needs Assessment and Pharmaceuticals Need Assessment. Issues highlighted included the following:

- How the JSNA was being used.
- Work in progress.
- Development and design of the new JSNA
- Statutory duty of the Health and Wellbeing Board – Scope and Governance Arrangements – influencing commissioning, what should the JSNA look like?

In response to Members comments and questions, the following was discussed:

- The need for qualitative information.
- How to break information down to a more local basis.
- Development of links between Area Committees and the CCGs.
- Information on the JSNA and PNA is available via the Leeds Observatory.
- How effective are services at working together and what better impact could be achieved if things were done differently.

- Contribution of community and voluntary groups.
- Reduction of health inequalities.

RESOLVED –

(1) That the update on the development of the Leeds JSNA and the reflections from an audit of the JSNA in relation to key criteria be noted.
(2) That the vision and scope of the future development of the JSNA in Leeds be agreed.
(3) That the arrangements for the future governance arrangements of the JSNA in Leeds be agreed.
(4) That the process for developing a Pharamceutical Needs Assessment to inform NHS England's decisions on commissioning pharmaceutical services for Leeds be agreed.

22 Healthwatch

The report of Healthwatch Leeds updated the Board on the progress made since the appointment of the Healthwatch Leeds consortia earlier this year. It also set out the intentions of Healthwatch Leeds and the support with which the Health and Wellbeing Board and Healthwatch Leeds could provide each other.

It was reported that the following two issues were key to having a successful Healthwatch in Leeds:

- How to listen to views of individuals and groups across Leeds, and
- To help those views to have an influence and shape what gets done and what gets commissioned.

Members' attention was brought to the following issues:

- Recruitment of volunteers and what key skills they could bring
- The need to work closely with partners including third sector partners
- Use of social media
- What would a successful Healthwatch look like and what would it do?
- How Healthwatch could best support the Health and Wellbeing Board
- How to be an exemplar Healthwatch

In response to Members comments and questions, the following issues were discussed:

- Patient and public involvement in Leeds.
- How to get feedback from the public on services provided such as the health check for over 40s.
- Relationship with Scrutiny and how Healthwatch could support Scrutiny – it was proposed for Healthwatch to meet with the Scrutiny Chair and Chair of the Health and Wellbeing Board.

- Provision of information on how to access care to both newcomers to the city and those who already live there.
- Involvement of young people.

RESOLVED –

(1) That the report and progress made to date be noted.
(2) That the Healthwatch representative looks into how children and young people can be further included in the plans of Healthwatch and feed back to Councillor Blake especially in relation to the Young People's Board.

23 A Framework to Measure Progress

The report of the Chief Officer, Health Partnerships set out a proposed framework to measure progress for the Joint Health and Wellbeing Strategy, enabling the Board to assess progress against the outcomes within the strategy, and providing assurance that delivery mechanisms are in place to make a difference to the health of the people of Leeds. It covered aspects of performance and delivery yet to be programmed into the Board's schedule, such as the format and frequency of reporting against the 22 indicators within the JHWS.

Members were given a presentation on the Performance and Delivery Framework.

In response to Members comments and questions, the following issues were discussed:

- Provision of more local information
- Speed of access to services – reference to Children's Mental Health Services.
- 'Deep Dives' could provide more detailed information on the indicators.
- Provision of further comparative information to measure performance in Leeds.
- The Health and Wellbeing Board would receive an updated performance report every two months.

RESOLVED –

(1) That the Health and Wellbeing Board commits to the resource and partnership implications of the report and agree on the proposed frequency of Performance and Delivery Reports.
(2) That consideration be given as to how best to reflect the city's ambition to be best city for Health and Wellbeing as a comparator for data.
(3) That an additional column be added to the template which allows for comparison between Leeds and national figures.

24 Funding transfer from NHS England to Adult Social Care 2013-14

The report of the Deputy Director, Adult Social Care and Accountable Officers, Leeds Clinical Commissioning Groups sought approval for the Health and Wellbeing Board to delegate authority in regard to approving the funding transfer from NHS England to Leeds City Council, Adult Social Care, in order to facilitate timely transfer of the funding.

RESOLVED –

(1) That delegated authority be given to the Chair of the Board and Executive Member for Adult Social Care, to approve the proposal for funding transfer once agreement has been reached between the three CCGs and Adult Social Care and the appropriate documents have been completed.
(2) That a full paper on the 2013-14 funding transfer, purpose of the funds and process for funding transfer in 2014-15 onwards to be prepared for the Board for the meeting on 2 October 2013.

25 For information: Integrated Health and Social Care Pioneers

The report of the Chief Officer, Health Partnerships referred to the decision of the Board at its meeting in May 2013 to submit an expression of interest for Leeds to become a Health and Social Care Integration Pioneer.

It was reported that there had been over one hundred expressions of interest submitted and it was expected that the results would be known by October 2013.

RESOLVED –

(1) That the Expression of Interest (EoI) to become an integrated health and social care pioneer, approved by Councillor Mulherin on behalf of the Health and Wellbeing Board as agreed at the last meeting be noted.
(2) That the submission of the EoI and that the first cohort of pioneers will be announced in September 2013 be noted.
(3) That the Health and Wellbeing Board continue to provide steer and support for the Leeds transformation offer described in the EoI, should Leeds be successful.
(4) That becoming a pioneer will enable Leeds to improve outcomes around health and wellbeing for the people of Leeds be noted.

26 Date and Time of Next Meeting

Wednesday, 2 October 2013 at 4.15 p.m.

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Leeds Health & Wellbeing Board

Report authors:
Liane Langdon (07931 547427)
Peter Roderick (01132474306)

Report of: **Chief Officer, Health Partnerships**

Report to: **Leeds Health & Wellbeing Board**

Date: **02 October 2013**

Subject: **Delivering the JHWS – Focus on Outcome 2**

Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

The appendix to this report presents to the Board a detailed picture of current work being undertaken to deliver the Leeds Joint Health and Wellbeing Strategy 2013-15. In particular, it focusses on Outcome 2 of the strategy, 'People will live full, active and independent lives'.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the Overview (1), Exceptions (3) and Commitments (4) section of the report for information and discussion if required.
- Discuss and receive a presentation focussing on outcome 2 of the strategy (2), and:
    - Consider the appetite for risk of the health and local authority community in relation to the public perception and response to potential system changes within urgent/preventative care
    - Consider the balance of investment between actions to avoid entrance to the urgent care system (e.g. admissions avoidance) and those designed to improve flow (e.g. facilitating discharge)
    - Consider how health and social care partners build trust within the community in the full range of support and interventions available

1 Purpose of this report

To present to the Board a detailed picture of current work being undertaken to deliver the Leeds Joint Health and Wellbeing Strategy 2013-15, in particular focussing on Outcome 2 of the strategy, 'People will live full, active and independent lives'.

2 Background information

2.1 The Joint Health and Wellbeing Strategy (JHWS) sets a challenge for the Board to focus on five health and wellbeing outcomes for the city of Leeds, with each outcome being discussed in detail at consecutive Board meetings. At the Board meeting on the 24th of July 2013, the Board agreed a 'Framework to measure our progress' which proposed bringing together all performance and delivery information into one holistic report. This report is the first iteration of that holistic 'Delivery Report' which brings together the regular monitoring of work on the Overview (1), Exceptions (3) and Commitments (4) section of the report for information, together with the detailed focus on Outcome 2 at section (2).

3 Main issues

3.1 *Section 1 – Overview*

The Board are receiving here the scorecard giving the current Leeds position on the 22 indicators contained within the Joint Health and Wellbeing Strategy. One 'red flag' exception has been added to the data (see below).

Section 2 – Outcome Focus

There are three main issues arising from this section:

- The integration of health and social care systems for neighbourhoods requires both reconfiguration and integration of services and a whole system change in order to realise the potential benefits of the new ways of working.

- The community based provision of service has been in flux for many years with emphasis moving from activity to avoid admissions to activity to facilitate discharge

- Reforms in the urgent care system will need to include significant changes to both the style and structure of service provision, the success of which will depend on the public trust in the new provision and capitalisation on the concepts of citizenship and responsibilities

Section 3 – Exceptions

One exception has been noted during this period, for indicator 10 (the proportion of people feeling supported to manage their condition). Background reasons are supplied, along with suggested next steps.

Section 4 – Commitments

Delivery and performance information has been given on all four commitments. The Board may wish to consider the data development suggestions noted at the end of commitments 1, 3 and 4.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 The JHWS was the subject of rigorous consultation and engagement process, and as such, the regular reports on the delivery of the strategy roll out of work already achieved to bring partners together around shared objectives.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 There are no specific Equality and Diversity / Cohesion and Integration implications of this report.

4.3 Resources and value for money

4.3.1 This report plays a key role in enabling the Board to decide how the city makes the "best use of collective services" and spends the Leeds Pound wisely.

4.4 Legal Implications, Access to Information and Call In

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

4.5 Risk Management

4.5.1 There are a number of risk management issues identified within section (2) of this report, the focus on Outcome 2:

- The programmes of work are being undertaken within a programme management structure including formal risk management overseen by the Transformation Board.
- A financial risk share agreement is in place between the health commissioners in the city to mitigate any disproportionate financial impact in this financial year.
- A watching brief is being held on the changing financial environment for health and social care commissioners in the city and on-going assessment of the associated risks in the system from both this and activity pressures generated by both demographic and social changes.

- An unseasonal increase in demand for Urgent Care services was seen in August of this year which is being explored by the Operational Urgent Care Board to assess the future potential risk.

5 Conclusions

5.1 A considerable amount of work is underway to align the large amount of existing Health and Wellbeing work in Leeds with the Joint Health and Wellbeing Strategy, and to take a systematic overview of the current health of the city to determine additional work necessary to achieve the ambitions of the Health and Wellbeing Board to make Leeds a 'healthy and caring city for all ages'. This report provides the assurance to the Board on this work.

5.2 In relation to Outcome 2, there are two specific conclusions to be drawn from this report:

- The system is likely to experience challenges in managing the resources to deliver the aspirations of the programmes, particularly with respect to the increased call on intermediate tier services and managing the impact of any periods of dual running of services.

- A significant change in the relationship between provision and consumption of resource will be required in order to make the most of the service changes.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the Overview (1), Exceptions (3) and Commitments (4) section of the report for information and discussion if required.

- Discuss and receive a presentation relating to the second section of the report (Outcome 2 focus), and:

    - Consider the appetite for risk of the health and local authority community with relation to the public perception and response to potential system changes within urgent/preventative care

    - Consider the balance of investment between actions to avoid entrance to the urgent care system (e.g. admissions avoidance) and those designed to improve flow (e.g. facilitating discharge)

    - Consider how the health and local authority community build trust with the community in the full range of support and interventions available

Leeds Health and Wellbeing Board

Delivering the Strategy

(Focus on Outcome 2)

Measuring our progress against the Joint Health and Wellbeing Strategy 2013-15

Report for the Board

October 2013

Introduction

This bi-monthly report enables the Leeds Health and Wellbeing Board to monitor progress on the Joint Health and Wellbeing Strategy (JHWS) 2013-15, and achieve our aspiration to make Leeds the Best City for Health and Wellbeing.

The JHWS spans the work of the NHS, social care, Public Health and the 3rd sector for children, young people and adults, and considers wider issues such as housing, education and employment. With a vision to see Leeds become a healthy and caring city for all ages, the Health and Wellbeing Board has set five **outcomes** for our population, which lead to 15 **priorities** for partners on the board to act upon to make the best use of our collective resources. We will measure our progress at a strategic level by keeping close watch on 22 **indicators**, and over the course of the Board's work we will develop these indicators to bring in supplementary data, further informing our insight into the challenges facing Leeds.

The Board have also identified four **commitments** which we believe will make the most difference to the people of Leeds:

- Support more people to choose healthy lifestyles
- Ensure everyone will have the best start in life
- Improve people's mental health and wellbeing
- Increase the number of people supported to live safely in their own homes

What is Outcomes-Based Accountability?

Throughout these reports, we have chosen to use an approach called Outcomes Based Accountability (OBA), which is known to be effective in bringing about whole system change.

OBA is 'an approach to planning services and assessing their performance that focusses on the results – or outcomes – that the services are intended to achieve', and 'a way of securing strategic and cultural change' within a partnership (Pugh, 2010: NFER). OBA distinguishes between three categories of data and insight:

How much did we do? (the quantity of the effort)	How well did we do it? (the quality of the effort)
Is anyone better off? (the quantity and quality of the effect)	

The following framework for measuring our progress against the JHWS uses these concepts by focussing on the performance of services, plans, projects and strategies, together with a close monitoring of the population outcomes: who is better off as a result of our efforts. In addition, throughout the lifetime of the JHWS a number of OBA workshops will take place to further explore what can be done differently.

Joint Health and Wellbeing Strategy

A framework for measuring progress

1. Overview

Zoom-out: a scorecard-on-a-page

- Leeds' current position on all 22 indicators
- Benchmarked where possible
- Broken down by locality and deprivation
- Using the latest data available

2. Outcome

Zoom-in: a narrative report:

- Focus on outcome 2 of the Strategy
- Uses additional data to give a fuller picture
- Emphasises the *delivery* of the priorities using OBA questions:
  - How much did we do?
  - How well did we do it?
  - Is anyone better off?

3. Exceptions

A space to highlight issues and risks:

- Includes further details on 'red flag indicators' showing significant deterioration
- Other performance concerns and exceptions raised by Board members

4. Commitments

Assurance on work around the 4 commitments:

- Delivery templates detailing resources, risks, partnership strategies
- Any other datasets and relevant scorecards giving supplementary information on the 22 indicators

Overview: the 22 Indicators

Out-come	Priority	Indicator	LEEDS	DOT[1]	ENG AV.	BEST CITY[2]	SE CCG/ SE LCC[3]	W CCG/ WNW LCC[3]	N CCG/ ENE LCC[3]	Period	Good =	Freq.	OF[4]	
1. People will live longer and have healthier lives	1. Support more people to choose healthy lifestyles	1. Percentage of adults over 18 that smoke.	22.24%	⇩	20%		26. 79% ⇩	21. 48% ⇩	17. 88% ⇩	Q3 12/13	LO	Quarterly	PH OF	
		2. Rate of alcohol related admissions to hospital (per 100,000)	1762	⇩	1895		1788	1891	1494	2010/11	LO	Year.	PH OF	
	2. Ensure everyone will have the best start in life	3. Infant mortality rate (per 1,000 births)	4.51	⇧	4.32		5.26 ⇧	4.04 ⇧	4.25 ⇧	2009/10	LO	Year.	PH OF	
		4. Excess weight in 10-11 year olds	34.64%	⇩	33.4%		36.23% ⇩	34.12% ⇧	33.12% ⇧	2012	LO	Year.	PH OF	
	3. Ensure people have equitable access to screening and prevention services to reduce premature mortality	5. Rate of early death (under 75s) from cancer (per 100,000)	112.48	⇧	106.7		131.92	106.28	96.98	2008-10	LO	Year.	PH OF	
		6. Rate of early death (under 75s) from cardiovascular disease (per 100,000)	70.84	⇧	62.0		81.56	66.52	63.74	2008-10	LO	Year.	PH OF	
2. People will live full, active and independent lives	4. Increase the number of people supported to live safely in their own home	7. Rate of hospital admissions for care that could have been provided in the community (per 100,000)	1316	⇩	1040		1571 ⇩	1238 ⇩	1141 ⇩	2011/12	LO	Year.	CCG OI	
		8. Permanent admissions of older people to residential and nursing care homes, per 100,000 population	703	⇩	7.198	703 Leeds	757.5	679.5	628.6	Q3 12/13	LO	Quarterly	ASC OF	
	5. Ensure more people recover from ill health	9. Proportion of people (65 and over) still at home 91 days after discharge into rehabilitation	89.7%	⇧	82.6%	89.7% Leeds	73.9%	92.9%	100%	Q3 12/13	HI	Quarterly	ASC OF	
	6. Ensure more people cope better with their conditions	10. Proportion of people feeling supported to manage their condition	52.3%	N/A	51.9%		52.0% ⇩	52.5% ⇩	52.6% ⇩	2012/13	HI	2x Year.	CCG OI	
3. People's quality of life will be improved by access to quality services	7. Improve people's mental health & wellbeing	11. Improved access to psychological services: % of those completing treatment moving to recovery	47.51%	⇩	46.8%		43.79% ⇧	52.1% ⇧	47.1% ⇩	Q4 12/13	HI	Quarterly	CCG OI	
	8. Ensure people have equitable access to services	12. Improvement in access to GP primary care services	74.9%	N/A	76.3%		71.9% ⇩	74.6% ⇩	79.3% ⇩	2012/13	HI	2x Year.	NHS OF	
	9. Ensure people have a positive experience of their care	13. People's level of satisfaction with quality of services	67.6%	⇧	63%	67.6% Leeds	71.8%	66.3%	66.9%	Q3 12/13	HI	Quarterly	ASC OF	
		14. Carer reported quality of life	8.1	N/A	N/A	8.7 Newcastle	7.8	8.4	7.9	2011/12	HI	Year.	ASC OF	
4. People involved in decisions	10. Ensure that people have a voice and influence in decision making	15. The proportion of people who report feeling involved in decisions about their care	93%	N/A	N/A					Q3 12/13	HI	2x Year	ASC OF	
	11. Increase the number of people that have more choice and control over their health and social care services	16. Proportion of people using social care who receive self-directed support	70.4%	⇧	39.8%	70.4% Leeds				Q3 12/13	HI	Quarterly	ASC OF	
5. People will live in healthy and sustainable communities	12. Maximise health improvement through action on housing, transport and the environment	17. The number of properties achieving the decency standard	96.92	⇔	N/A					2012	HI	Year.	Local	
	13. Increase advice and support to minimise debt and maximise people's income	18. Number of households in fuel poverty	17.2%	⇔	16.4%					2010	LO	Year.	PH OF	
		19. Amount of benefits gained for eligible families that would otherwise be unclaimed	£4,465,530	N/A	N/A					Q1 2013	N/A	Quarterly	Local	
	14. Increase the number of people achieving their potential through education and lifelong learning	20. The percentage of children gaining 5 good GCSEs including Maths & English	55%	⇧	59.4%					2012	HI	Year.	DFE	
	15. Support more people back into work and healthy employment	21. Proportion of adults with learning disabilities in employment	7.3%	⇧	6.5%	7.8% Liverpool	8.45%	10%	5.3%	Q3 12/13	HI	Quarterly	ASC OF	
		22. Proportion of adults in contact with secondary mental health services in employment	22.94%	⇩	27.42%					Q1 2011/12	HI	Quarterly	NHS OF	

[1] DOT = Direction of Travel (how the indicator has moved since last time) [2] Best performing Core City, where available [3] Local data is provided on CCG area (1,2,3,4,5,6,7,10,11,12) or Council management area (8,9,13,14,21) [4] OF = Outcomes Framework

Notes on indicators

Red text indicates the H&WB Board 'commitments'
Core Cities: Manchester, Sheffield, Leeds, Birmingham, Nottingham, Newcastle, Liverpool, Bristol

2) The unit is directly age standardised rate per 100,000 population. **3)** The rate is per 1,000 live births. Calculations are based on the geographical coverage of the CCGs and registration with GPs in the CCG. **4)** Calculations are based on the geographical coverage of the CCGs and registration with GPs in the CCG. **5)** Crude rate per 100,000 using primary care mortality database deaths and Exeter mid-year populations. **6)** Crude rate per 100,000 using primary care. **7)** The peer is England average. The national baseline is 2011/12. The unit is directly standardised rate per 100,000 population. Arrows show direction of travel compared to 2010/11 figures. Future figures are likely to show improvement. Current national figures are for the 19+ age range. This may change to all ages. **8)** The peer is a comparator average for 2011/12. **9)** The peer is a comparator average for 2011/12. The unit is percentage of cohort. **10)** The peer is England average. The National baseline is July 11 to March 12. The unit is percentage of respondees weighted for non-response. The source is COF. National baseline calculation currently differs from COF technical guidance. Expect two GP patient surveys per year. No direction of travel arrows can be shown for this indicator in this report due to changes to the questionnaire design, survey frequency and weighting scheme used. This prevents direct comparisons with previous years' data. **11)** The peer is England average. The unit is percentage of patients. Arrows show direction of travel compared to Q1, 2012/13 (the earliest quarter for which CCG level data available). This indicator is included in the CCG outcomes framework but the NHS England Area Team may wish to monitor CCG IAPT performance on % of population entering treatment. **12)** The peer is England average. The local baseline used is Jul 11 to March 12. The unit is percentage of respondees. No direction of travel arrows can be shown for this indicator in this report due to changes to the questionnaire design, survey frequency and weighting scheme used. This prevents direct comparisons with previous years' data. South and East CCG data excludes York St Practice. **13)** The peer is a comparator average for 2011/12. **14)** Base line data only. First time produced and no comparator data available. Progress will be shown in future reports. The source is National Carers Survey for period 2011/12. Measured as a weighted aggregate of the responses to the following aspects: Occupation (Q7); Control (Q8); Personal Care (Q9); Safety (Q10); Social Participation (Q11) Encouragement and Support (Q12). **15)** This question has been removed from the Adult Social Care Survey. Data given is historical, for the indicator 'the proportion of people who report that adult social care staff have listened to your views'. Further work is being done to develop this indicator into a more robust and ongoing one. 16) The peer is a comparator average for 2011/12. The forecast is over 70% by end of ear. **17)** The target figure is generally regarded as full decency as properties drop in and out of decency at various times. Data includes houses within the social sector only, and data is not available on private rented and owner-occupier housing stock. **19)** This data has not previously been collected, and is an aggregation of data received from GP practices, Mental Health Outreach Services, Children's Centres, and WRUs. **20)** The % of pupils in Leeds achieving five or more GCSEs (or equivalent) at grades A*-C, including GCSEs in English and Maths, has improved 1.3 percentage points in 2012, to 55.0%. Leeds remains below the national figure, though national results improved by only half a percentage point to 59.4%, meaning Leeds has slightly narrowed the gap to the national average. Leeds is ranked 123 out of 151 local authorities on this indicator, putting Leeds in the bottom quartile in 2012. The improvement achieved in statistical neighbour authorities (2.4 percentage points) was higher than the improvement in Leeds; attainment in Leeds is now 3.8 percentage points lower than in statistical neighbour authorities. **21)** The peer is Metropolitan District average for 2011/12. The unit is percentage of service users with record of employment. **22)** Data is published at Local Authority Level only. Arrows show direction of travel compared to the same quarter the previous year.

Outcome 2: People will live full, active and independent lives

Summary of main issues

The integration of health and social care systems for neighbourhoods requires both reconfiguration and integration of services and a whole-systems change in order to realise the potential benefits of the new ways of working

The community based provision of service has been in flux for many years with emphasis moving from activity to avoid admissions to activity to facilitate discharge

Reforms in the urgent care system will need to include significant changes to both the style and structure of service provision, the success of which will depend on the public trust in the new provision and capitalisation on the concepts of citizenship and responsibilities

Recommendations

The Health and Wellbeing Board is asked to:

Consider the appetite for risk of the health and local authority community with relation to the public perception and response to potential system changes

Consider the balance of investment between actions to avoid entrance to the system (e.g. admissions avoidance) and those designed to improve flow (e.g. facilitating discharge)

Consider how the health and local authority community build trust with the community in the full range of support and interventions available

1 Purpose of this report

1.1 To highlight the significant joint programmes of work underway to ensure delivery on JHWS Outcome 2.

1.2 To highlight the aspects of the work that can only be secured by a concerted and joint effort from all members of the Health and Wellbeing partnership.

2 Background information

2.1 Increasing the number of people who feel supported to live in their homes, ensure more people recover from ill health and ensure more people cope better with their conditions are key priorities for the city wide Transformation Programme including the integration of community based health and social care teams, reform of dementia, end of life services and urgent care services.

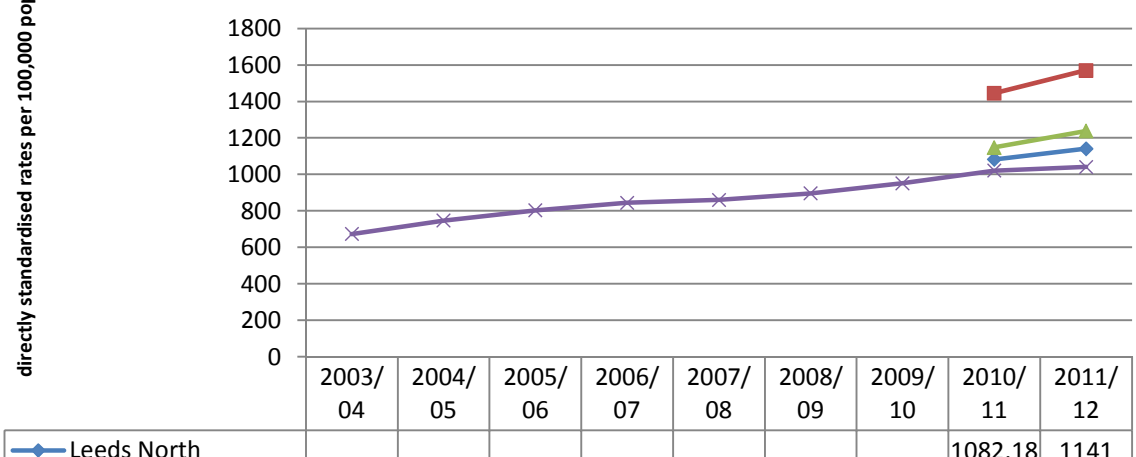
2.2 In the Integration work stream we are implementing an evidence-based approach focused on seeing the whole person, with an emphasis on improving their experiences and outcomes, and supporting people to remain independent, living in their own homes for longer - involving the following dimensions:

- Risk stratification to identify people who are likely to need care and support in the future- the tool is now in all practices
- Integrating primary, community, hospital, mental health and social care
- Empowering people to self-care - recognising the wealth of local community providers that support people and their carers.

2.3 Priority 4 - Increase the number of people to feel supported to live in their own homes.

2.4 Twelve integrated health and social care neighbourhood teams across the city now coordinate care and support around the needs of older people and those with long term conditions. Focused on clusters of GP practices and their registered populations (60-80,000 per neighbourhood), these teams work closely with primary care, using outputs from risk stratification to provide an opportunity for proactive input to prevent deterioration of health. Core teams focus on the whole person and draw on specialist support when required, including input from geriatricians and Long Term Conditions consultants and re-ablement teams. As the building blocks of our delivery model, the neighbourhoods provide an opportunity to build relationships with third sector providers to ensure appropriate care and support and effective resource utilisation. Work at the secondary care interface aims to improve communication between hospitals and neighbourhood teams to prevent inappropriate admissions and reduce lengths of stay.

Rate of hospital admissions for care that could have been provided in the community.



	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Leeds North								1082.18	1141
Leeds South and East								1445.53	1571
Leeds West								1147.35	1238
England	673	747	803	844	860	895	951	1021	1040

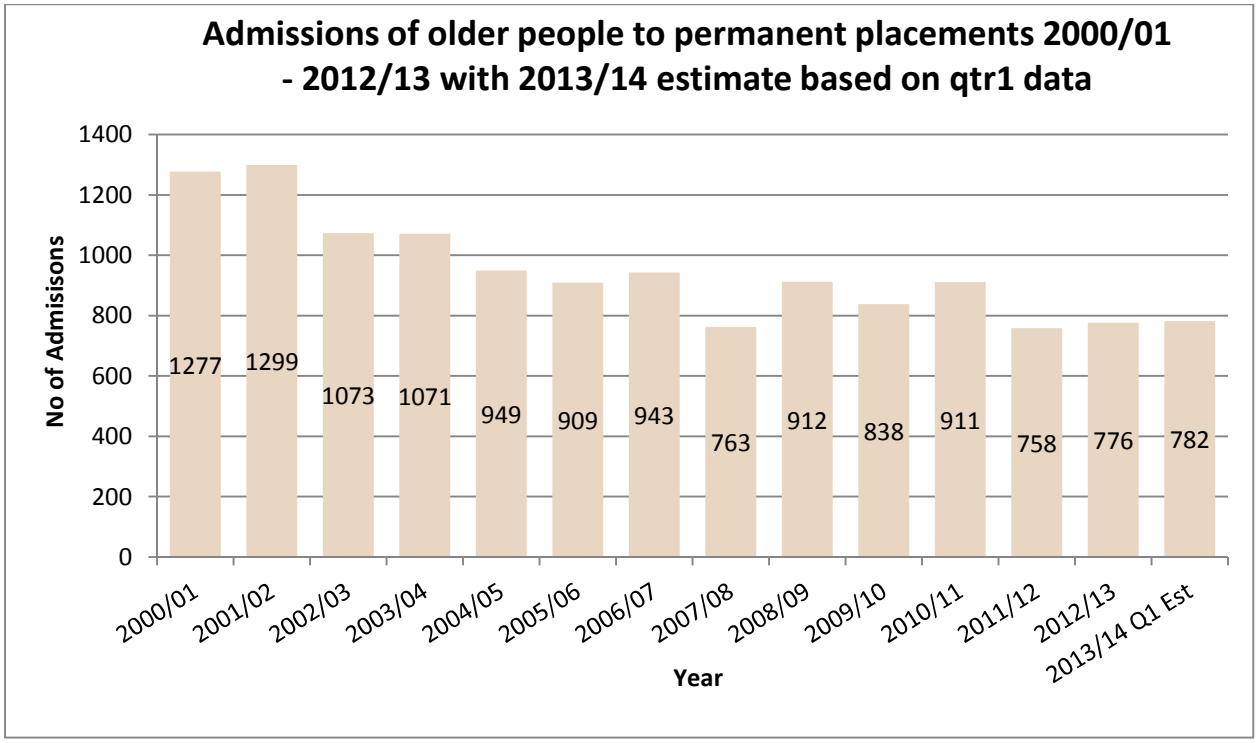
2.5 A significant piece of work is underway to consider how we might best support people living with dementia. The scope of the work includes a recognition that most older people with dementia also have physical health problems for which admission to hospital is not uncommon and we are seeking to establish a primary care 'long term conditions' type model to support the whole person alongside a piece of social change work to develop a more dementia friendly society. To this end older peoples and adult mental health teams have already been integrated and, at the same time, social workers have been integrated into community mental health teams.

2.6 The transformation programme intends to undertake an evaluation of the success of the neighbourhood team model including asking patients whether they feel supported and confident to manage their conditions and live in their own homes.

2.7 Other work programmes are in development to consider falls prevention, address social isolation, extending the use of telehealth and telecare solutions, discharge communications, new adult speech and language therapy services and medical assessment of older people in the community.

2.8 This work builds on the existing commissioned services including increased capacity district nursing, discharge facilitation, falls management, stroke early discharge, IV diuretics seven day provision and long term conditions services.

2.9 All of this is supported by work in each of the CCGs in improving diagnosis rates and increasing the levels of early diagnosis, for example a scheme in Leeds North CCG has already identified an additional 800 patients. This range of local work includes: Leeds North – Hypertension, Alcohol, Long Term Conditions; Leeds South & East –COPD, Alcohol, Bowel Screening and Leeds West – Alcohol, Bowel Screening, Diabetes.



2.10 Priority 5 – Ensure more people recover from ill health

2.11 The proportion of people over 65 who are successfully supported to stay at home following discharge from hospital is part of the national Adult Social Care Outcomes Framework and is therefore seen as a key indicator of how well people are supported to recover from ill health. Leeds Adult Social Care reports a consistently high level of performance against this measure – 89.7% year end figure for 2012/13 compared with the CIFCA comparator average of 79.7%, 81.3% in the region and 81.5% nationally. This represents an improvement on the previous year's performance of 85.7%. In quarter 1 of 2013/14 Leeds achieved 87.9%.

2.12 Associated work is being undertaken by the CCGs in Leeds to determine whether we can identify those at greatest risk of readmission to hospital, particularly after a non-elective admission, and exploratory work is being undertaken by General Practices in Leeds North to understand whether an enhanced programme of contact post discharge working in conjunction with the Primary Care Advice Line and liaison geriatricians at LTHT can avoid readmissions to hospital, or improve outcomes and reduce lengths of stay where the readmissions are unavoidable.

2.13 A central priority in ensuring people recover from ill health is to prevent permanent admission to residential or nursing care. Admissions in 2012/13 rose by 18 from 2011/12 however, the longer term trend shows that admissions are coming down. Leeds recognises that whilst admissions are an important measure they may reflect an aging population, some of whom may require a placement for a shorter time. The number of bed weeks provided in residential and nursing care shows a clearer measure of the demand for provision. In the last three years bed weeks have fallen by an average of approximately 4,100 a year. Estimates from quarter 1 of 2013/14 suggest a further drop in bed weeks for this year.

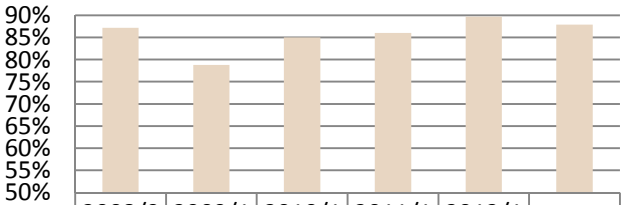
2.14 Leeds Adult Social care has developed a reablement model which focuses upon assessing those who would benefit most from a short intensive period of support to regain independence. During 2012/13 an estimated 850 people received a reablement service, an increase of 33% during 2012/13 over the previous year. There were 290 SkILs packages recorded as ending during Quarter 1 of 2013/14.

2.15 A residential health and social care community based reablement and intermediate care unit was opened in South Leeds in April 2013. The South Leeds Independence Care (SLIC) centre provides a model of health and social care pooling resources to provide seamless support to people who are at risk of entering hospital or who require short term support before they return home. Initial reports show that the unit is being fully utilised, work has started to determine the need for similar services across the city.

2.16 Leeds City Council Executive Board has approved the spending for a joint Assistive Technology hub. This will provide a single resource for health and social care providing equipment and other technology which will support people to recover from illness and also those with long term conditions to remain independent. Building work should begin on the site by the end of 2013 to be completed by September 2014.

2.17 Falls, stroke, cardiac rehab, heart failure, and COPD teams are already working in the community to provide targeted support to those in recovery from periods of increased ill health along with a very successful new Palliative Care Discharge facilitation service.

The proportion of older people (65 and over) who were still at home 91 days after leaving hospital into rehabilitation services.



	2008/09	2009/10	2010/11	2011/12	2012/13	Qter 1
The proportion of older people (65 and over) who were still at home 91 days after leaving hospital into rehabilitation services. (In the year to date)	87.20%	78.80%	85%	86.00%	89.70%	87.9%

2.18 Further plans are in development to consider whole system issues and clear blockages associated with discharge and system flow, and to establish additional community support roles around discharge.

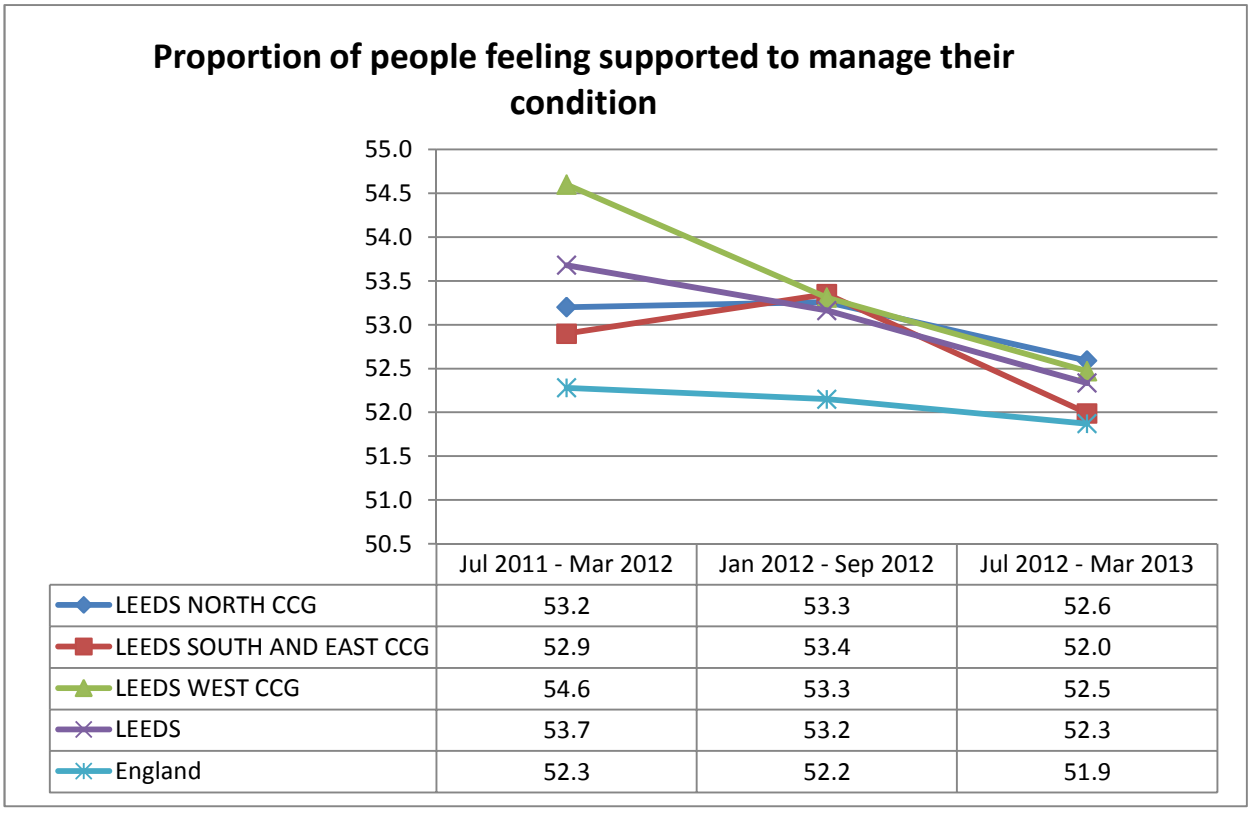
2.19 Appropriate and timely access to Urgent Care Services is key to the recovery from acute periods of ill health and a city wide programme has recently been established to address issues of access, timeliness and range of interventions available.

2.20 The initial diagnostic piece identified that previous attempts both in Leeds and across the country have focussed on capacity, opening hours and location of services. However, there was no evidence of work undertaken to explore the needs of differing populations in the city and how they might best be met.

2.21 In addition we have identified that in order to get the most from the integration of community health and social care teams that urgent care responses need to be shaped to fit well with the 'everyday' plans for care being established. To this end the programme aims to challenge thinking that unscheduled care is necessarily unplanned. The programme of work is anticipated to begin to deliver changes in 2014/15 and to realise a wide range of benefits by 2017/18.

2.22 Priority 6 - Ensure more people cope better with their conditions

2.23 Over the last two years with support from the NESTA People Powered Health Programme, we have developed work to ensure that the three prerequisites of an empowered individual, a skilled health and social care workforce committed to partnership working and an organisational system that is responsive to people's needs, and that considers the whole person, is at the heart of our strategy of integrating health and social care.

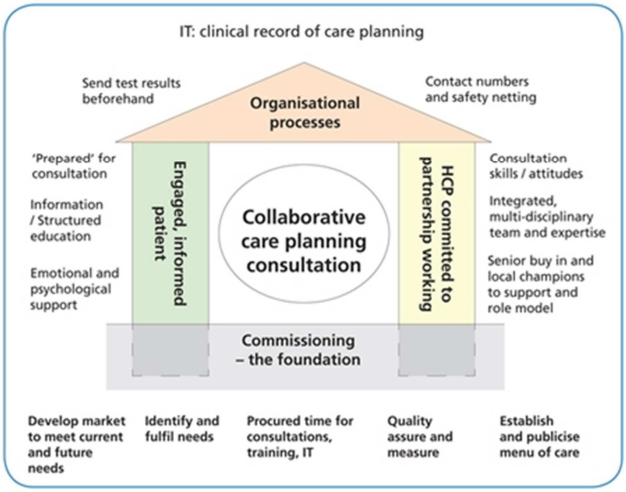


	Jul 2011 - Mar 2012	Jan 2012 - Sep 2012	Jul 2012 - Mar 2013
LEEDS NORTH CCG	53.2	53.3	52.6
LEEDS SOUTH AND EAST CCG	52.9	53.4	52.0
LEEDS WEST CCG	54.6	53.3	52.5
LEEDS	53.7	53.2	52.3
England	52.3	52.2	51.9

2.24 Key work so far includes:

- Consultation skills training for front line staff based on the nationally recognised approach 'Making Every Contact Count'

- Strengthened relationships with other community provider organisations in the neighbourhoods
- Development of community brokerage
- Recognition of the crucial role of carers in supporting people with health problems, and the support that carers themselves need to continue caring, with additional funding for Carers Leeds to embed this within primary care
- A focus on Making it Real – our first priority being 'having the information when I need it'
- Ensuring the 9 High Impact interventions to reduce excess winter deaths for older people are included in the toolkit for multidisciplinary team meetings and within primary care



2.25 The transformation Board has agreed that the Year of Care model for self-management will be the framework for the city to take this work forward.

2.26 Key planned actions are:

- Review of self-management courses available in the city for people with long term conditions
- Review of other available self-management support – e.g. apps
- Implementation of the Year of Care training and approach with General Practice
- Workshop in October to pull together further key actions

2.27 **Children**

2.28 Children with Complex health need and or disability form a relatively small number of the total child population approximately 8% nationally, however they are considered high cost low volume service users. The configurations of criteria, assessment and service provision are considered complex and difficult to navigate by families and professionals. There is little evidence of co-ordinated assessment resulting in families having to repeat their stories to many professionals. Furthermore assessment findings and support services often operate in isolation and do not reflect the way in which children and families live.

2.29 Work will take place to ensure that, by Autumn 2014, the following will be in place through the Complex Needs Partnership Board and the IHSC Pioneer Bid building on the Early Start Service:

- Single statutory assessment process
- A unified Education, Health and Care plan
- Publication of a Local Offer
- Joint commissioning arrangements

- Strengthening parental rights and involvement in decision making
- Personal Health Budgets commencing April 2014 for children with continuing care needs
- The green paper also suggests that the single plan for children and young people be extended to age 25. This is to ensure smooth and effective transition into adult services
- Transformation of the Special Educational Needs pathways to a single integrated process from maternity, neonatal services through to Early Start and the specialist multi-agency services that support vulnerable children. We will support families as they come to terms with their child having a disability.

2.30 This integration from birth sets in place the momentum and expectation of joined up services over every lifetime. Our ambition is to provide the simplicity of a single 'front door' for parents, particularly for those with complex needs (health, educational and social) and those at risk of becoming looked after.

3 Health and Wellbeing Board Governance issues

3.31 Consultation and Engagement

3.31.1 The IHSC board have agreed that the LTC6 questionnaire should form part of the high level metrics for the IHSC programme evaluation. The LTC6 is a validated questionnaire and is a key measure of whether people with LTCs feel they are receiving personalised, coordinated services and that they are fully engaged in decisions about their care. Regular administration of the LTC6 with service users who have been in contact with the IHSC teams in Leeds has been proposed as being used as one element of the IHSC programme evaluation focused on the service user experiences.

3.31.2 The End of Life and Dementia programmes have include significant bodies of evidence generated through conducting interviews with patients and their families to build an understanding of their experience of services to inform both the approach to future engagement and the emerging proposals for the provision of services.

3.31.3 The Strategic Urgent Care Board have agreed that the Urgent Care work should commence with a significant patient involvement exercise which will bring 60 members of the public together with 60 professionals from commissioner and provider settings on 3rd October to work in partnership to explore the drivers for urgent care need which will inform the work from the outset. A plan is in development to ensure that we can maintain the energy and levels of involvement throughout the process.

3.31.4 CCGs have established mechanisms not only for ensuring involvement in the work programmes referenced in this paper, but also for assurance of plans, execution and impact of engagement activities. Work is currently in progress to integrate this work with the context of the Call to Action programme of engagement.

3.32 Equality and Diversity / Cohesion and Integration

3.32.1 Each programme of work is reviewed within established governance structures to assess the impact of the work and the engagement activities undertaken (at planning, intervention and review stages) in the context of the policies and strategy of each organisation pertaining to equality, diversity and human rights.

3.33 Resources and value for money

3.33.1 Each of the programmes is using the concept of the 'Leeds Pound' to consider the system wide financial impact of proposals. Programmes are ensuring that duplication and overlaps are minimised both within and across sectors whilst seeking improvements in quality.

3.33.2 Programme budgets are being developed for the Dementia and Urgent Care programmes to enable financial assessment and modelling of proposed service changes.

3.34 Legal Implications

3.34.1 The introduction of the Leeds Care Record, critical to the optimisation of the impact of the multidisciplinary neighbourhood teams will need to address the legal implications associated with the sharing of patient and service user data for this purpose. Plans to address this are already underway.

3.35 Risk Management

3.35.1 The programmes of work are being undertaken within a programme management structure including formal risk management overseen by the Transformation Board.

3.35.2 A financial risk share agreement is in place between the health commissioners in the city to mitigate any disproportionate financial impact in this financial year.

3.35.3 A watching brief is being held on the changing financial environment for health and social care commissioners in the city and on-going assessment of the associated risks in the system from both this and activity pressures generated by both demographic and social changes.

3.35.4 An unseasonal increase in demand for Urgent Care services was seen in August of this year which is being explored by the Operational Urgent Care Board to assess the future potential risk.

4 Conclusions

4.1 The system is likely to experience challenges in managing the resources to deliver the aspirations of the programmes, particularly with respect to the increased call on intermediate tier services and managing the impact of any periods of dual running of services.

4.2 A significant change in the relationship between provision and consumption of resource will be required in order to make the most of the service changes.

4.3 The integration of health and social care systems for neighbourhoods requires both reconfiguration and integration of services and a whole system change in order to realise the potential benefits of the new ways of working

4.4 The community based provision of service has been in flux for many years with emphasis moving from activity to avoid admissions to activity to facilitate discharge

4.5 Reforms in the urgent care system will need to include significant changes to both the style and structure of service provision, the success of which will depend on the public trust in the new provision and capitalisation on the concepts of citizenship and responsibilities

5 Recommendations

5.1 The Health and Wellbeing Board is asked to:

- Consider the appetite for risk of the health and local authority community with relation to the public perception and response to potential system changes
- Consider the balance of investment between actions to avoid entrance to the system (e.g. admissions avoidance) and those designed to improve flow (e.g. facilitating discharge)
- Consider how the health and local authority community build trust with the community in the full range of support and interventions available

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3. Exceptions, risks, performance, scrutiny

From time to time Health and Wellbeing Board members may wish to discuss one of the JHWS indicators – or any other matter of performance across the health system – urgently, either because of circumstances known to them or because the data shows an apparent deterioration. The following two mechanisms are in place to enable this process:

1) Exception raised by significant deterioration in one of the 22 indicators

New data received by performance report author shows significant deterioration in performance (add to log)

↳ 'Priority lead' is contacted and informed of the intention to add a red flag to the indicator.

↳ 'Priority lead' either: a) submits a verbal update to the immediate board meeting; or b) prepares additional information to a subsequent meeting.

2) Exception raised by a member of the board

Member of the board raises a concern around any significant performance issue relating to the JHWS to the chair of the Board in writing (add to log)

↳ 'Priority lead' is contacted and asked to provide assurance to the Board on the issue

↳ 'Priority lead' either: a) submits a verbal update to the immediate board meeting; or b) prepares additional information to a subsequent meeting.

Exception Log

JHWS indicator (if applicable)	Details of exception	Exception raised by	Recommended next steps
10. Proportion of people feeling supported to manage their condition	This data was part of the COF and comes from a national survey of GPs; latest figures have only fairly recently been published. Whilst the Leeds position and that of the three CCGs remains above the England average, the latest survey does reflect a slight drop in the proportion of people feeling supported to manage their condition between Jan-Sep 2012 and July to Mar 2012 (N CGG by 0.6%, SE CCG by 0.9%, W CCG by 2.1%). The CCGs and NHS England are aware of this drop. The survey is based on a relatively small sample group: one Practice in W CCG shows that out of 35,000 Practice patients, 1000 surveys were sent out with 22 responses. This shows the need to get supplementary patient views, and CGGs are exploring and implementing methods for capturing patient opinion locally. In the future these will be used to get a balanced reflection of local services.	Peter Roderick (LCC), Souheila Fox (Leeds W CCG)	The 'Delivering the JHWS' report to the Board in November 2013 will provide an update in this section to give background information and assurance on progress.

As a further opportunity to monitor issues across the health system, the following summary of items relevant to health and wellbeing recently considered at the Leeds Health and Wellbeing and Adult Social Care Scrutiny Board is included:

Date of Meeting	Agenda Item ref.	Details of item relevant to the work of the H&WB Board (with hyperlink)
31/07/13	7	Aspiring NHS Foundation Trusts in Leeds - progress and implications. To receive a report on progress and the implications of current NHS Trusts in Leeds working towards and achieving Foundation Trust status.
31/07/13	8	Request for scrutiny - men's health in Leeds
31/07/13	9	Request for scrutiny – dermatology
31/07/13	10	Urgent and emergency care review. To receive a report presenting a range of information relevant to 'Urgent and Emergency Care', identified by the Scrutiny Board as one of the general themes for its work over the course of the municipal year, 2013/14.
25/09/13	7	Better Lives for People in Leeds – The Future of Day Services for older people
25/09/13	8	Fundamental review of NHS Allocations Policy

Our 4 Commitments

This section gives space for details of plans, projects, working groups and resources across the city working towards our 4 key commitments in the JHWS, together with any extra relevant datasets/scorecards on the commitments.

JHWS Commitment 1: Support more people to choose healthy lifestyles

Senior Accountable director: Ian Cameron; Senior Responsible Officer: Brenda Fullard

List of action plans currently in place:	Supporting network e.g. Board/steering group
• Alcohol Harm Reduction plan	• Alcohol Management Board
• Tobacco control action plan	• Tobacco Action Management Group
• Draft Drugs Strategy (to be combined with Alcohol Harm Reduction plan to form a Drugs and Alcohol Action plan during 2013)	• Drugs Strategy steering group
• Review of Sexual health services project (to re-commission for Integrated open access Sexual Health by April 2014	• Integrated Sexual Health Commissioning Implementation Team
• HIV Prevention Action Plan	• HIV Network Steering Group
• Review of alcohol and drugs treatment services to re-commission combined treatment services by April 2014	• Joint Commissioning Group (JCG)
• Leeds Let's Change programme (including stop smoking and weight management services, Bodyline on referral, Healthy Lifestyle Advisors, Health trainers, third sector health improvement services, public campaigns and information)	• Healthy Lifestyle Steering group (under review)
• Ministry of Food - improving cooking skills and promotion of healthy eating through the provision of cooking skills courses by the third sector (supported by the Jamie Oliver Foundation)	• Ministry of Food Board

Gaps or risks that impact on the priority:

- Integrated Sexual Health Commissioning Project Board yet to be set up to steer delivery and strategic management of the re-commissioning of integrated, open access sexual health services by 2014. Re-commissioning of sexual health services in other West Yorkshire Local Authorities my impact on the progress of the project. NHS England responsibility for commissioning HIV prevention services may impact on the project.

Data Development note: Work is being carried out to identify additional healthy lifestyle trend data which could be brought to the Board to further inform the delivery of this commitment. This could include the annual Healthy Lifestyle survey, the separate lifestyle surveys of the LGBT Community, Migrant Communities, Gypsy and Traveller Community, Domestic Violence Victims, and other datasets on, for example, breastfeeding initiation, healthy eating, physical activity, acute STIs, smoking related deaths, and smoking in pregnancy. This will be partially dependent on the review of the Healthy Lifestyle Steering group.

JHWS Commitment 2: Ensure everyone will have the best start in life

Senior Accountable director: Ian Cameron; Senior Responsible Officer: Sharon Yellin

List of action plans currently in place	Supporting network e.g. Board/steering group
Infant mortality action plan- including programmes of work to reduce Sudden Infant Death, Smoking in Pregnancy, Maternal Obesity, Overcrowding, Child Poverty, genetic conditions, and promote early access to maternity services particularly for families in deprived Leeds	Infant Mortality Steering Group
Family Nurse Partnership providing intensive support to teen parents and their babies for the first 2 years of life	FNP Advisory Group
Development of the Early Start Service Integrated Family Offer including development of care pathways for eg. LAC, Co-sleeping ,Healthy Weight, Economic Wellbeing, Alcohol & Substance Misuse ,Tobacco, Infant Mental Health	Early Start Implementation Board
Workforce development to enable practitioners working with families with children under 5 years to use a collaborative strengths and solution focussed approach (HENRY and Helping Hand Programmes).	Early Start implementation Board Childhood Obesity Management Board
Development of antenatal and postnatal support, including city wide roll out of the universal Preparation for Birth and Beyond antenatal education programme to be delivered in Children's centres, and review of antenatal and postnatal support for vulnerable families.	Early start Implementation board Maternity strategy group
Food for life Breast Feeding strategy including achieving Stage 3 BFI accreditation with LTHT , LCH, CCGs and LCC	Maternity Strategy group
Healthy Start including promoting uptake of Vitamin D	Maternity Strategy Group

Gaps or risks that impact on the priority:

Child Poverty – gap in public health staff capacity to implement a programme of work to promote economic wellbeing of families with children under 5 years

Emotional wellbeing – gap in staff capacity to support the development of a programme of work to promote emotional wellbeing of families with children from pregnancy to five years

- Unintentional Injury Prevention – Capacity available in LCC for Road Safety work. Currently no dedicated public health resource to tackle non-traffic related injuries among children and young people.

- Lack of integrated children and young people's commissioning forum to champion, coordinate and performance manage service delivery across health and local authority partners.

- Emotional wellbeing – gap in staff capacity to support the development of a programme of work to promote emotional wellbeing of families with children from pregnancy to five years

Other related indicators:

- Infant mortality rate
- Low birth weight rate, perinatal mortality rate
- Breast feeding initiation and maintenance
- Smoking in pregnancy
- Children's tooth decay (at age 5 years)
- Child mortality (0-17)
- Children achieving a good level of development at age 5
- Children living in poverty (aged under 16)
- Excess weight age 4-5 and10-11 years
- Hospital admissions due to injury
- Teen conception rates
- NEET and first time entrants to the youth Justice system

Additional Data: The Leeds Children's Trust produce a monthly 'dashboard' on their key indicators, included below

Children and Young People's Plan Key Indicator Dashboard - City level: July 2013

	Measure	National	Stat neighbour	Result for same period last year	Result Apr 2013	Result May 2013	Result Jun 2013	Result Jul 2013	DOT	Data last updated	Timespan covered by month result
Safe from harm	1. Number of children looked after	59/10,000 (2011/12 FY)	74/10,000 (2011/12 FY)	1425 (89.4/10,000)	1372 (85.0/10,000)	1370 (84.8/10,000)	1358 (84.1/10,000)	1376 (85.2/10,000)	▼	31/07/2013	Snapshot
	2. Number of children subject to Child Protection Plans	37.8/10,000 (2011/12 FY)	39.1/10,000 (2011/12 FY)	894 (56.1/10,000)	991 (96.4/10,000)	936 (58.0/10,000)	878 (54.4/10,000)	845 (52.3/10,000)	▲	31/07/2013	Snapshot
Learning and have the skills for life	3a. Primary attendance	95.3% (HT1-2 2013 AY)	95.2% (HT1-2 2013 AY)	95.8% (HT1-4 2012 AY)	95.3% (HT1-4 2013 AY)				▼	HT1-4	AY to date
	3b. Secondary attendance	94.3% (HT1-2 2013 AY)	94.2% (HT1-2 2013 AY)	93.8% (HT1-4 2012 AY)	93.7% (HT1-4 2013 AY)				▼	HT1-4	AY to date
	3c. SILC attendance (cross-phase)	90.4% (HT1-4 2012 AY)	91.1% (HT1-4 2012 AY)	85.9% (HT1-5 2011 AY)	87.5% (HT1-4 2012 AY)				▼	HT1-4	AY to date
	4. NEET	6.7% (Jul 13)	8.5% (Jul 13)	7.3% (Jul 12 - 1668)	6.4% (1432)	6.7% (1501)	6.7% (1501)	7.2% (1603)	▼	31/07/2013	1 month
	5. Foundation Stage good level of achievement	64% (2012 AY)	63% (2012 AY)	58% (2011 AY)	63% (5565)				▲	Oct 12 SFR	AY
	6. Key Stage 2 level 4+ English and maths	79% (2012 AY)	80% (2012 AY)	73% (2011 AY)	77% (2012 AY)				▲	Dec 12 SFR	AY
	7. 5+ A*-C GCSE inc English and maths	59.0% (2012 AY)	58.7% (2012 AY)	53.7% (2011 AY)	55.0% (2012 AY)				▲	Jan 13 SFR	AY
	8. Level 3 qualifications at 19	55.0% (2012 AY)	53.8% (2012 AY)	50% (2011 AY)	50% (4,189)				►	Apr 13 SFR	AY
	9. 16-18 year olds starting apprenticeships	49,680 (Aug 12- Oct 12)	288 (Aug 12- Oct 12)	861 (Aug 11 - Oct 12)	672 (Aug 12 - Oct 12)				▼	Feb 13 SFR	Cumulative Aug - July
	10. Disabled children and young people accessing short breaks	Local indicator	Local indicator	1732	1261				▼	Apr-12	FY
Healthy lifestyles	11. Obesity levels at year 6	19.2% (2012 AY)	20.0% (2012 AY)	19.9% (2011 AY)	19.7% (2012 AY)				▲	Dec 12 SFR	AY
	12. Teenage conceptions (rate per 1000)	32.0 (Sep 2011)	36.9 (Sep 2011)	44.3 (Sep 2010)	38.2 (Sep 2011)				▲	Nov-12	Quarter
	13a. Uptake of free school meals - primary	79.8% (2011 FY)	79% (Yorks & H)	76.8% (2010/11 FY)	76.9% (2011/12 FY)				▲	Jul-12	FY
	13b. Uptake of free school meals - secondary	69.3% (2011 FY)	67.4% (Yorks & H)	67.1% (2010/11 FY)	68.9% (2011/12 FY)				▲	Jul-12	FY
	14. Alcohol-related hospital admissions for under-18s	Local indicator	Local indicator	69	57				▼	2012	Calendar year
Fun	15. Children who agree that they enjoy their life	Local indicator	Local indicator	80% (2011 AY)	80% (2012 AY)				►	Sep-12	AY
Voice and influence	16. 10 to 17 year-olds committing one or more offence	1.9% (2009/10)	2.3% (2009/10)	1.5% (2011/12)	1.0% (2012/13)				▲	Apr-12	FY
	17a. Children and young people's influence in school	Local indicator	Local indicator	70% (2011 AY)	68% (2012 AY)				▼	Sep-12	AY
	17b. Children and young people's influence in the community	Local indicator	Local indicator	58% (2011 AY)	52% (2012 AY)				▼	Sep-12	AY

Key AY - academic year DOT - direction of travel FY - financial year HT - half term SFR - statistical first release (Department for Education data publication) Improving outcomes are shown by a rise in the number/percentage for the following indicators: 3, 5, 6, 7, 8, 9, 10, 13, 17. Improving outcomes are shown by a fall in the number/percentage for the following indicators: 1, 2, 4, 11, 12, 14, 16.

JHWS Commitment 4: Improve people's mental health and wellbeing

Senior Accountable director: Ian Cameron; Senior Responsible Officer: Victoria Eaton

List of action plans currently in place	Supporting network e.g. Board/steering group
Access to Psychological Therapy • Number of people entering therapy in primary care through IAPT programme – measured monthly against national mandated targets • National target – to measure number of Older People and BME entering therapy. • Plan in place to review current model and to develop complementary primary care mental health provision	MH Provider Management Group of CCGs
Suicide Prevention. • Task groups set up to create and deliver action plan for the city • Insight work commissioned in West Leeds working with at risk group (Men 30 -55) • Commissioning of training for wider workforce (ASIST, MHFA – bursary /targeted) and local population (safe-talk) • Citywide investment in mental wellbeing through commissioning • Commissioning local SOBS group (Survivors of Bereavement by Suicide)	Strategic suicide prevention Group reports into H&WB Task groups sit under this strategic group
Self Harm • Complete mapping of existing provision. Develop a prevention action plan for self harm for the city. • Complete commissioned insight work on girls who self harm and share learning / commission intervention. • Monitor pilot of WCTS commissioned work with small group of long term self harmers. • Support the Marketplace to deliver insight work around young boys who self harm (over 2 years) • Delivery of commissioned MH Awareness in schools through voluntary partnership commissioning	Self harm Partnership Group
Stigma and Discrimination • Continue to commission and evaluate MH awareness training with targeted bursary places • Commissioning of targeted Pudsey anti stigma work will to voluntary sector • Joint T2C volunteer coordinator in post with clear objectives • Recruitment of volunteers with lived experience to deliver messages/ awareness campaign in locality • Complete on going evaluation process with University of Leeds • Human library events held across city • Promote and deliver to Council Members of mental health awareness training and understanding of how stigma affects people.(i.e. barriers to accessing services) • Voluntary sector partners successful applications from national Time to Change lottery grants • Increased numbers of employers to sign up to Mindful Employer and Mindful Employer Leeds Network • Commissioners to include Mindful Employer charter sign up in local contracts	Time to Change Development Group
Population Mental Health and wellbeing • Citywide investment in self -management and resilience training • Development of peer support initiatives • Generic crisis cards completed and circulated • Uptake of mental health awareness training – including MHFA • Uptake of MHFA bursary places across city • Further development of options for citywide mental health information line • Distribution of " How are you feeling ?" leaflets citywide • Access to welfare benefits advice, debt advice and money management • Access to translation/interpretation, mediation and advice services.	Citywide MH Strategic Group Financial Inclusion LCC Equality Unit

Gaps or risks that impact on the priority:
- PH current capacity
- Welfare Reform is impacting on population mental health –which will signal increased demand and reduce resilience.
- Lack of engagement from "non -specific mental health" partners across the city

Additional Data: See below for the Leeds Community Mental Profile 2013 (Source: North East Public Health Observatory)

Wider Determinants of Health

The wider determinants have been described as 'the causes of the causes'. They are the social, economic and environmental conditions that influence the health of individuals and populations. They determine the extent to which a person has the right physical, social and personal resources to achieve their goals, meet needs and deal with changes to their circumstances.

		Local value	Eng. value	Eng. worst*	England Range	Eng. best*
1	Percentage of 16-18 year olds not in employment, education or training, 2011	8.1	6.2	11.9		1.9
2	Episodes of violent crime, rate per 1,000 population, 2010/11	14.3	14.6	34.5		6.3
3	Percentage of the relevant population living in the 20% most deprived areas in England, 2010	28.6	19.8	83.0		0.3
4	Working age adults who are unemployed, rate per 1,000 population, 2010/11	68.9	59.4	106.2		8.3
5	Rate of hospital admissions for alcohol attributable conditions, per 1,000 population, 2011/12	24.3	23.0	38.6		11.4
6	Numbers of people (aged 18-75) in drug treatment, rate per 1,000 population, 2011/12	5.9	5.2	0.8		18.4

Risk Factors

A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease, injury or mental health problem. Some examples of the more important risk factors in mental health are under and over weight, low levels of physical activity, drug abuse, tobacco and alcohol consumption, and homelessness.

7	Statutory homeless households, rate per 1,000 households, all ages, 2010/11	1.66	2.03	10.36		0.13
8	Percentage of the population with a limiting long term illness, 2001	17.3	16.9	24.4		10.2
9	First time entrants into the youth justice system 10 to 17 year olds, 2001 to 2011	1,004	876	2,436		343
10	Percentage of adults (16+) participating in recommended level of physical activity, 2009/10 to 2011/12	11.1	11.2	5.7		17.3

Levels of Mental Health and Illness

At any one time, roughly one in six of us is experiencing a mental health problem. mental health problems are also estimated to cost the economy £105 billion per year It's important to monitor and investigate the levels of mental health in order to target and improve mental health services at a local level.

11	Percentage of adults (18+) with dementia, 2011/12	0.53	0.53	0.95		0.21
12	Ratio of recorded to expected prevalence of dementia, 2010/11	0.48	0.42	0.27		0.69
13	Percentage of adults (18+) with depression, 2011/12	11.20	11.68	20.29		4.75
14	Percentage of adults (18+) with learning disabilities, 2011/12	0.42	0.45	0.21		0.77

Treatment

		Local value	Eng. value	Eng. worst*	England Range	Eng. best*
15	Directly standardised rate for hospital admissions for mental health, 2009/10 to 2011/12	215	243	1,257		99
16	Directly standardised rate for hospital admissions for unipolar depressive disorders, 2009/10 to 2011/12	37.7	32.1	84.8		4.7
17	Directly standardised rate for hospital admissions for Alzheimer's and other related dementia, 2009/10 to 2011/12	93	80	226		5
18	Directly standardised rate for hospital admissions for schizophrenia, schizotypal and delusional disorders, 2009/10 to 2011/12	65	57	233		5
19	Allocated average spend for mental health per head, 2011/12	173	183	147		257
20	Numbers of people using adult & elderly NHS secondary mental health services, rate per 1000 population, 2010/11	2.5	2.5	0.0		9.6
21	Percentage of referrals entering treatment from Improving Access to Psychological Therapies, 2011/12	47.1	60.1	28.9		99.7
22	Numbers of people on a Care Programme Approach, rate per 1,000 population, 2010/11	9.4	6.4	0.3		17.1
23	In-year bed days for mental health, rate per 1,000 population, 2010/11	204	193	72		489
24	Number of contacts with Community Psychiatric Nurse, rate per 1,000 population, 2010/11	191	169	3		584
25	Number of total contacts with mental health services, rate per 1,000 population, 2010/11	323	313	31		823

Outcomes

Improving patient outcomes is the aim of all mental health services. There is little data available about patients following their use of mental health services, but an indicator on recovery rates following use of Improving Access to Psychological Therapies is included here for the first time."

26	People with mental illness and or disability in settled accommodation, 2011/12	48.3	66.8	1.3		92.8
27	Directly standardised rate for emergency hospital admissions for self harm, 2011/12	359	207	543		52
28	Indirectly standardised mortality rate for suicide and undetermined injury, 2010/11	80	100	174		29
29	Hospital admissions caused by unintentional and deliberate injuries in <18s, 2009/10	153	123	217		68
30	Improving Access to Psychological Therapies - Recovery Rate, 2011/12	46.4	43.8	9.9		65.3
31	Excess under 75 mortality rate in adults with serious mental illness, 2010/11	809	921	1,863		210

How to interpret the spine charts

* - For indicators 6, 20, and 22-25, there is no perceived polarity, so "lowest" and "highest" replace "worst" and "best".

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Leeds Health & Wellbeing Board

Report author: Andy Buck
Tel: 01274 208402

Report of: **NHS England, Local Area Team**

Report to: **Leeds Health and Wellbeing Board**

Date: **2nd October 2013**

Subject: **NHS England: Partner Perspective and Call to Action**

Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. The NHS faces the combined challenges of our ageing society, a rise in long-term conditions, lifestyle risks among young people, and rising expectations. These, together with the increasing costs of providing care and limited financial resources, will require bold action if we are to sustain high quality affordable care.

2. The NHS England Call to Action seeks to engage all our partners in considering and responding to these challenges.

3. Health and wellbeing boards have a very important contribution to make to this.

Recommendations

The Health and Wellbeing Board is asked to:

- Support the NHS Call to Action and consider how it wishes to contribute to developing a long term strategy for health and care.

1 Purpose of this report

1.1 The report informs the Health and Wellbeing Board about NHS England's Call to Action and seeks the Board's involvement in responding to the challenges face by the NHS.

2 Background information

2.1 The NHS Call to Action is a programme of engagement that will allow everyone to contribute to the debate about the future of health and care provision in England. Views, data and information will be used by clinical commissioning groups, NHS England and our partners to develop 3-5 year commissioning plans setting out our commitments to patients and how services will improve.

2.2 The purpose of the Call to Action is to initiate an honest and realistic debate about the future shape of the NHS in order to meet rising demand, introduce new technology and meet the expectations of its patients.

2.3 The Health and Wellbeing Board is asked to consider the Call to Action, a copy of which is attached.

3 Main issues

3.1 Every day the NHS saves lives and helps people to stay well. Over the decades since its inception huge improvements in diagnosis and treatment have been made, and many common causes of ill health and premature death have been resolved. However England still lags behind internationally in some areas, such as cancer survival rates. There is too much unwarranted variation in care across the country and persistent health inequalities.

3.2 Improving the current health and care system alone will not be sufficient for the future. There are a number of trends that threaten the sustainability of our health and care system: an ageing society, a rise in long-term conditions, lifestyle risks among young people, and rising expectations. Combined with the increasing costs of providing care and limited financial resources, these trends pose significant challenges.

3.3 Nearly two-thirds of the people admitted to hospital are over 65. Unplanned admissions of over 65s account for 70% of hospital bed days. People with one or more long term condition account for 70% of health and care expenditure and it is estimated that currently over 26,000 people in West Yorkshire have dementia. Leeds has some of the most densely populated and highest levels of deprivation in West Yorkshire.

3.4 Without major transformational change to how services are delivered, a free at the point of delivery health service may not be available to future generations. The Call to Action aims to build a common understanding of the challenges we face and to develop a shared vision for the future NHS. It gives people an opportunity to have their say. Ideas gathered and potential solutions will inform and enable

clinical commissioning groups, NHS England and our partners to develop 3-5 year commissioning plans and will inform the development of national plans for the next 5-10 years.

3.5 We hope that the Health and Wellbeing Board will contribute to the Call to Action. The Joint Strategic Needs Assessment provides valuable analysis, and the Joint Health and Wellbeing Strategy provides a framework for some of the improvements and changes that will be needed. The work underway in Leeds, for example on the integration of health and care services, is advancing well. The long term strategy for the NHS needs to build upon all this existing action.

3.6 There are no predetermined solutions. Bold new thinking is needed and a wide range of potential options need to be considered however three options that are not for consideration are:

- Do nothing – as future challenges would not be met;
- Assume increased funding – as this would be unrealistic;
- Cut or charge for fundamental services or 'privatisation' – as this would contravene the values that underpin the NHS and the NHS Constitution.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 The Call to Action is seeking to engage as many people as possible.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 The NHS belongs to all of us. This Call to Action is the opportunity for everyone who uses or works in the NHS to have their say on its future.

4.3 Resources and value for money

4.3.1 None at present.

4.4 Legal Implications, Access to Information and Call In

4.4.1 None at present.

4.5 Risk Management

4.5.1 None at present

5 Conclusions

5.1 The Call to Action provides a framework for considering the challenges facing the NHS.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Support the NHS Call to Action and consider how it wishes to contribute to developing a long term strategy for health and care.

* The full NHS "A Call to Action" can be found at http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs-belongs.pdf

Leeds Health & Wellbeing Board

Report authors:
S J Hume & M Bradley
Tel: 0113 2478708

Report of: **Chief Officer Resources (ASC) & Chief Financial Officer (S&E CCG)**

Report to: **Leeds Health & Wellbeing Board**

Date: **2nd October 2013**

Subject: **Outline of Financial Challenges facing Health and Social Care in Leeds**

Are there implications for equality and diversity and cohesion and integration?	X Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	X No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	X No

Summary of main issues

1. This report provides a brief update on the funding outlook for Health and Social Care Services in Leeds and outlines the significant financial challenges for all partners over the next 2 years and beyond.

2. The Comprehensive Spending Review (CSR) 2013 announced spending totals for local government together with a £3.8bn transfer to Adult Social Care from the NHS. Since the CSR was announced there have been further clarifications received in relation to the local government spending plans, further details in relation to the £3.8bn and also, most recently, a consultation on the NHS Funding Allocations Review. Whilst the original announcements signalled significant financial challenges, the further announcements are likely to considerably exacerbate the position for all Health & Social Care Partners in the City.

3. Although the City has ambitious transformation plans to support the delivery of better outcomes for people within the reducing resource envelope available, the combination of the above funding announcements will require additional savings to be generated through both the transformation programme and through other means at a further and faster rate than originally anticipated.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the significant financial challenges outlined within this report as a result of recent funding announcements impacting upon Health Partners in the city;
- Approve the initial actions to develop the necessary proposals to deliver a plan to address these challenges;
- Agree to:
    - Receive the plan for sign off by January 2014 prior to submission for ministerial approval;
    - Receive further updates and details at the meeting of the Board on 20 November.

1 Purpose of this report

1.1 This report provides a brief update on the funding outlook for Health and Social Care Services in Leeds and outlines the significant financial challenges for all partners over the next 2 years and beyond.

1.2 The report also outlines the initial actions to be taken, through the current partnership forums that will not only provide draft spending plans for the £3.8bn pooled fund, but also draft spending plans across the Health and Social Care partnership to address the combined funding gaps outlined below.

2 Background information

2.1 The Comprehensive Spending Review (CSR) 2013 announced spending totals for local government together with a £3.8bn transfer to Adult Social Care from the NHS. Since the CSR was announced there have been further clarifications received in relation to the local government spending plans, further details in relation to the £3.8bn and also, most recently, a consultation on the NHS Funding Allocations Review. Whilst the original announcements signalled significant financial challenges, the further announcements are likely to considerably exacerbate the position for all Health & Social Care Partners in the City.

2.2 Although the City has ambitious transformation plans to support the delivery of better outcomes for people within the reducing resource envelope available, the combination of the above funding announcements will require additional savings to be generated through both the transformation programme and through other means at a further and faster rate than originally anticipated.

3 Main issues

3.1 Since the announcements made as part of the CSR 2013 there have been a number of key announcements/clarifications around the future funding allocations for both the Council and the Clinical Commissioning Groups. These announcements will have a significant impact on our current plans and ambitions. These include:

- A 10% real terms reduction in local government funding in 15/16 (£2.1bn) - now understood to be 15% (£3.1bn)
- Initial details of the £3.8bn health funding announced for Adult Social Care in 15/16,
- A Review of NHS Allocations Formula – potential loss of c.£84m to Leeds CCG's

3.2 Following the clarification around the local government settlement it is now estimated that the Council's budget will reduce by £103m by 2016/17 by virtue of

reductions in the cash value of government grants. When including demand, demographic and other pressures this means that the Council will need to make reductions in spending of around £140m, around a quarter of its current net budget over the same 3 year period. As Social Care (Adults and Children's) currently account for around 65% of the Council's net budget, it is inevitable that significant reductions will need to be made to both Social Care Budgets.

3.3 Anticipated pressures on the Leeds CCG budgets include:

- Significantly Reduced and Differential Growth to NHS England and CCGs – Specialist services likely to benefit from any growth monies
- Lower Level of tariff (Provider) efficiencies
- Cost Pressures relating to Technical innovation, Policy Directives and NICE guidance ensuring national "must dos" and meeting NHS Mandate
- CSR: Transfer of further resource & services to pooled budget
- Financial Gap, leading to required QIPP 2% in 2014/15, 5% in 2015/16
- Further Risk re Fundamental Review of NHS Allocations Policy Recently Announced, potential loss to Leeds CCGs of £84m (Further 8.8% risk)

3.4 Whilst further clarification is awaited, it seems increasingly certain that the 'additional' £3.8bn announced to transfer from the NHS to Adult Social Care, as part of the Integration Transformation Fund (Pooled Budget), is almost entirely constituted of existing funding within the base budgets and current planning assumptions of either the CCG's and the Council as outlined below:

- £0.9bn already part of CSR10 & 13/14 base budget
- £2bn already part of CCG 13/14 base budget
- £0.9bn existing funding streams re-badged – Reablement, Carers, LA Capital, DFG

3.5 In addition, the allocation of the £3.8bn is likely to be subject to a revised allocation formula, which may result in Leeds receiving less than the current 1.3% to 1.4% of any national allocation.

3.6 A consultation has also recently been announced to review the NHS Allocations formula. The proposals being consulted upon would reduce the CCG allocations in Leeds by £84m if adopted in their current form. It is proposed to change the basis of funding allocations from one largely driven by deprivation to one driven largely by population age. This is based upon the belief that health needs are driven by age, and with the removal of the Public Health funding element from NHS allocations (which will remain largely allocated according to deprivation), the deprivation element of the NHS formula should be significantly reduced. However, even if accepting this belief, the relative size of the funding streams and the lead

in time for public health impacts on health needs would mean that the system would not reach that new equilibrium for a number of decades. Adoption of the revised formula for the allocation of the £3.8bn pooled fund, could also reduce the anticipated fund for Leeds (see 3.5 above).

3.7 The table below illustrates the funding gap across the Health and Social Care Commissioners in Leeds, based upon the position that can be currently reasonably predicted (excluding the potential impact of the NHS Allocations Review):

	2014/15			2015/16		
	LCC	NHS/CCG	TOTAL	LCC	NHS/CCG	TOTAL
	£m	£m	£m	£m	£m	£m
Base Budget	373.4	953.5	1326.9	373.4	972.5	1345.9
Demand/Demography	8.0	22.5	30.5	13.8	23.2	37.0
Other Pressures	13.7	13.2	26.9	17.4	13.5	30.9
Spending Requirment	395.1	989.2	1384.3	404.6	1009.2	1413.8
Resources Available	366.8	972.5	1339.3	357.3	960.4	1317.7

LCC = ASC/Children's /Public Health

The above funding gaps of £45m+ in 14/15 and £96m+ in 15/16 are:

- Before impact of Care Act Requirements/Dilnot & £3.8bn transfer on ASC Budget
- Excludes Pressures from Specialist Commissioning
- Excludes Provider CIPs– likely to be circa 5% of income (FT model)
- Before Impact of NHS Allocation Review - £84m risk

3.8 The larger than expected funding gap clearly brings into focus the requirement for the plans and ambitions of the Leeds Health and Social Care Transformation Programme to not only deliver better outcomes for people, but also to deliver significant savings against current anticipated spending levels, and at scale and at pace.

3.9 Although the initial belief was that the £3.8bn Integration Transformation Fund was additional funding to support the Integration of Services locally, it is now becoming clear, not only that the funding is not additional to the Leeds Health and Social Care Economy, but that there are significant new burdens/key conditions attached to the funding, including:

- Carers assessments
- Impact of national eligibility
- Protection for social care services
- 7 day working in Health & Social Care
- Plans and targets for reducing A&E attendances and emergency admissions
- Better data sharing – based on NHS no.
- Joint approach to assessment & care planning
- Agreement on consequential impact of changes in acute sector

3.10 Each of these new burdens are significant, and in total are likely to require resources far in excess of the £3.8bn provided, notwithstanding that the £3.8bn is already supporting local spending commitments across the existing Health and Social Care community.

3.11 In addition, £1bn of the above funding is only payable should the local Health and Social Care economy deliver against a range of yet to be agreed local and national performance indicators and will only be paid (in arrears) when the performance indicator milestones have been met.

3.12 Local Councils and CCG's are required to agree plans for the spending of the £3.8bn (circa £50m for Leeds) by January 2014 incorporating all of the above factors, although the details of exact requirements and targets may not be known in detail until November/December 2013. The agreed plans (LA & CGG's) will be subject to 'sign-off' by the local Health & Well Being Board in January and also subject to a 'non-bureaucratic and proportionate' Ministerial Assurance process by March 2014.

3.13 Clearly the task of putting together such a detailed plan to not only address the requirements of the Pooled Fund arrangements, but also to deliver a credible plan to resolve the £96m+ funding gap in 15/16 is an incredibly challenging one by January 2014. Initial discussions at the Integrated Commissioning Executive (ICE) suggested that there will be a need to establish a number of key groups to develop the necessary proposals – initially at a headline level and then, following agreement, to work up the details of the proposals. There was agreement that such groups will need representation from CCG's, Clinical Leads, Providers and DOF's together with any other key stakeholders affected, meeting alongside the existing Transformation and ICE Boards.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 This report outlines the impact of a number of government proposals and policy decisions, each of which are, or will be, subject to a variety of consultation mechanisms. In particular, proposals in relation to aspects of the Care Bill and the NHS Allocations Review are currently within periods of formal consultation.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 Although it is not possible to predict the full impact of the funding position outlined within this report, it is likely to reduce our ability to reduce health inequalities within the city. It has recently been reported by the Office of National Statistics (ONS) that people living in affluent areas within the South can expect to live a healthy life as much as 15 years longer than those in the North. The impact of the proposed NHS Allocations Review is likely to exacerbate this challenge for northern cities such as Leeds.

4.3 Resources and value for money

4.3.1 The resource implications are detailed in the main issues section of this report.

4.4 Legal Implications, Access to Information and Call In

4.4.1 This report is for information only.

4.5 Risk Management

4.5.1 The risks associated with the reductions in resources outlined above will need to be assessed and managed as part of the initial actions outlined in 3.13 above at both a partnership level and individual organisation level. There is a clear risk that the funding gap will not be closed through the better use of resources and efficiencies arising from current transformation plans and that further efficiencies and/or reductions in current service levels will be required.

5 Conclusions

5.1 The Comprehensive Spending Review (CSR) 2013 announced spending totals for local government together with a £3.8bn transfer to Adult Social Care from the NHS. Since the CSR was announced there have been further clarifications received in relation to the local government spending plans, further details in relation to the £3.8bn and also, most recently, a consultation on the NHS Funding Allocations Review. Whilst the original announcements signalled significant financial challenges, the further announcements are likely to considerably exacerbate the position for all Health & Social Care Partners in the City.

5.2 Although the City has ambitious transformation plans to support the delivery of better outcomes for people within the reducing resource envelope available, the combination of the above funding announcements will require additional savings to be generated through both the transformation programme and through other means at a further and faster rate than originally anticipated.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the significant financial challenges outlined within this report as a result of recent funding announcements impacting upon Health Partners in the city;
- Approve the initial actions to develop the necessary proposals to deliver a plan to address these challenges;
- Agree to:
    - Receive the plan for sign off by January 2014 prior to submission for ministerial approval;
    - Receive further updates and details at the meeting of the Board on 20 November.

Leeds Health & Wellbeing Board

Report author: Mick Ward
Tel: 0113 2474567

Report of: **Head of Commissioning, Adult Social Care and Chief Finance Officer, South and East Clinical Commissioning Group**

Report to: **Leeds Health and Wellbeing Board**

Date: **2nd October 2013**

Subject: **Update on Funding Transfer from NHS England to Adult Social Care 2013/14 and Statement on the Health and Social Care Integration Transformation Fund**

Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. On 5th July 2013 NHS England wrote to Local Authorities and Clinical Commissioning Groups outlining the process for the 'funding transfer to support adult social care – 2013/14'. This included confirmation of actual transfer amounts and additions to the governance process. It includes a requirement for the local authority and CCGs to take a joint report to the Health and Well Being Board to agree the use of the funding, outcomes and monitoring arrangements for that area.

2. At its meeting on 24th July 2013 the Health and Well Being Board took a paper from the Deputy Director, Adult Social Care and the Accountable Officers, Leeds Clinical Commissioning Groups, outlining the background to the funding transfer for 2013/14, the proposed areas the funding be used for and process to be followed to get agreement on the transfer between the Local Authority, Leeds Clinical Commissioning Groups and NHS England.

3. Agreement has now been reached between the clinical commissioning groups and Adult Social Care on the process for the transfer of the funding and for its use. Funding will be transferred during October 2013.

Recommendations

The Health and Wellbeing Board is asked to:

- Note progress in the transfer of funding from NHS England to the Local Authority for 2013/14

- Note the issues raised within the 'Statement on the health and social care Integration Transformation Fund' and to establish a working group across partners to develop the Leeds Plan for this funding.

- To consider when further reports on this funding and its use should be brought to the Board

1 Purpose of this report

1.1 To update the Health and Wellbeing Board on the progress made in the funding transfer from NHS England to Leeds City Council, Adult Social Care.

1.2 To outline the proposals for future funding transfers.

2 Background information

2.1 At its meeting on 24th July 2013 the Health and Well Being Board took a paper from the Deputy Director, Adult Social Care and the Accountable Officers, Leeds Clinical Commissioning Groups, outlining the background to the funding transfer for 2013/14, the proposed areas the funding be used for and process to be followed to get agreement on the transfer between the Local Authority, Leeds Clinical Commissioning Groups and NHS England.

2.2 The report sought approval for the Health and Wellbeing Board to delegate authority in regard to approving the funding transfer from NHS England to Leeds City Council, Adult Social Care (ASC), in order to facilitate timely transfer of the funding. It was resolved that delegated authority be given to the Chair of the Board and Executive Member for Adult Social Care, to approve the proposal for funding transfer once agreement has been reached between the three CCGs and Adult Social Care and the appropriate documents have been completed.

3 Main issues

3.1 Progress

3.1.1 Agreement has now been reached between the Clinical Commissioning Groups and Adult Social Care on the use of the funding and this has been articulated within a 'Section 256 Agreement' between Leeds City Council and NHS England. As outlined in the previous report to the Health and Well Being Board the funding is to be used for:

£11,849,652 for ASC to invest in social care services to benefit health and to improve overall health gain and to ensure sustainability, consolidation and a whole system approach to deliver the Better Lives in Leeds programme, This focuses on Housing Care and Support, Integration with Health and Enterprise and includes supporting and developing transformation within; Homecare, Dementia care, Personalisation and investment in the Third Sector to support early intervention and prevention and expanded social capital

3.1.2 Specifically agreement has been reached between ASC, the three Clinical Commissioning Groups and NHS England that the funding is allocated as follows:

This funding builds on previous years and allows for maintained funding as outlined below:

Homecare:	*£7,500k*
Residential Care	*£1,250k*

Specialist Dementia Care:

- *Care homes* *£800k*
- *Resource centres* *£300k*
- *Community support* *£500k*

Grants to third sector organisations to deliver health and well-being services that maintain independence and avoid ill health *£1,500k*

Total 2013/14 ***£11,849,652***

3.1.3 In addition to the information, above contained within the Section 256 Agreement, NHS England specifically asked of us the following question:
How will the section 256 or 257 transfer secure more health gain than an equivalent expenditure of money on the National Health Service?

3.1.4 The agreed response to NHS England is:

'It has been identified that this investment in Social Care services allows patient flows to be maintained that will provide alternatives to acute admissions, reduce delayed transfers of care and provide the re-ablement needed to reduce the likelihood of re-admission. Without this investment in Social care services the benefits of any equivalent investment in Health services would not be realised, as community services would not have the capacity to take the volume of referrals that a good system of admission avoidance and smooth transfer of care depends on. The Leeds Integrated Health & Social Care Programme aims to maximise the impact of this investment in Social Care by ensuring that these social care services form part of an integrated community response with community health services'.

3.1.5 The above, the section 256 agreement, and the report to the July Health and Well Being Board, have now being shared with NHS England and they have agreed for the funding to be transferred to Leeds City Council in October 2013.

3.2 Future Funding Transfer

3.2.1 Since the report to the July Health and Well Being Board the Local Government Association and NHS England have issued a 'Statement on the health and social care Integration Transformation Fund' (attached).

3.2.2 Whilst the Integration Transformation Fund (ITF) does not come into full effect until 2015/16 the document notes that 'it is essential that CCGs and local authorities build momentum in 2014/15, using the additional £200m due to be transferred to local government from the NHS to support transformation'.

3.2.3 In effect there will need to be a two-year plan for 2014/15 and 2015/16, which must be in place by March 2014.

3.2.4 The document notes that The ITF will support the aim of providing people with the right care, in the right place, at the right time, including through a significant

expansion of care in community settings. This will build on the work CCGs and local authorities are already doing, for example, as articulated in the integrated care pioneers initiative and work on Community Budgets

3.2.5 Crucially the ITF will compose existing funding continued from 2014/15 – Money already allocated across the NHS and social care to support integration:

- Carers, Breaks funding
- Reablement funding
- Capital Grant Fund (Inc. Disabled Facilities Grant)
- Existing transfer from health to social care

Plus additional funding to cover demographic pressures in adult social care and *some* of the cost associated with the Care Bill

It is worth noting that a significant element will be performance related.

3.2.6 To access the funding each locality will need to develop a local plan by March 2014.The plan will set out arrangements for future transfer of funding from NHS to the Local Authority

3.2.7 The funding will be used to create a pooled budget to be used locally on social care and health subject to national conditions outlined in paragraph 13 of the Statement. Unsurprisingly the statement has a strong emphasis on 'Delivery through Partnership'. Leeds, especially as a potential 'Pioneer on Integration' is in a very good position to meet this challenging agenda, however it will need significant work to ensure the local plan is robust enough to both meet the challenges and priorities in Leeds, especially within significantly reduced local authority budgets, and to meet the conditions set out by the ITF, particularly bearing in mind the size of the funding within the pool and that much of this is already accounted for in current budget projections.

3.2.8 In addition the Board will need to recognise:

- The practical challenge of developing a plan for the transfer of funding in the absence of almost any guidance,
- The recently announced consultation on revised funding formulae for CCG's
- The absence of any firm figures for the 'Dilnot thresholds' contained in the Care Bill,

All of which will have significant negative impact on future years transfers and the amount of actual new funding in the pool.

3.2.9 Therefore work will need to commence now on developing the local plan and working with NHS England, the Local Government Association, ADASS, and the DH on the funding allocation, conditions, risk, assurance and analytics.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 The partners to the previous Section 256 Agreement, initially Adult Social Care and the PCT, now the three CCG's, have always used existing consultations and agreed priorities to inform the areas identified for expenditure. These have developed each year. This year, the funding for ASC is based on the priorities within the Better Lives Programme, which has had extensive consultation around the three themes of Integration, Enterprise, and Housing Care and Support.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 There are no specific implications for equality groups beyond those already identified as priority areas within Better Lives, for example people with Dementia.

4.2.2 The funding will be used within existing investment, commissioning and transformation programmes. Each of these will have carried out an Equality Screening Impact or Assessment as appropriate.

4.3 Resources and value for money

4.3.1 There is significant funding coming into the Leeds Health and Social Care System from NHS England. The areas outlined for expenditure are agreed priorities for investment in the city.

4.3.2 It is worth noting that delays on approval of the transfer within Leeds will delay the transfer into the city from NHS England.

4.4 Legal Implications, Access to Information and Call In

4.4.1 There are no legal implications beyond those articulated within the Section 256 Agreement. These have already being covered within previous agreements and will be the same within this document, albeit with a new partner, namely NHS England

4.5 Risk Management

4.5.1 Representatives from Leeds are meeting with the Area Team to ensure close engagement and to ensure we resolve any potential difficulties at an early stage. Within Leeds we can build on the strong partnerships in place and on our positive experience of reaching agreements on this transfer in previous years.

5. Conclusions

5.1 Agreement has now been reached between the clinical commissioning groups and Adult Social Care on the process for the transfer of the funding and for its use. Funding will be transferred during October 2013.

5.2 Work now needs to commence on developing a local two-year plan to be in place by March 2014 in order to access future funding.

6. Recommendations

The Health and Wellbeing Board is asked to:

- Note progress in the transfer of funding from NHS England to the Local Authority for 2013/14
- Note the issues raised within the 'Statement on the health and social care Integration Transformation Fund' and to establish a working group across partners to develop the Leeds Plan for this funding.
- To consider when further reports on this funding and its use should be brought to the Board

* The Statement on the health and social care Integration Transformation Fund can be found at: http://www.england.nhs.uk/wp-content/uploads/2013/08/itf-aug13.pdf

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Leeds Health & Wellbeing Board

Report author: Jane Held

Report of: **Jane Held, Independent Chair Leeds Safeguarding Children Board**

Report to: **Leeds Health and Wellbeing Board**

Date: **2nd October 2013**

Subject: **LSCB Annual Report on the Effectiveness of Safeguarding Arrangements for Children and Young people in Leeds (July 2013)**

Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☒ Yes	☐ No

Summary of main issues

1. This cover report introduces the attached Local Safeguarding Children Board Annual Report prior to its consideration by the LSCB on 19 July 2013. The final version is being presented to the Council's Chief Executive, the Leader of the Council, the Police & Crime Commissioner and the Health and Wellbeing Board. It will be published on the LSCB website at the end of August.
2. The Executive Summary of the Annual Report is appended. The full report will be available to access online at http://leedslscb.org.uk/professionals/annual-report.shtml from Monday 1st October.

Recommendations

The Health and Wellbeing Board is asked:

1. To note and comment on the content of the LSCB Annual Report and agree those issues that most need HWB leadership.
2. To note the challenges for 2013/14, including those accepted by the Children's Trust Board.

1. Purpose of this report

1.1 To update HWB on the progress being made by and through the Leeds Safeguarding Children Board to improve safeguarding children practice in Leeds.

2 Background information

2.1 It is a statutory requirement under the Apprenticeships, Skills, Children and Learning Act 2009 for the LSCB to publish an annual report evaluating the effectiveness of safeguarding arrangements for children and young people in the local area.

2.2 The CTB must take account of the report in preparing and refreshing the Children & Young people's Plan. The HWB is expected to take account of the report in preparing and refreshing the JSNA.

3 Corporate Considerations

3.1 Consultation and Engagement

3.1.1 Active interest from CLT and Corporate Leaders in the work of the LSCB has made a significant contribution to the improvement journey. There is a shared expectation within the Council that a Child Friendly City also has to be a Safe City. This enables the LSCB to take some assurance about the direction of travel.

3.2 Equality and Diversity / Cohesion and Integration

3.2.1 The work of the Board contributes to improved community cohesion. Over the next year part of the public engagement work the Board plans will be to use the new LSCB website to increase community engagement with the work of the Board.

3.3 Resources and Value for Money

3.3.1 A Funding and Value for Money Review identified the need to maintain the current level of Base Budget expenditure for the LSCB and requested partners to increase their contributions to ensure 'in year' financial viability and maintain an appropriate level of strategic reserve. A revised funding formula was agreed amongst existing contributing partners to ensure that the agreed expenditure for the Base Budget of £521,000 was fully funded for 2013/14 and that a small commissioning budget would be available to be used to address emerging themes and challenges.

3.3.2 Out-turn figures at the end of March 2013 indicated that an in year shortfall in funding of £21,000 was mitigated by an underspend of £32,000. This enabled a strategic reserve of £50,000 to be carried forward into 2013/14 and a commissioning budget to be established of £35,000.

3.4 Legal Implications, Access to Information and Call In

3.4.1 No specific implications

3.5 Risk Management

3.5.1 The Board is currently completing its Annual Review focusing on how well we work together to improve outcomes for vulnerable C&YP. The 'Effective Governance' scorecard in the Performance Management System indicates that progress continues to be made to tighten governance and system wide processes.

4 Conclusions

4.1 The Annual Report of the LSCB concludes that considerable progress is being made to make the necessary changes to improve multi-agency working, services and outcomes for children and young people. It identifies where more progress needs to be made and where we need to better understand problems and issues faced by children and young people in Leeds.

Challenges are set for the LSCB and the Children's Trust Board to address in 2013/14 which promote a direction of travel which encompasses an increasing focus on:

- The quality of services rather than on the timeliness of processes
- The LSCB operating more like an 'Improvement Board'
- The frontline and community engagement
- The voice of children and young people
- The use of research and evidence based practice.

5 Recommendations

5.1 The Health and Wellbeing Board is asked:

1) To note and comment on the content of the LSCB Annual Report and identify issues that most need HWT leadership.

2) To note the challenges for 2013/14, including those accepted by the Children's Trust Board.

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Leeds Safeguarding Children Board

Report title: Presentation of Annual Report 2012/13

Report of: Jane Held, Independent Chair Leeds Safeguarding Children Board

Report to: Leeds Health and Wellbeing Board

1.0 Purpose of report and decisions to be made

1.1 To update the Health and Wellbeing Board on the progress being made by and through the Leeds Safeguarding Children Board to improve safeguarding children practice in Leeds.

1.2 The Health and Wellbeing Board are asked:

- To note and comment on the content of the LSCB Annual Report and agree those issues that most need HWB leadership.
- To note the challenges for 2013/14, including those accepted by the Children's Trust Board.

2. Background information

2.1 It is a statutory requirement under the Apprenticeships, Skills, Children and Learning Act 2009 for the LSCB to publish an annual report evaluating the effectiveness of safeguarding arrangements for children and young people in the local area.

The LSCB Annual Performance Report, including challenges for 2013/14 The final report was received and accepted by the LSCB on 13.09.2013. Due to the meeting cycle the Annual Report was presented to the CTB on 05.09.13 in final draft form. The Report was also received and discussed at the Council's Chief Officer's Leadership Team in draft form on 16.07.13

The CTB must take account of the report in preparing and refreshing the Children & Young people's Plan. The HWB is expected to take account of the report in preparing and refreshing the JSNA.

3.0 Summary

3.1 This cover report introduces the attached Local Safeguarding Children Board Annual Report following its acceptance at the LSCB on 13th September 2013. The report is (as required) being presented to the Council's Chief Executive, the Leader of the Council, the Police & Crime Commissioner and the Health and Wellbeing Board. It is also published on the LSCB website.

3.2 The Annual Report of the Leeds Safeguarding Children Board (LSCB) evaluates the effectiveness of safeguarding arrangements for children and young people in Leeds in 2012/13 and sets out how the Board's work will be developed and strengthened in 2013/14. It is drawn from a wide range of sources from across the children's partnership and reflects the continuation of an 'improvement journey' that has involved a high degree of multi-agency co-operation and collaboration

3.3 The report includes a comprehensive review of performance, quality assurance and audit findings which clearly outlines the breadth and depth of work being undertaken to safeguard and promote the wellbeing of children and young people in Leeds. Engaging children and young people about safeguarding matters and their own care is being progressed and good use is being made of external expertise to shape the planning and development of services. Significant service restructuring has and is taking place to respond to the changing circumstances of the public sector and to promote more effective ways of working with children, young people and their families. More quantitative and qualitative information is being collated to help analyse:

- Where progress is being made
- What outcomes are being achieved
- What difference this is making
- Where more improvement is required
- What requires further investigation and understanding.

3.4 There are positive indications that the improvement journey has sound foundations:

- There is a clear, coherent strategic direction which is focused on increasing the availability and effectiveness of Early Help (preventative) services and reducing the need for statutory intervention. This is formalised in the Children and Young People's Plan and supported by the challenges from the LSCB to 'rebalance the safeguarding system'.

- A shared partnership culture is developing underpinned by a restorative approach to working with children, young people and their families that seeks to 'never do nothing' and to provide the right service at the right time with 'high support and high challenge

3.5 There is evidence of good progress being made in the aims and objectives set by the partnership as shown by:

• The reduction in the number of children and young people who need to be looked after
• The quality of services being provided for children and young people in the care of the Local Authority
• The establishment of revised Children's Services 'Front Door' arrangements which have supported:
  o An increase in conversations between partners about how best to respond to children and young people about whom concerns have been raised
  o A reduction in the number of referrals accepted by Children's Social Work Service
  o An improved understanding of the nature and scale of patterns of domestic violence across the city
• Continuing the investment in and co-ordination of Early Help services

3.6 Emerging challenges are identified which have contributed to those set for the LSCB and Children's Trust Board in 2013/14: A greater understanding is required of:

• The trends and profile of the number of children and young people who are subject to child protection plans
• The full nature and extent of multi-agency Early Help and preventative activity being undertaken currently
• How the development of a single assessment framework across the partnership and the continuum of 'risk' and 'need' can enhance the planning of Early Help interventions

3.7 Areas identified for improvement include:

• The timeliness of child protection processes
• The effectiveness of child protection plans
• The provision of services for children and young people at risk of or suffering sexual exploitation

Areas identified for development include:

• The agreement to a single (multi-agency) assessment framework and process which is robust and straightforward to use
• The updating of the Leeds 'Think Family Protocol' to improve multi-agency responses to children and young people living in the context of 'compromised parenting'. (the impact of drugs and alcohol, mental ill health, learning disability, domestic violence, and poverty)
• The exploration of a partnership approach to establishing a Young People's Service (16 – 25 yrs) that would cater for vulnerable young people, including care leavers

3.8 During a period of 'whole system re-orientation' it is particularly important that the Board is assured that risk in individual cases is being managed appropriately and safely. The report provides the following information to inform

that judgment:

• The reduction in the number of looked after children and young people is gradual and is being actively managed. The reduction is due to a combination of fewer receptions into care (with alternative, more appropriate, options being rigorously explored) and improved permanency planning.
• Although the number and make-up of the cohort of children and young people who are subject to child protection plans requires further investigation and improvements are required in the effectiveness of plans, it is notable that the LSCB audits have confirmed the Ofsted findings of 2011 that children and young people are not being left in unsafe situations.
• Concerns remain about the high rate of re-referral to Children's Social Work Services with the implication that some children and young people may not be receiving a timely and effective response. Nevertheless, the introduction of the new Duty and Advice Team has impacted positively on these figures and the trend is expected to continue in 2013/14 as the new arrangements bed in.
• Considerable audit and review activity is being undertaken to better understand the working of the safeguarding system as a whole and the performance of its component parts

3.9 The Health and Wellbeing Board is asked to note that areas of particular interest to the LSCB include the effectiveness of mental health, drugs and alcohol, and learning disability services to parents, as well as CAHMS services. The LSCB also draws out, through its responsibilities in relation to the sudden unexpected death of children and the child death overview process key wellbeing themes such as death through overlays, and suicide in young people which may also be of interest to the work of the HWB.

4.0 Context

4.1 Leeds Safeguarding Children Board (LSCB) is a statutory body established under the Children Act 2004. It is independently chaired (as required by statute) and consists of senior representatives of all the principle stakeholders working together to safeguard children and young people in the City

4.2 Its statutory objectives are to:
• Co-ordinate local work to safeguard and promote the welfare of children
• To ensure the effectiveness of that work

Safeguarding is defined as any activity which prevents a child's health, welfare or development being impaired, and includes activity to protect them from abuse, (although that is only part of the Board's responsibilities

4.3 The Board is independent of any of the partners, funded by them all and hosted and supported by Leeds Council. It has a collective and corporate responsibility for fulfilling its statutory functions and for holding to account the whole system of services across the city to safeguard children and promote their welfare. The

Chair is appointed by the Board together with the Chief Executive of the City Council, is accountable to the Board and Chief Executive in terms of their performance but holds the Board, the Chief Executive and the Governance bodies of every statutory partner agency to account. The Council's Lead Member for Children has participant observer status on the Board.

4.4 Statutory Partner Agencies (which includes both all the health commissioning bodies and provider bodies, the police, probation and the council, are under a duty to co-operate with the Board and those accountabilities are defined in Working Together to Safeguard Children 2013 and the NHS Accountability Framework

4.5 The Board has no service delivery functions but is required to inform (through its co-ordination and effectiveness responsibilities) the commissioning intentions of partner agencies, It is also required to monitor, quality assure and evaluate the quality and effectiveness of the services commissioned and delivered in the local area.

4.6 Working Together (2013) requires each Local Safeguarding Children Board to produce and publish an Annual Report evaluating the effectiveness of safeguarding in the local area. The report should be submitted to the Chief Executive and Leader of the Local Authority, reflecting that overall accountability for the safety and welfare of children and young people must be led by them. It should also be sent to the local Police and Crime Commissioner and the Chair of the Health and Well Being Board. There is also a local agreement to submit it to the Children's Trust Board, Leeds City Council Scrutiny Board for Children and Families and to the governance bodies of all partner organisations to support their governance of safeguarding practice in Leeds.

This is the first LSCB Annual Report to be presented to the HWB. The guidance states that the Annual Report 'should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action'. The Report should:

- Recognise achievements and progress made as well as identifying challenges
- Demonstrate the extent to which the functions of the LSCB are being effectively discharged
- Include an account of progress made in implementing actions from Serious Case Reviews
- Provide robust challenge to the work of partner agencies

4.7 In Leeds, the LSCB works closely with the Children's Trust Board which is specifically accountable for overseeing the development and delivery of the

Children & Young People's Plan (CYPP). This Report identifies challenges for both the LSCB and the Children's Trust Board. The Children's Trust Board considers the report in preparing and refreshing the Children & Young People's Plan. The Health and Well-being Board is expected to consider the report in completing the Joint Strategic Needs Assessment.

4.8 The LSCB is also required to review all serious incidents and where necessary to undertake and report publically Serious Case Review and to ensure that there is a learning and improvement framework to support and disseminate the learning arising from quality assurance and case review processes as well as provide a comprehensive multi-agency workforce development and training programme for all front line staff who work with children, and those staff who work with vulnerable families

5 Main issues

5.1 Effectiveness of the LSCB:

The report indicates that the LSCB has made good progress in addressing the challenges it set for itself in 2012/13.

The over-arching challenge it is setting itself for 2013/14 is to 'step up a gear'; to build on progress made in 2012/13 in order to more fully understand the effectiveness of the safeguarding system in Leeds and better lead the partnership in developing services and multi-agency working in order to improve outcomes for C&YP.

5.2 Performance against challenges to CTB for 2012/13:

The overarching challenge to the CTB remained to 'rebalance the safeguarding system' to reduce the need for statutory intervention to safeguard C&YP.

Evidence of progress made in the year is provided by:

- The gradual reduction in the number of children and young people who need to be looked after
- The establishment of a CSWS Duty and Advice Team and revised arrangements for responding to contacts and referrals from partner agencies
- The continued investment in Early Help Services

5.3 Summary of the Effectiveness of Safeguarding arrangements:

Ensuring that risk is being managed appropriately and safely is a crucial factor at all times; but particularly so during a period of 'whole system re-orientation' as is currently the circumstances in Leeds. It is important that the LSCB is able to be satisfied that risk is being managed safely and appropriately in individual cases.

The evidence that was considered by the LSCB includes:

- The reduction in the number of looked after children and young people is gradual and is being actively managed. The reduction is due to a combination of fewer receptions into care (with alternative, more appropriate, options being rigorously explored) and improved permanency planning enabling more to leave.

- Although the number and make-up of the cohort of children and young people who are subject to child protection plans requires further investigation and improvements are required in the effectiveness of plans, it is notable that the LSCB audit confirmed the Ofsted findings of 2011 that children and young people are not being left in unsafe situations.

- Concerns remain about the high rate of re-referral to Children's Social Work Services with the implication that some children and young people may not be receiving a timely and effective response. Nevertheless, the introduction of the new Duty and Advice Team has impacted positively on these figures and the trend is expected to continue in 2013/14 as the new arrangements bed in.

- Considerable audit and review activity is being undertaken to better understand the working of the safeguarding system as a whole and the performance of its component parts.

5.6 <u>Challenges for 2013/14</u>:

The LSCB, in response to changes in guidance (Working Together 2013), will need to evidence it has increased the rigour of its challenge to partners and more explicitly driven (and understood) improvements in outcomes for C&YP.

At the same time it needs to seek to work more collaboratively with the Safeguarding Adult Board and the Community Safety Partnership to identify things we can do better together and support each other with.

Challenges accepted by the CTB for 2012/13 include the following:

- To continue to progress the 'rebalancing' of the safeguarding system in Leeds in order to promote a more preventative approach (C&YP receiving 'the right service at the right time') and reduce the need for statutory intervention. Key components of this approach are:

  To reduce the number of C&YP who need to be 'looked after.'

To support more effective multi-agency engagement in the oversight and implementation of child protection plans.

To develop and extend the comprehensive, multi-agency, Early Help offer, supported and facilitated by a common approach to assessment.

- To ensure that during this period of transition within the system, risk is managed appropriately and safely in individual cases.

- To ensure that the rebalancing of the system is supported by the development of a partnership approach to shared professional values, attitudes and behaviours and common principles of supervision.

- To continue to promote a restorative approach to working with C&YP and their families that will more consistently result in 'the voice of the child' being included in all interventions and which promotes the principles established by the CTB:

  The default behaviour of Children's Trust and Local Government partners in all their dealings with local citizens/partners/organisations should be a restorative one - high support with high challenge.

  Children's Trust and Local Government partners should ensure that families, whose children might otherwise be removed from their homes, are supported to meet and develop a safe alternative plan before such action is taken.

  For all other families where a plan or decision needs to be made to help safeguard and promote the welfare of a child or children the family should be supported to help decide what needs to happen. Children's Trust and Local Government partners must create the conditions where families can be helped to help themselves - this would represent a fundamental renegotiation of the relationship between Local Government and local citizens - from doing things to and for families to doing things with them.

  Children's Trust and Local government partners must see all local schools as community assets and have a clear role in holding those institutions - no matter what the governance arrangements - to account for the contribution they make to the well-being of the local population.

- To work with partners who commission services for C&YP to:

  Build into their commissioning processes a requirement of compliance with s(11) of the Children Act 2004 / s(175) Education Act 2002

  Establish a common performance management framework which is compatible with the LSCB framework.

- To review access and availability of services for families who have suffered a child / young person bereavement.

- In the light of work being undertaken by the LSCB, LSAB & SL, to review the provision of services to address situations where C&YP are living in the context of compromised parenting (domestic violence, parental substance mis-use, parental mental ill health).

- As a better understanding of the scale of CSE is established, to review the provision of services to (i) reduce the number of Young People at risk / suffering from sexual exploitation and (ii) respond to young people who have become victims.

- To develop and co-ordinate improved services for vulnerable 16 – 21 year olds.

6.0 Conclusions

6.1 The Report shows that overall the Board is working effectively and that we are now largely able to monitor the effectiveness of the system in Leeds for safeguarding children and promoting their welfare but it also shows clearly how much more there is to do. It is clear that one of the areas of need identified that requires much more proactive development in 2013/14 is the provision of services to support adults to parent their children well as well as the redevelopment of the 'Think Family Protocol' and associated care pathways. The same applies to services to meet the needs of young adults age 14-25. Finally the provision of integrated early help services at a point when families are first needing some support (as well as early start services to under two's) is a key area of focus for the future. The priorities set by the HWB will positively assist in delivering these developments.

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Leeds Safeguarding Children Board

Annual Report 2012/13

Executive Summary

Report of Jane Held, Independent Chair

Report originator Bryan Gocke, LSCB Manager

Forward

From Jane Held, Independent Chair of Leeds Safeguarding Children Board

I am pleased to present the Leeds safeguarding Children Board Annual Report for 2012/13. Looking back over the year when bringing this report together, it is clear that a huge amount has happened to improve the way children and young people are safeguarded in Leeds and that many people are working hard to keep on improving practice. If you want to know if children are safe in Leeds, I would say that they are considerably safer than they were a few years ago. Of course I could never say they are 100% safe, but this report should give the reader assurance about Leeds being a child friendly and safe city where everyone is striving to ensure that children achieve the best outcomes possible.

The Report shows that overall the Board is working effectively and that we are largely able to monitor the effectiveness of the system for safeguarding children and improving their welfare, but it also sets out clearly how much more there is to do. The commitment and passion to improve amongst statutory partners is undoubted, despite huge organisational change across the 'system' and some major challenges for some partners. This report shows just some of what we have achieved and what the challenges are in 2013/14 – challenges we will face as a Board and as agencies responsible for delivering safe, effective services to children, their families and their communities with the same determination and ambition as we have shown over the last year.

Executive Summary

The Annual Report of the Leeds Safeguarding Children Board (LSCB) evaluates the effectiveness of safeguarding arrangements for children and young people in Leeds in 2012/13 and sets out how the Board's work will be developed and strengthened in 2013/14. It is drawn from a wide range of sources from across the children's partnership and reflects the continuation of an 'improvement journey' that has involved a high degree of multi-agency co-operation and collaboration.

We are seeking to improve outcomes for vulnerable children and young people in Leeds by ensuring that they receive 'the right services at the right time' in order to address emerging issues and problems quickly and effectively. This has required a commitment by the children's partnership to develop preventative early help family support services that will, over time, reduce the number of children and young people whose problems have developed to the point where statutory intervention (through a child protection plan or becoming 'looked after' by the Local Authority) has become necessary.

1 Context

The report notes the considerable impact of policy developments from Central Government and sets the work of the partnership and individual agencies within the Leeds context.

2 The Effectiveness of Safeguarding Arrangements in Leeds

A comprehensive review of performance, quality assurance and audit findings clearly outlines the breadth and depth of work being undertaken to safeguard and promote the wellbeing of children and young people in Leeds. Engaging children and young people about safeguarding matters and their own care is being progressed and good use is being made of external expertise to shape the planning and development of services. Significant service restructuring has and is taking place to respond to the changing circumstances of the

public sector and to promote more effective ways of working with children, young people and their families. More quantitative and qualitative information is being collated to help analyse:

- Where progress is being made
- What outcomes are being achieved
- What difference this is making
- Where more improvement is required
- What requires further investigation and understanding.

There are positive indications that the improvement journey has sound foundations:

- There is a clear, coherent strategic direction which is focused on increasing the availability and effectiveness of Early Help preventative services and reducing the need for statutory intervention. This is formalised in the Children and Young People's Plan and supported by the challenges from the LSCB to 'rebalance the safeguarding system'.

- A shared partnership culture is developing, underpinned by a restorative approach to working with children, young people and their families that seeks to 'never do nothing' and to provide the right service at the right time with 'high support and high challenge'.

There is evidence of good progress being made in the aims and objectives set by the partnership as shown by:

- The reduction in the number of children and young people who need to be looked after
- The quality of services being provided for children and young people in the care of the Local Authority
- The establishment of revised Children's Services 'Front Door' arrangements which have supported:
    - An increase in conversations between partners about how best to respond to children and young people about whom concerns have been raised
    - A reduction in the number of referrals accepted by Children's Social Work Service
    - An improved understanding of the nature and scale of patterns of domestic violence across the city
- Continuing the investment in and co-ordination of Early Help services.

Emerging challenges are identified which have contributed to those set for the LSCB and Children's Trust Board in 2013/14:

- A greater understanding is required of:

  - The trends and profile of the number of children and young people who are subject to child protection plans
  - The full nature and extent of multi-agency Early Help and preventative activity being undertaken currently
  - How the development of a single assessment framework across the partnership and the continuum of 'risk' and 'need' can enhance the planning of Early Help interventions

- Areas identified for improvement include:

  - The timeliness of child protection processes
  - The effectiveness of child protection plans
  - The provision of services for children and young people at risk of or suffering sexual exploitation

- Areas identified for development include:

  - The agreement to a single assessment framework and process which is robust and straightforward to use
  - The updating of the Leeds 'Think Family Protocol' to improve multi-agency responses to children and young people living in the context of 'compromised parenting'.
  - The exploration of a partnership approach to establishing a Young People's Service (16 – 25 yrs) that would cater for vulnerable young people, including care leavers.

During a period of 'whole system re-orientation' it is particularly important that the Board is assured that risk in individual cases is being managed appropriately and safely. The report provides the following information to inform that judgment:

- The reduction in the number of looked after children and young people is gradual and is being actively managed. The reduction is due to a combination of fewer receptions into care (with alternative, more appropriate, options being rigorously explored) and improved permanency planning.
- Although the number and make-up of the cohort of children and young people who are subject to child protection plans requires further investigation and improvements are required in the effectiveness of plans, it is notable that the LSCB audits have confirmed the Ofsted findings of 2011 that children and young people are not being left in unsafe situations.
- The introduction of the new Children's Services Duty and Advice Team has impacted positively on the high rate of re-referrals to Children's Social Work Services, ensuring that children and young people are more consistently receiving timely and

effective responses. This trend is expected to continue in 2013/14 as the new arrangements bed in.

- Considerable audit and review activity is being undertaken to better understand the working of the safeguarding system as a whole and the performance of its component parts.

3 The Effectiveness of the LSCB

Through its annual review process the LSCB evaluates the work it has undertaken through the previous year, identifying progress made, emerging challenges and the impact it has had on the work to improve safeguarding services and outcomes for children and young people.

Good progress was made on all the tasks set in the Business plan for 2012/13 and outstanding actions have been included in the Business Plan for 2013/14.

Within the framework of the Strategic Plan progress has been made in the following areas:

- Lead, Listen and Advise
  - The production of an Annual Report evaluating the effectiveness of safeguarding in Leeds and identifying challenges for the coming year
  - Improved dissemination of safeguarding messages across the partnership
  - Establishing Lay Member and children and young people's input to the Board

- Know the Story; Challenge the Practice
  - The development and expansion of the LSCB Performance Management System
  - Learning lessons from Local and Single Agency Reviews
  - Undertaking safeguarding seminars with cluster leaders

- Learn and Improve
  - The establishment of a Framework for Learning and Improvement to promote a culture of continuous improvement
  - Improved dissemination of lessons from Reviews
  - Continued co-ordination and development of the LSCB Training programme

More progress needs to be made in:

- Increasing community engagement through the development of the LSCB website, the role of the Lay Members and input from the Voice and Influence sub group
- Receiving performance and audit information from across all agencies in the partnership
- Increasing our understanding of the quality of practice delivered at the front-line and contributing to its improvement.
- Understanding, monitoring and evaluating locality / cluster working
- Developing further a culture of constructive challenge and self-awareness.

Challenges for the LSCB to address in 2013/14 have been identified:

- To maintain and increase the momentum of the current work programme to support continuing improvement in services for children and young people
- To continue to monitor the management of risk within the safeguarding system
- To lead the partnership in addressing issues posed by children and young people living in the context of 'compromised parenting'
- To build on progress being made to collaborate more effectively with other strategic bodies
- To further implement the LSCB Communications strategy using the new website
- To encourage all partners to more fully engage in the work of the LSCB through its sub group structure.

The LSCB is having an impact on the work of the wider partnership through:

- The development and revision of policies and procedures which impact directly on how frontline work is undertaken. In 2012/13 this has supported work with children and young people who are missing / at risk of sexual exploitation / exhibiting self harm and suicidal behaviours.
- Raising awareness across the partnership of key safeguarding issues, lessons from Reviews and findings from audits
- Participants on training courses subsequently indicating that there had been an impact on their practice
- Findings from multi-agency audits being used to inform partners' in house audit programmes and the development of action plans to implement improvements in services
- Regular Performance reporting has identified issues that need further investigation (eg the child protection system) and have contributed to decisions made to undertake specific audits.
- Lessons from Serious Case Reviews and Local Learning Lessons Reviews informing the development of new initiatives (eg exploration of a Young People's Service) and the updating of existing arrangements (eg the Leeds Think Family Protocol).
- Improved understanding of the circumstances of child deaths has resulted in support for a number of public health campaigns (eg the dangers of co-sleeping)

4 Conclusions

The report concludes that considerable progress is being made to make the necessary changes to improve multi-agency working, services and outcomes for children and young people. It identifies where more progress needs to be made and where we need to better understand problems and issues faced by children and young people in Leeds.

Challenges are set for the LSCB and the Children's Trust Board to address in 2013/14 which promote a direction of travel which places an increasing focus on:

- The quality of services rather than just on the timeliness of processes
- The LSCB operating more like an 'Improvement Board' which provides high support and high challenge
- The frontline and community engagement
- The voice of children and young people
- The use of research and evidence based practice.

As this report was being compiled and we moved into 2013/14, it has become apparent that an additional challenge for partners is to, through the Children's Trust, better understand, commission and co-ordinate early help services together so as to improve the welfare of and outcomes for children and young people in Leeds.

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Leeds Health & Wellbeing Board

Report author: Lisa Gibson / Nick Gillott

Tel: 0113 24 74759 / 07712 214967

Report of: **Chief Officer, Health Partnerships**

Report to: **Health and Wellbeing Board**

Date: **2nd October 2013**

Subject: **Leeds' Expression of Interest to become an "integrated health and social care pioneer"**

Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. Leeds has a strong track record of leading on one of the most fundamental and challenging issues facing Health and Social care systems both in the UK and internationally: integration. The city has established innovative, nationally recognised approaches to integrated health and social care and building on Leeds' excellent work, in May 2013, the Care and Support Minister invited local areas to apply to become 'health and social care integration pioneers'. Pioneers will lead the way in further testing out ambitious and innovative approaches to integrated care. Given Leeds' excellent track record, an Expression of Interest to become a pioneer was submitted in June 2013. Partners across the whole health and social care system worked together to produce a strong and ambitious bid.

2. In August 2013, it was announced that Leeds had been shortlisted, along with 27 other areas from the original 111 submissions. This meant submitted a further narrative about the "ask and offer" should Leeds be chosen as a pioneer and a presentation and interview (summary sheet and presentation appended). The Leeds interview took place on 2nd September, with the team comprising Sandie Keene (Leeds City Council), Tim Straughan (Leeds and Partners), Dr Andrew Harris (representing Leeds CCGs), Dr Eileen Burns (LTHT) and Rob Webster (LCH). Again, partners across the city worked effectively to produce a compelling presentation

about the good work to date and vision for further innovative development of the integration agenda.

3. At the interview, Leeds was asked to submit a final piece of information with regard to financial planning; the final announcement as to which areas have been selected is expected from DoH in October 2013. Being selected as a 'pioneer' will present a real opportunity to contribute towards Leeds becoming the Best City for Health and Wellbeing in the UK by further increasing the scale and pace of integration and contribute to achievement of the Joint Health and Wellbeing Strategy. However, should Leeds not be successful at this stage, partners across the health and social care system are committed to taking forward the ambitious and innovative plans for integration that went into the bid, where possible.

Recommendations

The Health and Wellbeing Board is asked to:

- Note that Leeds was shortlisted to become an integrated health and social care pioneer, with a presentation and interview taking place on 2nd September.
- Continue to provide steer and support for the Leeds transformation offer, as set out in the summary sheet and presentation.
- Note that becoming a pioneer will enable Leeds to improve outcomes around health and wellbeing for the people of Leeds.

Appendix 1 - INTEGRATED CARE AND SUPPORT PIONEERS 2013: ADDITIONAL INFORMATION (SHORTLISTED SITES)

Site and reference number	**021-North-Leeds**

Key Information

Lead organisation	Leeds City Council
Other partner organisations	**Leeds City Council** Adult Social Care Children's Services Office of the Director of Public Health Environment and Neighbourhoods (Housing) **NHS commissioning organisations** NHS Leeds North Clinical Commissioning Group NHS Leeds South and East Clinical Commissioning Group NHS Leeds West Clinical Commissioning Group NHS England (via Health and Wellbeing Board) **NHS provider organisations** Leeds Community Healthcare NHS Trust Leeds Teaching Hospitals NHS Trust Leeds and York Partnership NHS Foundation Trust Yorkshire Ambulance Service NHS Trust **Local and national Third Sector organisations** Third Sector Leeds Healthy Lives Leeds (network of third sector organisations with a health and wellbeing remit) Young Lives Leeds (network of third sector organisations with a Children and Young People remit) Volition: The Voice of Leeds Mental Health Voluntary Sector The Physical and Sensory Impairment Network – Leeds Leeds Older People's Forum Tenfold: Leeds Learning Disability Forum ACEVO - Association of Chief Executives of Voluntary Organisations **Involvement organisations** HealthWatch Leeds CCG and GP Patient Reference Groups **Partnership Bodies** Leeds Health and Wellbeing Board

	Leeds Children's Trust Board Leeds Health and Social Care Transformation Programme Board Leeds Integrated Commissioning Executive Leeds Complex Needs Partnership Board Leeds Innovation Health Hub **Other** Leeds and Partners GMB (Leeds Branch) Unison (Leeds Branch) Unite (Leeds Branch)
Contact point (name/email)	Rob Kenyon, Chief Officer, Health Partnerships Robert.kenyon@leeds.gov.uk healthandwellbeingboard@leeds.gov.uk
What is the population size covered by your bid?	Approximately 800,000
What is the total budget for the services included in your proposal?	Circa £2.5 billion (gross)
What is the total budget for the organisations included in this proposal	Circa £4.6 billion – however – circa £3 billion after taking into account double counting

Summary of patient/service user groups and sectors involved (please tick all that apply)

Patient/service user group		**Sectors involved**	
Older People		**Social Care**	
Children		**Primary healthcare**	
Mental Health		**Secondary healthcare**	
Learning Disability		**Tertiary healthcare**	
Other/many (specify)	Local branches of Trade Unions (Unite, Unison, GMB) HealthWatch Leeds	**Other (eg housing – specify)**	Private sector Local third sector National third sector Universities

Tailoring the Pioneer support offer and disseminating learning from the sites

Pioneers sites will at the forefront of receiving support to deliver integration at scale and pace. Learning from the sites then will enable other localities to progress whole systems change and innovative approaches to integrated care and support. In the section below we would like you to summarise the five areas that your site would most benefit from national programme support offer and the five ways your site will contribute to disseminating learning.

.

National support required	Dissemination and spread of learning from your site
We have made excellent progress on our journey to integration in Leeds over the past two years. We welcome national support and expertise to work alongside us to find new solutions and break down barriers to unlock some of the "wicked" issues which are hindering our progress. We strongly believe that these are issues not exclusive to us: if we can work together in a city with the scale and complexity of Leeds, learning can be transferred elsewhere throughout the lifetime of the pioneers programme. Our "asks" reflect the three themes of our pioneer approach: INNOVATE, COMMISSION, DELIVER. 1. Support and national leverage to developing open standards and open source systems and a uniform information governance model to support integrated working across multiple commissioners and providers which could then be replicated nationally. 2. Health Economics: to develop an economic care model for both adults and children in Leeds. We would particularly welcome support with modelling and understanding the full implications of where the benefits of our integration work will be seen across the whole system 3. GP Contracts: opportunity for shared problem solving to explore how nationally negotiated contracts can best reflect local needs and issues. 4. Support to really accelerate our integration of services: using Leeds to help	We very much welcome the opportunity to work alongside the National Integrated Care and Support Collaboration based at Quarry House. Our doors are open to you: we are committed to leading by example and continuing our excellent record of dissemination of learning (with appropriate financial support). 1. In the spirit of collaborative working, Leeds is proposing an accreditation for integration (working title of "Investors in Integration"). This would allow individuals, teams and organisations to make a public commitment to upholding the shared values and principles of high quality, integrated care. Our offer is to develop and pilot this product locally, and then work with the National Integrated Care and Support Collaboration to roll this out nationally. 2. Work alongside the National Integrated Care and Support Collaboration to host the national pioneers programme in Leeds, drawing on our expertise and unique assets to co-produce the programme, for example, supporting a knowledge hub for integration. 3. Face-to-face / visits -we will continue to welcome local, national and international colleagues to visit our sites and services. For example, our work with the digitally excluded at our York Street practice has attracted many visitors already. We note that National Integrated Care and Support

shape organisational design, workforce design, integrated workforce strategy and mapping both current and future workforce education and training needs 5. Recognising that people are at the heart of everything we are doing, we would welcome support with social marketing to clearly communicate with the people of Leeds what we want to achieve together, why it is relevant, and – most importantly – how it will improve quality of experience for individuals, families and carers. We see this as a key component of our ambition to devise a new social contract with the people of Leeds.	Collaboration colleagues are particularly well placed to be directly involved in local delivery. 4. Conferences - Leeds to host a national annual conference on health and social care integration - Continue to provide guest speakers, presentations and workshops at appropriate regional and national events, for example Dr Eileen Burns is a keynote speaker at the National Collaboration's conference on Integrating Health, Support and Care National on 27th September. 5. Publication – continue to share learning through a range of media: - continue to build our online presence to share key findings including developing a Leeds Integration website featuring regular updates, innovative use of social media such as regular blog posts, "#HSCLeeds" on Twitter to engage nationally, Webinars, TED talks. - continue to work with academic partners to publish in peer publications, e.g. Journal of Integrated Care - continue to provide case studies and editorial pieces for websites, newsletters, magazines etc. - continue to build links and showcase good practice through organisations such as Monitor, HealthWatch and SCIE - continue to showcase our 3rd sector links through national platforms such as ACEVO

Please return this completed proforma to Zuzana.poprendova@dh.gsi.gov.uk

Health and Social Care Integration Pioneers: Leeds

Our Vision:

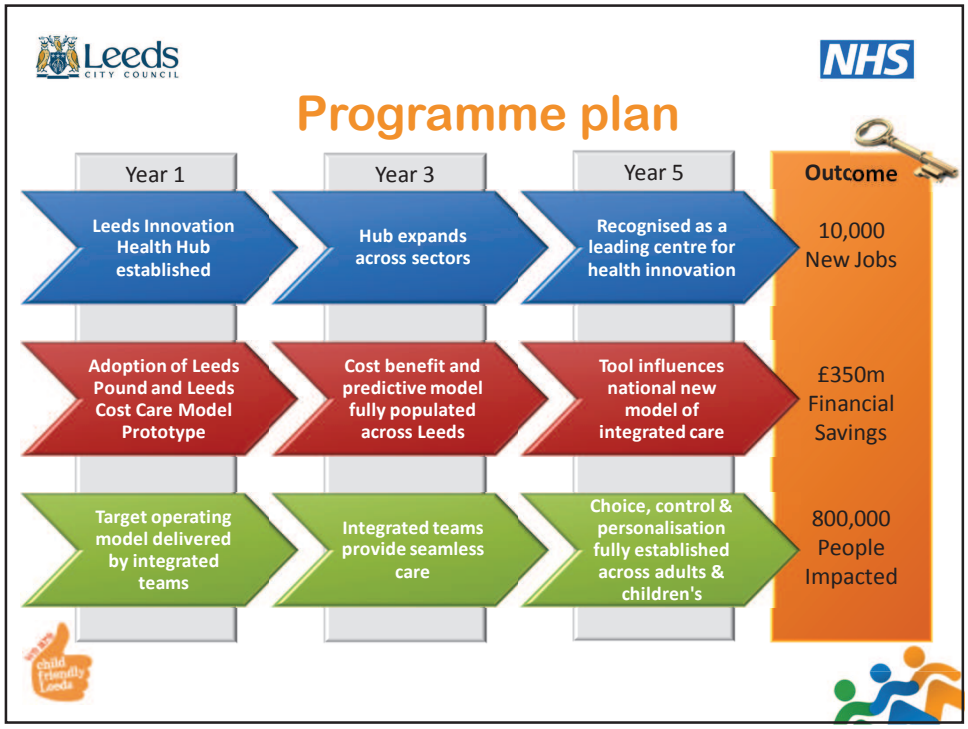
Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest

Leeds JHWS 2013

Aims and objectives

Improving quality of experience:

Innovate - Commission - Deliver


Leeds CITY COUNCIL
NHS
Programme plan
Year 1
Year 3
Year 5
Outcome
Leeds Innovation Health Hub established
Hub expands across sectors
Recognised as a leading centre for health innovation
10,000 New Jobs
Adoption of Leeds Pound and Leeds Cost Care Model Prototype
Cost benefit and predictive model fully populated across Leeds
Tool influences national new model of integrated care
£350m Financial Savings
Target operating model delivered by integrated teams
Integrated teams provide seamless care
Choice, control & personalisation fully established across adults & children's
800,000 People Impacted


Leeds CITY COUNCIL
NHS
Governance and programme management
Health & Wellbeing Board
Children's Trust Board
Integrated Commissioning Executive
Leeds Innovation Health Hub
Transformation Board

Impact on the care of individuals

There are no gaps in my care

I want to do the same as everyone else, and only have to talk to one person

I didn't have to wait in all day for lots of different people to come at different times

I am fully involved in the decisions and know what is in my care plan

"My care is planned with people who work together to understand me and my carer(s), put me in control, co-ordinate and deliver services to achieve my best outcomes"

It is less time consuming if all services are together in one place

The team always talk to each other to get the best care for my son

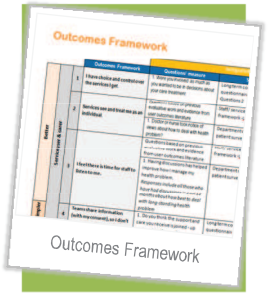
I always knew who was in charge of my care and who to contact

I don't have to keep repeating myself to lots of different people

Measuring success

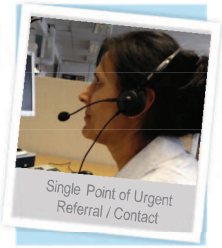
Evolutive


Care Trak

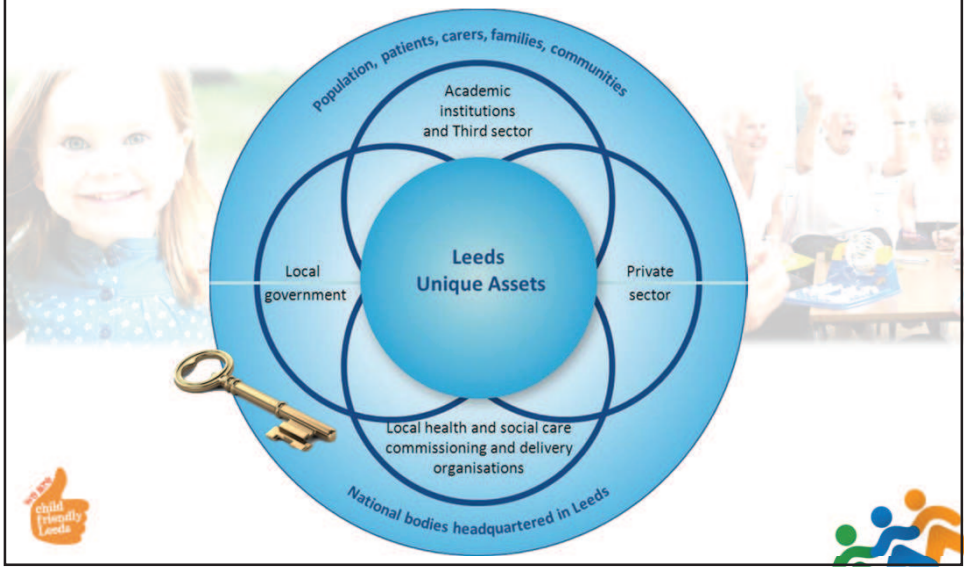


Outcomes Framework

Working together with impact



Contextual factors



Leeds Health & Wellbeing Board

Report author: Hilary Paxton
Head of Safeguarding Adults
Tel: 07545 604175

Report of: **Leeds Safeguarding Adults Partnership Board**

Report to: **Leeds Health and Wellbeing Board**

Date: **2nd October 2013**

Subject: **Leeds Safeguarding Adults Partnership Board Annual Report 2012-13 and Work Plan 2013 – 14**

Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. This report introduces members of the Board to the Leeds Safeguarding Adults Board Annual Report 2012/13, and the work plan for 2013/14.

2. The Annual Report is available to access at http://www.leedssafeguardingadults.org.uk/partnership_annual_reports.html.

3. The Board Business Plan 2013/14 is available to access at http://www.leedssafeguardingadults.org.uk/documents/annual_reports/lsapb_business_plan_2013-14.pdf

Recommendations

The Health and Wellbeing Board is asked to:

- Note the content of the attached 2012/13 annual report and the work programme of the Safeguarding Adults Board for 2013/14.

1 Purpose of this report

1.1 The purpose of this report is to introduce the sixth annual report of the Leeds Safeguarding Adults Board and to update the Health and Wellbeing Board on the work of the Leeds Safeguarding Adults Board.

2 Background information

2.1 Each year Leeds Safeguarding Adults Board produces an annual report of its business for the previous year and a work programme for the following year. The work programme is informed by the priorities of the Board and its partner agencies.

2.2 The Queen's speech this Spring included the intention to put Safeguarding Adults Boards on a statutory footing as part of the Care Bill. The Care Bill signals parity for Safeguarding Adults Boards in that regard with Safeguarding Children Boards, and a formal recognition of the work of Adult Boards as a national priority for central government. It is anticipated that Safeguarding Adults Boards will be put on a statutory basis during 2014.

2.3 The recent attention to promoting safety and better care services has been greatly influenced at a national level by both the Winterbourne View case, involving adults with learning disabilities who lived in a private hospital, and the Francis Enquiry into the failings at Mid Staffordshire Hospitals NHS Trust. Together, these two cases have resulted in some increased requirements to ensure good quality care and to provide assurance to patients and citizens about what can be expected in public care settings.

3 Main issues

3.1 The Leeds Safeguarding Adult Partnership Board Sixth Annual Report 2012/13 details the achievements of the Board over the last 12 months. The Board involves statutory and non-statutory agencies as members with the sole purpose of achieving continual improvements in practice that safeguards adults at risk of harm from abuse or neglect in Leeds.

3.2 Achievements during 2012/13 include:

- The Board in Leeds has worked other West Yorkshire Safeguarding Adult Board to develop West Yorkshire Multi-Agency Safeguarding Adult Policy and Procedures that were implemented on the 1st April 2013. This achievement marks a new relationship of working in partnership with other West Yorkshire Safeguarding Adult Boards.
- There were 3438 safeguarding referrals during 2012/13, which is a marginal decrease of 11 from the previous year. This may indicate, following consistent year on year increases, that awareness of safeguarding adults has become increasingly embedded within services that support adults at risk.

- The Board has started publishing a quarterly Bulletin that provides updates on developments in safeguarding, both locally and nationally.

- The Board has introduced quarterly Learning From Practice events to share learning from practice with practitioners, and to support the development of best practice.
- New questionnaires have been piloted to capture and learn from the experiences of adults at risk within the safeguarding process.
- Safeguarding adult training by Adult Social Care and NHS organisations alone has been provided to 14,307 people across Level 1 and Level 2 of our Training and Workforce Development Framework. In addition, 416 training opportunities were provided by Safeguarding Adult Partnership Support Unit at Level 3 and Level 4
- Methods for monitoring practice against the Board's Quality Assurance Framework were finalised and implemented for safeguarding adults, enabling Health and Social Care member organisations to sample safeguarding practice against these standards, supporting the development of targeted improvements.
- A Serious Case Review and a further four 'Learning the Lesson Reviews' have been completed during 2012/13.
- According to national data published in February 2013, during 2011/12 Leeds has the highest use of Independent Mental Capacity Advocates (IMCAs) in the country. Nevertheless the use of IMCA services during 2012/13 increased further by 15%.
- A Transfer of Supervisory Body (Deprivation of Liberty Safeguards) Event was held on the 4th March 2013 to support the transfer of supervisory bodies responsibilities from NHS to Adult Social Care. Referrals for Deprivation of Liberty Safeguards (DoLS) have increased in Leeds from 98 to 122 (an increase of 25%) during 2012/13.
- The Board has also developed a Strategic Plan for its work streams going forward. A summary of the Strategic Aims and Objectives is included in the Annual Report. The full document is published on the Leeds Safeguarding Adults Partnership website: www.leedssafeguardingadults.org.uk.

3.3 An analysis of safeguarding referrals and investigations over the last 12 months reveals the following findings:

- 36% (1213) of referrals were responded to as requiring a safeguarding investigation. This is in line with the previous year. 1183 investigations were recorded as commencing in the year. This is a significant improvement on the previous year, following some focussed data quality and assurance work during 2012/13.

- Physical disability/frailty (excluding sensory impairment) and learning disability are the most highly represented client groups amongst referrals leading to an investigation (together accounting for 57%). This is in line with the previous year. In the previous year these groups represented a bigger proportion overall (68%). This year these have reduced as a proportion of the total, so that the proportion of investigations relating to people with dementia (21%) is now almost as big a proportion as investigations relating to people with learning disabilities (22%), and the group that has grown the most as a proportion is investigations relating to people with mental health problems (16% in 2012/13 compared to only 5% in 2011/12). This growth is because for the first year, the Safeguarding Adults Board has been able to capture the safeguarding activity undertaken by the Leeds and York Partnership NHS Foundation Trust (LYPFT), who undertake much of the mental health work in Leeds).
- Of the safeguarding investigations undertaken, the most frequent were Type 1 investigations (57%, an increase compared to the previous year's 53%), followed by Type 2 (25%, a slight decrease from the previous year's 26%), Type 3 (14%, a decrease compared to the previous year's 17%) and Type 4 (4%, no change in percentage from the previous year's 4%).
- In 59% of completed investigations the allegation was either substantiated or partly substantiated "on the balance of probabilities". This was a slight increase of 1% compared to the previous year's 58%.
- Use of the Independent Mental Capacity Advocacy (IMCA) service increased from 2011/12 to 2012/13 by 15%, with a significant increase of 53% increase in the use of the service in Care Reviews. Whilst this is a smaller percentage increase overall than the previous year, it indicates a better understanding of when an IMCA can be involved.
- Applications for Deprivation of Liberty Safeguards (DoLS) increased from 98 during 2011/12 to 122 in 2012/13, an increase of 25%. This is a smaller percentage increase than the previous year when the increase was 76% on the previous year's figures.

3.4 The Annual Report describes in detail the board's achievements over the last 12 months. Based on the Board's learning and development over the last 12 months, the Board has agreed priorities for 2013/14, which are detailed within the attached Board Business Plan 2013/14.

3.5 All the information contained in the report and the activity that has taken place in 2012/13 have been reported to the Care Quality Commission and the governance structures of the safeguarding partners.

3.6 Performance monitoring and quality assurance of safeguarding adults work is undertaken locally within each local authority area. 2012/13 has seen the third

national collection of activity data for Safeguarding Adults. This data forms the basis of the activity reported in section 4 of the annual report.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 Based on the community engagement event "Have your Say about Safeguarding Adults" during 2011/12, a Customer Satisfaction Questionnaire has been piloted during 2012/13. The pilot has involved small numbers of returns to date, each of which has contributed to our understanding of what works well for adults at risk. The use of the questionnaire continues, with a view to extending its use more widely during 2013/14. Further development work is planned to seek the views of service providers and carers involved in the safeguarding process.

4.1.2 2013/14 also saw the consultation on the West Yorkshire Multi-agency Safeguarding Adults Policy and Procedures. Following that consultation, the policy and procedures were finalised, and went live across West Yorkshire from 1st April 2013.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 There are no specific considerations under this heading.

4.3 Council Policies and City Priorities

4.3.1 Safeguarding Adults work contributes to the City priority of helping people to stay safe. The Safeguarding Adults Board works together with the Leeds Safeguarding Children Board and the Safer Leeds Executive to progress this priority.

4.4 Resources and Value for Money

4.4.1 The resource implications of the Board are set out in the annual report. The Board's work is funded equally by the NHS and Adult Social Care. West Yorkshire Police contribute in kind to the work of the Safeguarding Adults Board. In addition to this, Board partners work together to undertake investigations into allegations of abuse and neglect and to support adults at risk of harm to manage the risks they face by developing protection arrangements. Arrangements in Leeds for resourcing the Safeguarding Adults Board are in line with the draft Care Bill, which explicitly refers to NHS, Adult Social Care and Police as the bodies responsible for resourcing the work of Safeguarding Adults Board.

4.5 Legal Implications, Access to Information and Call In

4.5.1 The legal implications relate to a significant array of legislation in relation to offences against the person, guidance in relation to Care Standards, Mental Capacity, the implementation of specific guidance in relation to Adult Safeguarding, the Safeguarding Vulnerable Groups Act and the Protection of Freedoms Act.

4.5.2 Local arrangements to manage the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty safeguards are managed within the governance structures of the Leeds Safeguarding Adults Board, reflecting national best practice and policy guidance.

4.6 Risk Management

4.6.1 The nature of Safeguarding Adults work is that there is always risk involved. It is often the case that there is disagreement between parties involved. The Board is determined to ensure that its processes are just and fair to reduce the risk of challenges to partner organisations. Where challenges do arise, legal advice is provided by the Council to the Board, to ensure that risk to the statutory sector partners is informed and well-managed.

4.6.2 Whilst it is not possible to remove all risks of harm from abuse or neglect, assessment and management of the risks are major elements of Safeguarding Adults work with individuals. The Safeguarding Adults Board has embraced a multi-agency risk assessment and management process during 2012/13.

4.6.3 It is recognised that whilst protection planning is intended to minimise the risk of harm, this must be done in a way that does not compromise the independence of the individual unnecessarily. From April 2013, it will be recorded, following each safeguarding referral, whether risk has been removed or reduced or if it remains. This is now part of a national data collection, and recognises that some people choose to live with an element of risk, and have the mental capacity to choose to do so.

5 Conclusions

5.1 The Annual Report provides evidence that systems and practices to safeguard vulnerable adults, continue to be firmly established as being everybody's business in Leeds, and used more widely across all sectors.

5.2 Work throughout 2012/13 has ensured that this principle is now embraced across West Yorkshire in the new shared West Yorkshire multi-agency policy and procedures.

5.3 The Annual Report provides assurance that that all the partners have committed to a continuing programme of work designed to achieve excellence in safeguarding practice in Leeds.

5.4 Work will continue throughout 2013/14 with the other West Yorkshire Safeguarding Adults Boards to review the West Yorkshire-wide Policy and Procedures as the Care Bill continues its passage through Parliament and finally Safeguarding Adults Boards and their responsibilities become a statutory requirement.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the content of the attached 2012/13 annual report and the work programme of the Safeguarding Adults Board for 2013/14.

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