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Leeds CITY COUNCIL

HEALTH AND WELLBEING BOARD

**Meeting to be held in Large Function Room,
St George's Centre, Great George Street, Leeds LS1 3BR on
Wednesday, 22nd October, 2014 at 1.30 pm**

A pre-meeting for Members of the Board will take place 1.00pm until 1.30pm

MEMBERSHIP

Councillors

L Mulherin (Chair) S Golton N Buckley
J Blake
A Ogilvie

Representatives of Clinical Commissioning Groups

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

Directors of Leeds City Council

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

Representative of NHS (England)

Moira Dumma - NHS England

Third Sector Representative

Susie Brown – Zest – Health for Life

Representative of Local Health Watch Organisation

Linn Phipps – Healthwatch Leeds
Tanya Matilainen – Healthwatch Leeds

Representatives of NHS providers

Chris Butler - Leeds and York Partnership NHS Foundation Trust
Julian Hartley - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

**Agenda compiled by: Helen Gray
Governance Services – 0113 2474355**

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 15.2 of the Access to Information Rules (in the event of an Appeal the press and public will be excluded) (*In accordance with Procedure Rule 15.2, 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** To approve the minutes of the previous meeting held 16th July 2014 as a correct record	1 - 8

8			**HEALTH AND SOCIAL CARE IN LEEDS: A TWO YEAR LOOK AHEAD FOR THE CITY** To consider the report of the Chief Officer, Health Partnerships providing a two year 'look ahead' written by each major healthcare organisation represented at the Board (NHS provider trusts, NHS CCGs, NHS England, Leeds City Council), which highlights the major issues, challenges and opportunities facing partners in the city for Board Members to discuss and note	9 - 50
9			**COMMISSIONING PRIMARY CARE SERVICES IN LEEDS 2014-16** To consider the report of the Director of NHS England, West Yorkshire, on the commissioning approach and plans for primary care services in Leeds over the two years from 2014-2016, covering the major commissioning areas of General Practice, Dental Services, Community Pharmacy and Community Optometry	51 - 70
10			**BETTER CARE FUND UPDATE** To consider the report of the Deputy Director Commissioning (Adult Social Care) and the Chief Operating Officer (Leeds South East CCG) on the latest position with the BCF and what work will be undertaken prior to the official Better Care Fund 2015/16 live year	71 - 86
11			**LEEDS SAFEGUARDING CHILDREN BOARD ANNUAL REPORT** To consider the report of the Leeds Safeguarding Children Board which provides a brief summary of the key issues and challenges from the LSCB Annual Report Executive Summary	87 - 128

12			**BEST START PLAN ON A PAGE** To consider the joint report of the joint report from the Director of Public Health and Director of Children's Services presenting draft Best Start Plan on a Page document for information prior to the Plan being circulated for discussion and consultation, including user engagement; and in readiness for a full report and discussion at the February 2015 Health and Wellbeing Board	129 - 132
13			**FOR INFORMATION - DELIVERING THE JOINT HEALTH AND WELLBEING STRATEGY: UPDATE REPORT** To note receipt of the October 2014 "Delivering the Strategy" document ; a bi-monthly report which enables the Board to monitor progress on the Joint Health and Wellbeing Strategy (JHWS) 2013-15	133 - 146
14			**ANY OTHER BUSINESS**	
15			**DATE AND TIME OF NEXT MEETING** To note that the next formal Health and Wellbeing Board meeting will be held on Wednesday 4th February 2015 at 9.30 am (there will be a pre-meeting for Members of the Board at 9.00am) Members are reminded of the informal workshop session scheduled for Wednesday 26 November 2014 **MAP OF VENUE**	

Third Party Recording

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.

Use of Recordings by Third Parties– code of practice

a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

HEALTH AND WELLBEING BOARD

WEDNESDAY, 16TH JULY, 2014

PRESENT: Councillor L Mulherin in the Chair

Councillors J Blake, N Buckley, S Golton, and A Ogilvie

Representatives of the Clinical Commissioning Groups
Dr Andrew Harris – Leeds South and East CCG
Dr Gordon Sinclair – Leeds West CCG
Nigel Gray – Leeds North CCG
Matt Ward – Leeds South and East CCG
Dr Jason Broch – Leeds North CCG

Directors of Leeds City Council
Dr Ian Cameron – Director of Public Health
Sandie Keene – Director of Adult Social Services
Sue Rumbold – Children's Services

Representative of NHS (England)
Elaine Wylie – NHS England

Third Sector Representative
Susie Brown – Zest – Health for Life

Representative of Local Health Watch Organisation
Tanya Matilainen – Healthwatch Leeds

14 Chair's Opening Remarks

The Chair welcomed all present to the meeting, particularly Tanya Matilainen as the new representative for Healthwatch Leeds and the following substitute members: Elaine Wylie (NHS England) and Sue Rumbold, Leeds City Council (Children's Services).

In order to accommodate officers' attendance, the Chair agreed to vary the agenda running order

15 Late Items

The Chair admitted one formal late item of business to the agenda in respect of the "Better Care Fund: Final Sign Off and Submission" (minute 23 refers).

16 Declarations of Disclosable Pecuniary Interests

There were no declarations of interest.

17 Apologies for Absence

Apologies for absence were received from Phil Corrigan (Leeds West CCG), Nigel Richardson (Children's Services), Moira Dumma (NHS England) and Linn Phipps (Healthwatch Leeds)

18 Open Forum

The Chair allowed a period of up to 10 minutes to allow members of the public to make representations on matters within the terms of reference of the Health and Wellbeing Board (HWB). No matters were raised by the public on this occasion

19 Minutes

RESOLVED – That, subject to amendments to minute 7 to correctly reflect the name of the officer presenting the report as “Kath Hillian” and to read “NHS England”, the minutes of the meeting held 18th June 2014 be agreed as a correct record

20 The Leeds Transformation Programme

The Clinical Accountable Officer, Leeds South & East Clinical Commissioning Group, submitted a report providing an update on the development of the Leeds Transformation Programme, particularly the development of the governance structures and programme content.

In presenting the report, Dr Andy Harris highlighted the current position in readiness for delivery of the Transformation Programme in the medium term and provided several example patient case studies identifying the role of the work of the Transformation Board.

During discussions the following matters were considered:

- the availability of pastoral care and the holistic approach to providing support, particularly for young people
- Reference to LCC Health and Adult Social Care Scrutiny Board which had identified young people's mental health as an issue for further scrutiny
- How and where service users access the services/support, having regard to patients' current perspective of care.
- That General Practice could be seen as the first point of access to request support and/or highlight problems with that support
- Comments that GP provision was not currently structured for general enquiries or to issue prescriptions for the social and/or leisure provision which may enhance health services were noted and that further work would be required to enhance GP provision.
- The need to raise the profile of the connectivity of services

Additionally, the Board considered whether the work of the Transformation Board with General Practices could be supported by the work of the Assistant Chief Executive Citizens and Communities through the "Citizens @ Leeds" initiative.

Appendix 1 of the report contained a schedule outlining the Transformation Programme

RESOLVED –

a) That the progress of the Transformation Programme be noted

b) That the contents of the discussions giving consideration of the role of the Health & Wellbeing Board in the continued development and delivery of the Transformation Programme be noted.
c) That in order to secure delivery of the Transformation Programme the Health and Wellbeing Board agree that all partners will continue to work together and support the delivery of the Programme and to consider any potential appropriately with the LCC Citizens@Leeds programme to support the work with General Practices

21 The Implications for Leeds of new legislation a) The Children and Families Act 2014 and b) The Care Act 2014

The Health and Wellbeing Board received two reports on separate legislation, previously identified by the Board as having a significant impact on its efforts to create a sustainable and high quality health and social care system for the citizens of Leeds

Part A – The Children and Families Act 2014: Implications for services in Leeds

The Director of Children's Services submitted a report on the Children and Families Act 2014 which had brought changes to a number of areas including family justice and care and in particular; major changes to legislation affecting children and young people with special educational needs and disabilities (SEND) and their families.

Barbara Newton, Head of Complex Needs, LCC Children's Services, attended the meeting and in presenting the report, highlighted the key issues as being:

- The replacement of Statements of Special Educational Needs and Learning Difficulties Assessments with Education, Health and Care plans and the extension of provision to 25 years
- Drivers for change being the experience of the young person, preparation for adulthood and the life outcomes they could hope to achieve
- The responsibility for Children's Services to maintain and publish a list of all locally available services had prompted consideration of effective commissioning, linked to the introduction of personal budgets and personalisation.

Discussions on the impact of these changes on young people with complex needs highlighted the following matters:

- The important role of parent partnerships
- The need to ensure a joined up and holistic approach to the care and support given to the individual from the various organisations, care and service providers involved.
- Noting that the change to personal budgets for SEN, Adults Social Care and Health Services were all due to come online simultaneously, assurance was sought that administration of the three strands would be synchronised. Confirming the CCG Lead Officer was seen as a key consideration
- The need to support information collectors to ensure the quality and usefulness of data collection and therefore effective service delivery. Integration of infrastructures was identified as key and it was noted that

Children's Services was looking to integrate its ICT and support models with those of Adult Social Care and NHS England.

The following matters for further discussion between partners were identified:
- concern over duplication of processes
- the future template of brokering services
- the appropriate body responsible for care 18-25 years
- identification of the appropriate budget for each service provider
- the role of the Complex Needs Board, the Infomatics Board, Children's Trust Commissioning Board and ICE

In conclusion, the HWB noted suggestions for a city wide discussion on the introduction of personal budgets to be held and for partners to be invited to a Member briefing from EPIC Leeds (the parents forum) later in the year on service users experiences of accessing services

Part B - Care Act (2014)

The Director of Adult Social Services presented a report setting out a summary of the key elements of the Care Act (2014) and the implications of the new burdens and statutory responsibilities for the Leeds HWB.

In presenting the report, Sukhdev Dosanjh, Chief Officer, Social Care Reforms, highlighted how the measures within the Care Act 2014 fit within the delivery plan of the Health and Wellbeing Board, the Children and Families Act and the Better Care Fund. The measures intended to provide person centred care with Wellbeing as a central focus and included a duty for local authorities to provide an assessment of care alongside the expectation of integration of services with all local health partners for an individual.

In response, the Care Act Programme Board had been established to consider key issues including funding, workforce implications, carers, communication and integration with existing Health and Wellbeing practices.

Whilst welcoming the dynamics of the Act, discussions focused on the following matters:

- Carers' eligibility and the possible impact of funding on Leeds, having regard to the number of carers in Leeds, the amount earmarked for implementation by central government and the amount available through the Better Care Fund
- The impact of the changes to funding arrangements planned for 2016 when the local authority will become responsible for assessing the needs of those individuals who were responsible for funding their own care
- The inherent social challenge embodied in the Act. The HWB acknowledged the advantage of all carers to be encouraged to come under the local authority's umbrella and for the third sector to get involved to create a bigger network of support

Additionally the Board recognised the links to the previous discussions on the need to develop information systems and integrate service provision, to focus on prevention services and the need to clarify the line between services provided by NHS England and Adult Social Care

RESOLVED -

PART A - The Children and Families Act 2014: Implications for services in Leeds

a) That the role and responsibilities of partners in the implementation of the SEND reforms be noted;
b) That the contents of the discussions giving consideration to how the Joint Strategic Needs Assessment can include the needs of young people with SEND and their families; and link this to the vision and strategy for joint commissioning and integration for these service users be noted for action through the Children's Trust Board.
c) That support be given to consideration of the development of a longer term infrastructure to improve the experience of families (including improved information sharing and linkage of children's record keeping across agencies ideally to create a "single view" of the child) potentially aligned to the Leeds Care Record partners. The Board supports the move towards knowledge sharing and integration whilst remaining mindful of information quality; notes the role of the Infomatics Board; and the work underway to provide training on information collection
d) That the contents of the discussions giving consideration to how the Health and Wellbeing Board might be able to influence the requirements for workforce development and the opportunities for greater integration be noted for action via the city wide workforce sub group
e) That the Draft Department of Health guidance on Health and Wellbeing Boards and Children with Complex needs (attached as Appendix of the submitted report), be noted and officers be authorised to respond to the consultation on behalf of the Board, following liaison with the Chair.

PART B - Care Act (2014)

a) That the provisions of the Care Act (2014) and their contribution to the priorities set out in the Joint Health and Wellbeing Strategy and the creation of a high quality sustainable health and social care system in Leeds be noted
b) That the progress made to date in preparing for the reforms be noted
c) That the assurance received that clear plans are in place to implement the duties of the Act across the Health and Wellbeing Partnership and the intention to present a report on relevant milestones to a future meeting; be noted
d) That the fact that the Act will be required to be implemented at a time of unprecedented financial challenge be noted
e) That the initial Equality Screening and the requirement for an Equality Impact Assessment be noted.
f) That the intention for further progress updates to be presented to the Health and Wellbeing Board, as and when there are clear implications for the Health Partnership in Leeds, be noted. Additionally the HWB

agreed that partners would be involved in the implementation of the changes

22 Delivering the Joint Health and Wellbeing Strategy

The Chief Officer, Health Partnerships, submitted a report for the Boards information providing an update on the current work being undertaken to deliver the Leeds Joint Health and Wellbeing Strategy 2013-15 and information on the current position of the 22 indicators within the Strategy

Appended to the report was a copy of the document “Leeds Health and Wellbeing Board - Delivering the Strategy’.

In receiving the update, the Board considered the schedule "Children and Young People's Plan Key Indicator Dashboard - City Level April 2014". Discussion centred upon the questions asked of the respondents and the issue of children's mental health.

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

23 LATE ITEM OF BUSINESS: Better Care Fund: Final Sign Off and Submission

The Board received the joint report of the Deputy Director, Commissioning (Adult Social Care) and the Chief Operating Officer (South & East Clinical Commissioning Group) on the updated Better Care Fund submission.

The tight timescales for preparation and submission of the documents were highlighted within the report - as Leeds had received notification on 30 June 2014 of its nomination as one of 14 potential "exemplar" areas for the BCF with a deadline for submission of 9 July 2014. Accordingly, the Board had received and approved a copy of the documentation on 9th July 2014 in readiness for submission the same day and the revised BCF templates as submitted were presented to the meeting for formal consideration

The Board noted that a response to the submission was awaited and extended its thanks to all officers who worked on the submission.

RESOLVED -

a) To note that Leeds was selected as one of 14 “fast tracked” areas on the strength of the BCF submission of 4 April
b) That the revised BCF templates (attached as an appendix to this report) which the Board approved via email on 9 July given the tight national timescales be formally noted.
c) To note that a national announcement on which of the 14 areas to be selected as “exemplars” is forthcoming. A date for the announcement and implications for Leeds should the city be selected are not yet known.
d) To note that it was announced nationally on 11 July that arrangements for pay-for-performance element of the fund are currently being finalised and this may result in revised guidance / templates for local areas to complete.

24 Any Other Business

The Chair reported that following consultation with HWB members at the recent stocktake, and subsequent discussion at full Council, letters will be sent to Leeds Teaching Hospitals, Leeds Community Healthcare and Leeds and York Partnership Foundation Trust, inviting them to nominate a representative to join the Health and Wellbeing Board from October

25 Date and Time of Next Meeting

RESOLVED – To note the date and time of the next meeting as Wednesday 22nd October 2014 at 1:30 pm. This meeting to be held at (with a pre-meeting for Board members at 1:00 pm)

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Leeds Health & Wellbeing Board

Report author: Peter Roderick
Tel: 0113 2474306

Report of: **Chief Officer Health Partnerships**

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

Date: **22 October 2014**

Subject: **Health and Social Care in Leeds: a two year look ahead for the city**

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 Health and Social Care system in Leeds, as nationally, is undergoing enormous changes as organisations face the challenges of financial pressures, increasing demand for services, and the ongoing ambitions to improve outcomes and quality and make Leeds the best city for Health and Wellbeing. This item brings to the Board's attention the major issues, challenges and opportunities facing partners in the city, and provides a two year 'look ahead' written by each major healthcare organisation represented at the Board (NHS provider trusts, NHS CCGs, NHS England, Leeds City Council), to bring to attention the key issues for board members to discuss and note.

The contributions of the above organisations, giving their two year 'look ahead', have been collated and included as an appendix to this report.

Recommendations

The Health and Wellbeing Board is asked to:

- Note and discuss the attached plans and reports from health and local authority partner organisations which sit on the Health and Wellbeing Board, giving a two year 'look ahead' for their organisations.

- Comment on how the plans and strategies for each organisation contribute to the Leeds Joint Health and Wellbeing Strategy.

1 Health and Wellbeing Board Governance

1.1 Consultation and Engagement

1.1.1 Strategic planning across all organisations entails a significant amount of consultation and engagement, much of it statutory. The work of the contributing organisations to this paper is underpinned by regular consultation and engagement.

1.2 Equality and Diversity / Cohesion and Integration

1.2.1 Strategic planning across all organisations entails a significant amount of work to ensure services are planned and delivered with equality and diversity as key considerations. The work of the contributing organisations to this paper is underpinned by regular considerations of the implications of plans for the cohesion of a diverse city.

1.3 Resources and value for money

1.3.1 There are no direct resources implications resulting from this report.

1.4 Legal Implications, Access to Information and Call In

1.4.1 There are no legal implications or access to information implications relating to this report. It is not subject to call in.

1.5 Risk Management

1.5.1 There are no risk management indications relating directly to this report.

2 Recommendations

The Health and Wellbeing Board is asked to:

- Note and discuss the attached plans and reports from health and local authority partner organisations around the HWBB giving a two year 'look ahead' for their organisations.

- Comment on how the plans and strategies for each organisation contribute to the Leeds Joint Health and Wellbeing Strategy.

Health and Social Care plans in Leeds: a two year 'look ahead' for the City
The view from the 3x CCGs, LTHT, LCH, LYPFT, Leeds City Council and NHS England (WY)

Background

Leeds has an ambition to be internationally renowned for its excellent health and social care economy and a vision to be the best city in the UK for health and wellbeing. The city faces many significant health and social care challenges commensurate with its size, diversity, urban density and history. As a community we have set three key challenges in terms of sustainability, to:

- Design services in line with the Joint Health and Wellbeing Strategy to meet the needs of people, not organisations
- Bring the overall cost of health and social care in Leeds within affordability limits - transformation is required to reduce current costs
- Change the shape of health provision so that care is provided in the most appropriate setting.

To facilitate work to address these challenges we have developed the concept of the Leeds pound (£). This describes how to make the best use of collective resources across the health and social care system, taking shared responsibility for the financial challenge and achieving a financially sustainable system regardless of the source of the financial pressure. The plan for the Leeds £ is to create a sustainable high quality health and social care system fit for the next generation. This will be achieved by having a clear vision for how the health and social care system needs to operate and how it will be experienced by patients in the future. It will be underpinned by a comprehensive and integrated five year commissioning and services plan which has this strategy at its core.

It is estimated that all health and social care provider organisations in Leeds spend around £2.5bn a year on services. The NHS and LCC have funding challenges ahead with projected demand outstripping income. Through an economic modelling approach a refined calculation of the whole health system financial challenge has been made and this is showing the estimated shortfall in the system as approximately £64.1 million in 15/16, expected to rise to £633 million over 5 years. The refined understanding is as a result of increasingly comprehensive modelling which now includes both LCC and specialised commissioning latest figures. The combined CCG commissioning gap remains unchanged at £88.3 million. As the total local health economy budget is £1.7bn per annum then this deficit equates to approximately 7.3% of the overall budget.

With its size, ambition and health and wellbeing assets, Leeds has the ability to lead the way for healthcare delivery. Whilst doing so, the city faces a number of health challenges commensurate with its size, diversity, urban density and history. On the positive side Leeds has a unique collection of assets which it can draw on to face the challenges and achieve its ambition. These include three Universities, the largest teaching hospital in Europe, a thriving and engaged voluntary and community sector, the geographical colocation of national bodies such as NHS England, The Health and Social Care Information Centre, The NHS Leadership Academy and excellent system leadership across health and social care.

Work since the Health and Wellbeing Board of 18th June 2014.

As work for the submission needed from the CCGs for the 20th June to NHS England was developed, the Transformation Board agreed that we needed to develop a programme of work across the City to link up this planning; this programme is headed by Liane Langdon. It was also clear that while for health there were clear planning process and submission demands for both provider organisations and commissioners, much of this work relies on close working with primary care and with social care and public health. The work programme brought key people from all these areas together. Working together a process has been developed to enable those who led on planning in all the health and social care organisations across Leeds to look at planning together to ensure that the work ongoing not only joins up on the ground but also at a more strategic level. To make this happen several things have been put in place. These are:

- **Regular meetings**

Senior planners from health, social care and public health come together in a variety of setting to share the work done internally within organisations. Together an approach has been agreed for city wide planning coordination across health and social care providers. The Citywide Planning Coordination Group[1] now meets regularly.

- **Workshops to examine the actions that will happen between now and spring 2015**

From this group, work started to ensure what is happening in the six Transformation Board programmes and other areas such as mental health and maternity service were coordinated. To do this, all the programme and work stream leads along with key planning members and Directors of Commissioning as well as public health came together to map the key actions that will happen between now and spring 2015

- **Identifying where areas need to be joined up**

From the workshops and from sharing plans, areas of closer working have been identified, for example cross-city issues such as the impact of changes in services on primary care, how to respond to commissioning changes for specialist services, and planning for the future need in terms of workforce.

As part of the work of the group an approach to describing the 'long view' for the next two years for response to the Health and Wellbeing Board was agreed, and the remainder of this paper is this work.

[1] For list of members see end of document

The 3 Clinical Commissioning Groups (CCGs) – submitted as a unit of planning

Title	Explanation	Organisational response
What principles, assets or unique role does your organisation hold?	What is the key thing that defines your organisation? What is your particular contribution to the health and wellbeing system in the city? What is your particular contribution to the Joint Health and Wellbeing Strategy? What are your key assets (HWB may be interested in key estate, provision capability or skills base)	The three CCGs in Leeds are working together as one planning unit along with NHS England, they are: • NHS Leeds North CCG. • NHS Leeds South and East CCG. • NHS Leeds West CCG. In addition to the responsibility each CCG has for delivering services in its geographical area we have nominated leads for commissioning areas to minimise duplication, increase decision making efficiency and avoid planning confusion. We are also working alongside NHS England to ensure that commissioning decisions support patient care, particularly for areas of specialist commissioning and primary care. Local work streams, such as locality and primary care development, are brought together through the meeting of lead officers in our Integrated Commissioning Executive (ICE). Our key role, and differences from the PCTs, is the level of clinical engagement that the membership model creates. This not only improves our links with staff working in primary and community care but also means that we are able to commission more effectively in response to the needs of local population. Combined with evidence based commissioning we are able to develop services that tackle the health and wellbeing of the most vulnerable populations whilst empowering people to manage aspects of their own care as we know this improves outcomes. <u>NHS Leeds North CCG</u> We lead on commissioning adult mental health, people with learning disability with complex need, dementia, and urgent care services on behalf of all three CCGs. We also are working with NHS England to agree the future framework for co-commissioning primary care services. Development of the mental health framework and creating new ways of delivering care to patients who have dementia, and their carers, is a key focus for the next two years. Further development of locality primary care models is a key area of work, as is engaging members of the public, patients and carers

		in describing to the CCG what they want from health and social care services. NHS Leeds North Clinical Commissioning Group (CCG) is an NHS organisation led by GPs and nurses. Leeds North CCG is unique in Leeds because it has a "Council" of members as its core decision-making body. The Council is made up of representatives of each of its 29 member GP practices. It meets every two months so practices can discuss and agree how to tackle health issues affecting their local patients and communities. This union of GP practices ensures that local participation is at the heart of everything Leeds North CCG does. <u>NHS Leeds South and East CCG</u> We lead on children's and maternity, community, continuing care and end of life service commissioning on behalf of all three CCGs. As part of this role we lead all contract and performance discussions with community providers, including Leeds Community Healthcare Trust. Our portfolio means that we work closely with our partners in health and social care to improve the integration of services for our patients. LSE also leads and supports the Transformation Board on behalf of all health and social care partners in the City. We have an ambition to reduce the Potential Years of Life Lost (PYLL) due to conditions amenable to healthcare by 26.6% in five years: There is recognition in the Health and Wellbeing Board strategy that health inequalities in Leeds cannot be tackled without significantly – and disproportionately – improving the health of the LSE population. Our local commissioning efforts are therefore focused on achieving this ambition. NHS Leeds South and East Clinical Commissioning Group (CCG) is an NHS organisation led by GPs and nurses within a membership committee. The membership committee is made up of representatives of each GP practice, and meets so practices can discuss and agree how to tackle health issues affecting their local patients and communities. This union of GP practices ensures that local participation is at the heart of everything Leeds South and East CCG does. <u>NHS Leeds West CCG</u> We lead on contract and performance discussions with acute providers, including the contract with

		Leeds Teaching Hospitals Trust on behalf of all 3 CCGs. This includes admissions avoidance and also elective and outpatient care. We also are working with NHS England to agree the future framework for co-commissioning specialist services from the acute sector. We have identified the key service change to focus on locally is building capacity and access in primary care and working with primary care to ensure that the increased capacity supports quality improvements and the delivery of the city wide transformation programme. We are also developing a Patient Empowerment Project which will work in a coordinated way across the CCG more closely with voluntary and community sector. This will primarily be in our more deprived areas to provide an increased number of non-clinical support services that will improve the lives and wellbeing of those populations e.g. signposting and help with accessing a range of services both health and welfare. NHS Leeds West Commissioning Group (CCG) is an NHS organisation led by GPs and nurses within a membership committee. The membership committee is made up of representatives of each GP practice, and meets so practices can discuss and agree how to tackle health issues affecting their local patients and communities. This union of GP practices ensures that local participation is at the heart of everything Leeds West CCG does.
Contribution to Joint Health and Wellbeing strategy	What key service changes are your organisation planning to make over the next two years (4-5 per organisation)	All three CCGs support the Transformation Board which brings together all the key players across the city from health, social care, finance and public health, commissioning and provision. This board has six transformational programmes: • Effective admission and discharge. • Elective care. • Urgent care. • Adult Integrated Care and Prevention. • Growing up in Leeds. • Goods and support services. In adding to these programmes of work we also support many other including the key areas of

		maternity and adult mental health. We have also built ownership of several underpinning system changes that need to take place to enable transformational change to happen. They are: • Exploring contractual mechanisms and pay systems, aligning incentives and considering how money can follow risk. • Using open book accounting. • Using technology enablers to improve patient care and efficiency. • Driving efficiencies in health and social care estates utilisation and in non-pay costs. • Maximising our workforce including transferring the workforce to meet the needs of patients. In this way we can maximise the experience of our staff and minimise cost as well as ensuring we have a future proof Leeds health and social care workforce. • Freeing up efficiencies from IT, back office system and processes to remove duplication to minimise the financial impact on frontline clinical services.
How will this change impact the role or function of your organisation?	What is the key thing(s) that will change about your organisation in the next 2 years?	There are already many workstreams delivering improvements and new initiatives, such as the Better Care Fund (BCF), are showing efficiencies from joined up working. Ideas such as linking health and wealth and defining the best use of the Leeds £ contribute to the work to improve the long term health of the population of Leeds by addressing inequalities and the fundamental causes of ill health. The development of primary care is the big agenda for CCGs, and the City, over the coming months and years. Working with members we will ensure that we shape the role that they can take in delivering a range of services and responding to the need for more care to be managed in the community and closer to home. Without this work our aspirations for reducing unnecessary admissions and shortening length of stay allowing us to reduce the bed base in LTHT will not be possible. The two most significant changes expected within the next two years are related, and concern the expanded commissioning role for CCGs in primary care and specialist services. Discussions have commenced with NHS England and we are working closely with our partners across West Yorkshire

		and with other major cities to influence these developments as far as possible. We welcome the opportunity to have a greater role in the development of primary care, because of the role primary care – as a strong provider – has to play in supporting more patients to live independently at home for longer. We also welcome the opportunity to commission appropriate specialist services in order to explore the clinical and productivity benefits associated with greater oversight at a local level. Other key areas for development and improvement are mental health – working both with LYPFT for adult mental health and LCH for CAMHS to ensure that we improve pathways and support prevention and recovery and also working with LTHT to improve maternity services. Both of these key areas of work are providing changes to the pathways and systems that service users have told us that they want.
Impact on the population	Outcomes and key impact measures of the key service changes	We have devised a set of principles about how we achieve integration across all health and social care services in partnership with our providers. These reflect the key concepts of commissioning for the needs of a population rather than for provider structures, and aligning finance and risk to enable the provider system to respond to the needs of that population: • Integration can be used as a tool to address the needs of populations – both as a model of care and as a model of commissioning. • Operational delivery/sign off of the Target Operating Model for integration during 2014/15 and the Better Care Fund must continue at pace and should not be affected. • Money should follow risk in the system and capitated budgets could facilitate this • Explore accountable provider structures for particular populations, cohorts or pathways as determined by need and potential for quality improvements. • The system should remain flexible to adapt to emerging needs. • We will work in collaboration with commissioners and providers over the most appropriate geographical footprint to optimise services for our population. There is work to be delivered over years one and two of the strategy timeline to make improvements to the system that are transactional and will deliver some of the changes in the system we need. Without these first steps we will not be able to prepare the system, and the users of the system, for

		the changes we need to make. The real transformational impact will be seen from year three onwards. Here we need primary care to be expanding its role to allow and support more community care and care closer to home.
Population affected	Any specific populations affected by your work e.g. demographic, age, geographical (locality or ward) – either positively or negatively (where negative give mitigating actions where available)	Although CCGs have a remit to improve the health of their whole population there are key population that will be the focus for work over the coming months and years. These are: • Those with long term conditions – including those with dementia. • Those who use A&E for urgent and non-urgent care support. • Older people – particularly those who are frail. • Carers. • People with mental health issues. • Children. • Vulnerable groups – including process of work to target the most vulnerable and those who do not access services readily. This includes those who are living in the most deprived wars of the City.
Best City	Roles outside of core functions - Such as enterprise, innovation, teaching and research – and other contributions to the Best City vision	Leeds Institute for Quality Healthcare - we are using the LIQH (with our academic partner) work to develop the skills of our leaders and clinicians to make significant quality improvements and reduce variation in all aspects of our health care system. This work is aiming to maximise improvement in quality across the whole care pathway. Pioneer status - we have developed 13 integrated teams wrapped around practices across the city, working with service users, GPs and the voluntary and community sector to help deliver better integration and seamless care. Integration of services is part of our work as one of the 14 Pioneer sites across the country testing approaches to funding and delivery of integrated care. Leeds and partners – we are working with the team that is attracting investment to the City to provide increased employment opportunities.
Risks and issues	Any key areas of concerns?	The financial risk is a key are where we need to manage and support out partners to enable us to change the commissioning landscape to make the scale of redesign needed. We will need to work in a way that ensures that the financial, legal and contractual frameworks are designed and

		implemented to commission integrated care. Additionally, providers will be incentivised to collaborate to design and deliver the holistic care models. This will include a commitment to the sustainability of the provider organisations who engage in developing integrated models of care where shifts of activity could have a destabilising effect. The impact of Specialised Commissioning changes will need management to ensure that we work with NHS England to improve services. We are also working alongside NHS England to ensure that commissioning decisions support patient care, particularly for areas of specialist commissioning and primary care. To improve our primary care structure we need to support the development of general practice services. They will require investment and innovation to improve access and quality of care for patients particularly as we move more services from a hospital setting to community environments. Thus we need to align incentives to allow this change. The work in Year of Care is examining how this can happen within the contracting framework. Work to address how we can support those who have mental health issues and learning disability will also require support from primary care.
Assumptions and dependencies	Which other organisations will support the achievement of your work? What are you doing to enable others?	Overall this system change will require new ways of working for not only commissioners and providers, but also for the public in how they interact with the health care system. <u>Primary care</u> Changes to primary care and the services that they deliver and the way they deliver them is key to enable us to do the system change the City needs to meet improvements in quality and bridge the deficit (£633m) that is forecast if we do nothing. Primary care will need to become more responsive and increase its capabilities across a range of services, if it is to become the first port of call for patients in future. <u>Voluntary and community sector</u> New roles for the voluntary and community sectors is another key part of the jigsaw if we are to fundamental transform services to bring care closer to home and to enable us to tackle the preventive agenda an deal with the increasing social isolation we know large sectors of the community face. <u>Commissioner</u>

		We are assuming that the dialogue with NHS England will be open and transparent, and so far this has been the case. There is obviously a risk that making changes to providers of local as well as specialist services may impact negatively on them as a viable organisation and we will make every effort to ensure that we work collaboratively to ensure that this is not the case. <u>Partners and providers</u> Increasing the support closer to home and in the community will also require commitment from all provider organisations including secondary care, mental health services and the voluntary and community sector. Member practices and the wider primary care team will need to work together to ensure that changes happen in the community to allow new ways of delivery to happen. Providers can deliver on their stated CIP. <u>Public and patients and carers</u> Patients and their carers need to be able and willing to take on a more proactive role to their care and some will need support to do this. We will also need to support members of the public to get in involved in the wider process of engagement and this will need innovative approaches to seek feedback from those who are traditionally seen as hard to reach.
Where the HWB Board can support delivery of our plans	Any areas where you need the support of the board?	Support for Leeds £ and pooled commissioning decisions. We have agreed across the system that we will make the best use of our collective resource across the health and social care system, including public health. Together we are taking shared responsibility for the financial challenge and achieving a financially sustainable system regardless of the source of the financial pressure. The plan for the Leeds £ is to create a sustainable high quality health and social care system fit for the next generation. This will be achieved by having a clear vision for how the health and social care system needs to operate and how it will be experienced by patients in the future. It will be underpinned by a comprehensive and integrated five year commissioning and services plan which has the Health and Wellbeing Strategy at its core. Support in making and communicating tough decision to the public – services will change and people will not be able to access them in the same way as before but we are working on developing how we move towards a consistent message that informs the public that we are driving up quality of care and

		improving clinical outcomes by changing the way that we offer services. Our commissioning is made on good evidence base and the public may need reassurance that it is this and not cost saving that this is at the heart of the changes.
Any other comment		

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Leeds and York Partnership NHS Foundation Trust (LYPFT)

Title	Explanation	Organisational response
What principles, assets or unique role does your organisation hold?	What is the key thing that defines your organisation? What is your particular contribution to the health and wellbeing system in the city? What is your particular contribution to the Joint Health and Wellbeing Strategy? What are your key assets (HWB may be interested in key estate, provision capability or skills base)	Leeds and York Partnership NHS Foundation Trust (LYPFT), have one core purpose; improving health and improving lives. This is best defined by the organisations ambition: "Working in partnerships, we aspire to provide excellent mental health and learning disability care that supports people to achieve their goals for improving health and improving lives". Our Trust is the main provider of specialist mental health and learning disability services in Leeds, York, and the surrounding area. We want to help people to live well, whatever their mental health condition or learning disability, and our commitment to person centred, recovery-focused care is at the heart of our services. Improving mental health and wellbeing is one of the 4 commitments of the Health and Wellbeing Board and we are the main contributor in the city in service provision, strategic leadership, and well developed anti-stigma and discrimination work. Our key asset is our staff who provide compassionate, high quality care that focuses on improving lives; they treat people with respect and dignity; they make sure that everyone counts by supporting people to achieve their individual goals; and our staff know the importance of working together with our partner organisations to make sure people get the best package of care and support to meet their needs. The majority of our care is provided in or close to people's own homes with a need for them to stay in hospital kept to a minimum. When inpatient care is required, it is provided primarily in purpose built units, responsive to the needs of people who use our services, their families and their carers.
Contribution to Joint Health and Wellbeing	What key service changes are your organisation planning to make	Our key service changes are multi-faceted comprising significant improvements to how we approach and deliver services, and in how we collaborate with partners. In the next 2 years we will be focusing on: • Implementing a major programme to improve service user outcomes by embedding new

strategy	over the next two years (4-5 per organisation)	approaches to recovery, person-centred care and effective care planning. • Developing and implementing integrated care pathways (ICPs) to improve quality. • Implementing specific clinical service developments to meet service user, carer, commissioner, and partner expectations. • Developing and implementing new partnership service models in collaboration with the voluntary sector to deliver improved outcomes. • Developing and implementing new integrated service models in collaboration with health and social care partners.
How will this change impact the role or function of your organisation?	What is the key thing(s) that will change about your organisation in the next 2 years?	The Trust enters the two year planning period in a strong financial position. This provides a solid platform in the context of the challenges we face, with potentially some opportunity and a degree of flexibility which will support our overall strategic direction. We will further develop partnerships and integration opportunities and seek specialist services growth into Centres of Excellence.
Impact on the population	Outcomes and key impact measures of the key service changes	The Trust has agreed that the Health of the Nations Outcome Score (HoNOS) should be the approved Clinician Reported Outcome Measure (CROM) or a derivative e.g. HoNOS Secure, HoNOS LD. A HoNOS report is produced in the PARIS electronic system, so comparisons of scores can be made for each service user. Work is ongoing to produce HoNOS reports at team, service and organisation level. The Trust is looking to agree a preferred Patient Reported Outcome Measure (PROM) for each of its main or specialist service areas. It is currently trialling SWEMWBS (the Short Warwick and Edinburgh Mental Wellbeing Scale), Psychological Therapies Services and many specialist services already use CORE 10 and will continue to do so. Our aim is that every service user is offered and has the opportunity to complete a PROM. Nationally, all NHS providers have to use the Friends and Family (F & F) Test as a Patient Reported Experience Measure (PREM). The Trust has agreed to incorporate the F & F Test as the first question of its 'Your Views' survey which Quality Health will be administering on the Trust's behalf from

		December 2014. The Trust also participates, on an annual basis, in the National Community Mental Health Service User Survey and National Inpatient Mental Health Service User Survey.
Population affected	Any specific populations affected by your work e.g. demographic, age, geographical (locality or ward) – either positively or negatively (where negative give mitigating actions where available)	Children, young people and adults with mental health conditions, learning difficulties or autism can lead healthy and fulfilling lives with the right support from family, friends, voluntary sector services, statutory services (like schools, health, social care and housing), and employers. For many, good mental health and wellbeing are achievable goals. Our role, in partnership with people themselves and other agencies, is to help them to achieve this and so improve their health and lives. Our work, particularly focused on adult and older people's mental health, is focused on improving the quality of care and outcomes we achieve with people, whilst developing longer term sustainable partnerships to ensure this continues.
Best City	Roles outside of core functions - Such as enterprise, innovation, teaching and research – and other contributions to the Best City vision	Our Trust is a teaching organisation with close links to local universities. We host the Northern Centre for Child and Adolescent Psychotherapy and the Andrew Sims Centre for Professional Development. We also have a strong reputation as a centre of excellence for research and excellence. We are developing plans with the University of Leeds to evaluate and develop our innovative work on partnerships and new models of service with the voluntary and community sector. Collaborative approaches to further improve self-management is also being led through the mHealth Digital tools project.
Risks and issues	Any key areas of concerns?	Partnership working and developing new models of service requires a well-developed and capable voluntary and community sector and or primary care mental health workforce. The Trust is developing a voluntary and community sector workforce in partnership with Commissioners through a Rehab and Recovery proto-type model. Lack of future investment into the Trust, particularly for specialised services represents a concern. A

		more coherent and clear plan on how specialised services are to be commissioned in the future would be of benefit. If we don't manage to either better utilise estate or get business from specialist services there are financial risks.
Assumptions and dependencies	Which other organisations will support the achievement of your work? What are you doing to enable others?	The Trust requires partnerships at all levels to ensure we can continue to deliver high quality and effective services. Our recovery and person centred approach to rehabilitation has been developed in partnership with service users and carers, supported by Commissioners and the health scrutiny working group, voluntary and community sector partners keen to develop new service models with us, and the University of Leeds. Through the Mental Health Partnership Board the Trust is leading a Provider Partnership Programme that brings together significant numbers of voluntary and community sector mental health providers to develop and design alternatives to statutory provision. Work has also been initiated between the Trust and Adult Social Care to consider how we better integrate mental health services.

Author: Richard Wall (Director of Strategy and Planning, LYPFT)

Leeds Community Healthcare Trust (LCH)

Title	Explanation	Organisational response
What principles, assets or unique role does your organisation hold?	What is the key thing that defines your organisation? What is your particular contribution to the health and wellbeing system in the city? What is your particular contribution to the Joint Health and Wellbeing Strategy? What are your key assets (HWB may be interested in key estate, provision capability or skills base)	Leeds Community Healthcare Trust (LCH) exists to provide coordinated and seamless health and social care to people in (or near to) their own home; wrapped around local neighbourhoods. We will ensure that community based care is the first option for NHS care, rather than 'just' the place for patients discharged from hospital for ongoing care. Our services engage with some of the most vulnerable people in society. They work with everyone from birth to end of life, everywhere from the hospital to home; from the street to the prison; from the health centre to the local school. They also provide the full spectrum of care from universal through to specialist. Our services are part of communities and work with partners to improve access for those who find it difficult to gain appropriate care and support. The expertise and culture of staff within community services ensures a real focus on prevention and the ongoing management of the conditions that patients live with every day. We have a pivotal role to play in delivering the city's ambitions and plans, leading on or being a major partner in delivering the outcomes of the Joint Health & Wellbeing Strategy and the commitment to be a Child Friendly City.
Contribution to Joint Health and Wellbeing	What key service changes are your organisation planning to make	i) Provide more care closer to home – Our services will be developed and increased to ensure more people can be treated in the community. LTHT have set out in their 5 year strategy the need to reduce admissions for the frail elderly and people with long term conditions by 20%. We need to ensure there is the capacity in the community to manage this change. Our

strategy	over the next two years (4-5 per organisation)	services will respond by continuing to ensure people remain in the community stopping any unnecessary admission to hospital or supporting people to be discharged from hospital earlier. New pathways will also be developed including increased prevention through proactive management (following risk stratification) of patients who are not yet ill through to more complex work being delivered in the community instead of the hospital. ii) Integration – a significant amount of work has already been undertaken on the integration of adult health and social care across the city. Over the next 6 months we will see the agreed operating model fully functioning with a single point of referral and 13 integrated neighbourhood teams wrapped around GP practice populations. We need to take this further and ensure closer collaboration/integration between the trust, LTHT, Primary Care and LYPFT. The integration of children's services will also be expanded to all vulnerable children, particularly those with complex needs and those at risk of being looked after to ensure children and their families experience one service. iii) Raising quality and improving efficiency of all our services. If we are to deliver 4% cost efficiencies year on year we need to ensure our services are as efficient and effective as possible focussed on delivering outcomes for patients through continuous improvement and redesigning services. iv) Greater focus on prevention and early intervention – our services will continue to develop to support people to change behaviours and lifestyles, work with people who have long term conditions to keep them well and provide support to families through a universal service
How will this change impact the role or function of your organisation?	What is the key thing(s) that will change about your organisation in the next 2 years?	We will be providing more care to patients in the community. These community based services will be clinically integrated with LTHT, social care, and primary care. We would expect there to be less organisational boundaries impacting on the care that is delivered with care focussed on the patients not organisations. This will in no way be delivered within the next two years but we will need to have made significant inroads in order to ensure clinical and financial sustainability. We will also grow services where we excel and there are market opportunities. The trust is still aiming to become a Foundation Trust (FT) in line with national direction. This is taking

		longer than expected due to the national focus on quality (following the Francis review) and the introduction of the new Care Quality Commission (CQC) inspections. One of the important benefits of being an FT particularly for a community based organisation is the governance model; ensuring we are truly accountable to our public and patients through our membership and in the future our council of governors.
Impact on the population	Outcomes and key impact measures of the key service changes	Integration outcomes based on 'I statements' and feedback gathered from patients and their families, staff and the third sector. Also the required reduction in admissions to hospital. We have a programme of work to ensure we have evidence based outcomes for all our services.
Population affected	Any specific populations affected by your work e.g. demographic, age, geographical (locality or ward) – either positively or negatively (where negative give mitigating actions where available)	The key populations effected by our plans will be: i) The frail elderly and people with long term conditions. It is this population for where there needs to be the most significant change in the services and pathways of care. As described earlier all/more of this care needs to be delivered in the community by integrated teams. This is in line with what patients tell us they want. ii) Vulnerable Groups – reduce health and social care inequalities for vulnerable groups particularly through the work of York Street Practice for the homeless and the provision of offender health care services in the prison and police custody suites. iii) Children further development of universal services to support the Best Start for children and families. Children with complex needs services developed in line with the Children and Families Bill – more integrated and control for parents.
Best City	Roles outside of core functions - Such as enterprise, innovation, teaching and research – and other contributions to the Best City	We are a teaching organisation with with a strong foundation in innovation and research. We intend to grow our research capacity and capability so that it is further embedded into the trust's 'core' business. We are also a partner in the citywide Leeds Institute for Quality Healthcare and Leeds Innovation Health Hub.

	vision	
Risks and issues	Any key areas of concerns?	We have a number of key risks and issues that could impact on the delivery of our strategy and plans. Some of these are also wider health and social care system risks. i) The ability to recruit the additional nursing workforce needed to enable the shift of care into the community. There is a national shortage of community nurses and the safer staffing requirement for NHS organisations is leading to increased demand in the hospital sector. ii) The challenge to deliver cost efficiencies year on year and maintain care quality. iii) We still operate on a block contract with a focus on activity not patient outcomes. The levers and incentives in the system do not support the new integrated models of care required and are not focussed on the delivery of good outcomes for patients. iv)
Assumptions and dependencies	Which other organisations will support the achievement of your work? What are you doing to enable others?	Strong partnerships with LTHT, Social Care and Primary Care are critical in order to deliver the integrated services closer to home that people and the system require. We are working closely with the leadership team at LTHT to ensure a shared vision and coordination of plans. The third sector also has a significant role to play and we will be working with them to explore possible partnerships.
Where the HWB Board can support delivery of our plans	Any areas where you need the support of the board?	To provide the vision and leadership in delivering the local health and social economy five year plan and support for vision of more integrated care in the community. To have one collective voice to patients and the public on the service changes that are required.

Author: Emma Fraser (Director of Strategy, LCH)

Leeds Teaching Hospitals Trust (LTHT)

Title	Explanation	Organisational response
What principles, assets or unique role does your organisation hold?	What is the key thing that defines your organisation? What is your particular contribution to the health and wellbeing system in the city? What is your particular contribution to the Joint Health and Wellbeing Strategy? What are your key assets (HWB may be interested in key estate, provision capability or skills base)	Leeds Teaching Hospitals NHS Trust (the Trust) provides a comprehensive range of hospital services to the residents of Leeds and a range of specialist services to a significant part of Yorkshire. Patients may come to the Trust as planned cases or they may present at Accident & Emergency. They may also arrive at the hospital via an inter hospital transfer. Regardless of admission method, all of our patients expect, and deserve, timely and high quality care within the performance measures laid down by our commissioners and through statute in the NHS Constitution. Through the delivery of this work the Trust is also committed to providing high quality education and clinical research. The key requirement of the Trust therefore, is to balance our resources to provide high quality planned care, with waiting times not exceeding those set out in the NHS Constitution, and to treat the unpredictable number of patients who present for emergency care throughout the day and night. The volume of patients we deal with each year is high. There are approximately eighty seven thousand inpatients admitted as emergencies or transfers, thirty thousand planned inpatients, one hundred thousand day cases and two hundred thousand A&E attendances. The Trust's main contribution to the health and wellbeing of the residents of Leeds is therefore to provide both generic and specialist hospital services on demand and available locally, eliminating the need to travel to another centre. The Trust also provides significant employment to Leeds and research and training opportunities with the city's universities and primary care professionals. The "walk in" nature of the Trust's accident and emergency service means that all patients who present at the Trust will be treated, even though some could have been more appropriately treated by primary care services. The Trust's duty of care also prevents us from discharging patients who are medically fit to leave hospital but do not have an agreed safe and appropriate destination.

		To address this problem, the Trust recognises the need to build better partnerships, and integrate our care with other Leeds health and social care agencies and clinical networks across the county. Better integration will improve the way all Leeds agencies use their financial resources and it also frees capacity to allow better access to hospital care for those who need it most, particularly in times of adverse weather or widespread outbreaks of illness. Most importantly, better integration also produces an improvement in patients' outcomes by allowing support to be provided in peoples' homes. The Trust's core business is hospital care and its key assets are the expertise of its staff and the equipment available. We have transferred some services to community settings and are happy to continue to work with GPs and nurse practitioners with special interests and expertise. We also have a large, though reducing, estate and will continue to work with other hospitals and health agencies in maximising its productive use.
Contribution to Joint Health and Wellbeing strategy	What key service changes are your organisation planning to make over the next two years (4-5 per organisation)	The Trust has consulted widely on an ambitious programme to reshape its culture and values. The resultant strategy, entitled the Leeds Way, has produced five principles which will shape all the Trust's future work. These are: • Patient Centred. • Fair. • Collaborative. • Accountable. • Empowered. This work is an ongoing initiative and includes one of the biggest use of crowdsourcing engagement anywhere in the country. It also involves a new clinically led management structure driving strategic and operational plans "bottom up". Although a long term strategy, the immediate output of this work will include:

		• The implementation of the Trust's financial recovery plan. This includes cost and productivity improvements, maximising Trust income and savings resulting from better partnership arrangements with our health and social care partners. • Review of the Trust's access and capacity to ensure that it fully meets the requirements of the NHS Constitution. • The implementation of the Trust's Quality Improvement Strategy which aims to make the Trust: o One of the safest hospitals in the UK, o One of the best for quality of care in the UK, o Develop integrated health and social care services with our partners. The Quality Improvement Strategy includes better discharge arrangements for the elderly, as mentioned above, but it also contributes to wider aspects of the HWB strategy such as the care of children, health screening and improved patient experience. • Our new Public Health Strategy highlights the Trust as an active partner in ensuring the Leeds population are as healthy as possible, contributing to reducing health inequalities and sets out how we are addressing the priorities in the Joint Health and Wellbeing Strategy e.g. supporting patients, staff and visitors to choose healthy lifestyles. • Addressing the above changes will make the Trust fit for purpose in achieving Foundation Trust status which is a key objective for the Trust and the Trust Development Authority
How will this change impact the role or function of your organisation?	What is the key thing(s) that will change about your organisation in the next 2 years?	The service changes stated above will raise the productivity and effectiveness of the organisation. It will directly impact on key access problem areas and improve quality across all services. The future of particular services at the Trust depends, in part, on our discussions with local health partners and commissioners, and particularly with NHS England who commission specialist services. Specialist services are in a transition period and the Trust may be asked to take in more work from other hospitals who are unable to meet the NHSE specifications. We may also consider withdrawing from work ourselves depending on the NHSE requirements. There are also services which, although not specialist, have specifications which neighbouring

		hospitals cannot provide without some partnership arrangements with a larger Trust. This may be due to new guidance or the inability to recruit a critical mass of staff. In these circumstances the Trust will seek to be supportive in preventing a service collapse in a neighbouring District General Hospital, if we are able to do this without prejudicing our own existing services and commitments.
Impact on the population	Outcomes and key impact measures of the key service changes	Accepting the above scenarios, the Trust does not expect to introduce or withdraw significant volumes of services. More significant changes are expected to arise from joint working with Leeds agencies to improve integrated care particularly for the elderly frail and those with long term conditions. The Trust will also look for a joint approach for the most appropriate use, and provision of, accident and emergency/urgent care services. The key impact measures will be quality and health outcomes but will also include productivity and improved access to services.
Population affected	Any specific populations affected by your work e.g. demographic, age, geographical (locality or ward) – either positively or negatively (where negative give mitigating actions where available)	Within Leeds the improvements to integrated care through joint working will primarily impact on the elderly and those with long term conditions.
Best City	Roles outside of core functions - Such as enterprise, innovation, teaching and research – and	The Trust‘s links with Leeds City Council, the University and other agencies extend over a number of areas. We will continue to play a full part as a major, and responsible, employer within the city. We are proud to be involved with the Leeds Innovation Health Hub bringing inward investment and expertise to Leeds.

	other contributions to the Best City vision	We aim to be an exemplary clinical research partner, responsive to new opportunities and with an excellent track record of research study delivery. Our primary academic partnership is with the University of Leeds and we recognise that a strong and enduring partnership with the University is essential to the success of our strategy. This will be developed as an Academic Health Science Partnership, which will also work with primary care, commissioners and Leeds City Council and include a joint research support service. We are also a member of the Leeds Institute for Quality Healthcare. Annually, approximately 1,000 medical students and 450 dental students come to the Trust on clinical placements. In addition, the Trust hosts 1,800 nursing, Allied Health Professions (AHP) and scientific undergraduate placements. We have close working relationships with a number of higher education institutions, most notably the University of Leeds (through a bi-monthly Joint Partnership Board of senior and executive leaders) and also Leeds Metropolitan University. The Leeds medical school ranks highly in the survey of satisfaction amongst final year students. As well as the more formal links, the Trust values its help from a host of charities and patient groups across Leeds and beyond.
Risks and issues	Any key areas of concerns?	The main risks and issues impacting on the Trust are linked to the Trust's financial recovery and access plans, which are key to the organisation's future. If integration schemes fail to reduce hospital acute admissions the Trust faces financial and service risks, particularly if bed capacity is removed before the schemes have proved successful. These risks include: • The need to reopen capacity at short notice with premium costs incurred to secure medical and nursing cover. • A reduced bed base which no longer has the capacity to cope with demand for hospital admissions, threatening elective care targets. • Pressures in A&E compromising the 4 hour waiting time target.

Assumptions and dependencies	Which other organisations will support the achievement of your work? What are you doing to enable others?	The Trust has close partnerships with a number of agencies particularly Leeds Community Healthcare, Leeds CCGs, NHS England, Leeds University and Leeds City Council. We will continue to work the Leeds Health and Care Transformation Programme and other associated groups and initiatives to achieve more effective partnerships across the city.
Where the HWB Board can support delivery of our plans	Any areas where you need the support of the board?	The Trust would value the help of the Leeds Health and Wellbeing Board in all aspects of its vision for improved integrated and specialist care for Leeds residents. We would also ask for support where we are able to help other hospitals continue to provide a viable service in nearby localities, often serving peripheral areas of Leeds as well as their local communities.

Author: Simon Neville (Director of Strategy and Planning, LTHT)

Leeds City Council

Title	Explanation	Organisational response
What principles, assets or unique role does your organisation hold?	What is the key thing that defines your organisation? What is your particular contribution to the health and wellbeing system in the city? What is your particular contribution to the Joint Health and Wellbeing Strategy? What are your key assets (HWB may be interested in key estate, provision capability or skills base)	Leeds City Council has a vast range of statutory responsibilities, and in particular within health and social care, it is tasked with ensuring the provision of Social Care Services for both vulnerable Children & Adults, together with the provision of statutory Public Health Services. In addition, the Council provides a range of discretionary, preventative and restorative Social Care services with the aim of improving the Health & Well Being of the local population. The Council also commissions and provides a range of other services that either directly or indirectly contribute to improved health and wellbeing of citizens, including housing related services, sport, leisure, culture, employment and skills and the shaping of the local environment. The Council, through its democratic mandate, also provides a key leadership role within the city, through its promotion of the Best Council Plan and Best City ambitions. Key aspects of the Council's approach now adopted citywide are the promotion of the Child Friendly City and Better Lives campaigns. The strategic context for Leeds City Council continues to be informed by the Commission for the Future of Local Government, published in 2012. In a nutshell, this reported that the municipalist model needed to be replaced by recreating the spirit of the civic entrepreneurs who started local government. Civic enterprise is where local government becomes more enterprising, businesses become more civic and citizens become more engaged. It set out the following key roles for councils: • Councils should stimulate good economic growth, jobs and homes, so that increased council tax and business rates could make up for the cuts in central government

		support and make local government more self-sufficient: smaller in size but bigger in influence. • Councils should work to develop a new social contract between the citizen and the local state whereby public services are provided differently, and co-designed with people. • Councils should enable the infrastructure and utilities of the smart cities and towns of the 21st Century, such as superfast broadband, low carbon and social networks. The Commission also asked about solving the "English Question", and made suggestions about how the unfinished business of UK devolution should be addressed by transferring powers and resources to local government via Combined Authorities. In light of the recent Scottish Referendum this is very topical and could lead to significant changes in the way council's funding and accountability operates.
Contribution to Joint Health and Wellbeing strategy	What key service changes are your organisation planning to make over the next two years (4-5 per organisation)	The Comprehensive Spending Review 2010 set out the Government's plans to eliminate the structural deficit by the end of the current parliament. This presented a significant financial challenge to the Council which was without precedent in recent times. In this period to the end of 2014/15 funding from Central Government for core services has reduced by £129m, and taking further account of the increase in costs due to inflation, demand and reductions in income due to the economic climate, this has meant the Council has had to respond through a number of measures including: • Staff reductions of over 2000 FTEs by the end of 2014/15, spending almost £50m less on employees • Savings of circa £30m through better procurement and demand management • Increased income of £21m by higher than inflation increases and from introducing new fees and charges • Increased income from Council Tax growth of £17.8m, including changes to discounts • Generated £6.7m growth from Business Rates

		• Reduced building maintenance by £1m and highway maintenance by over £1m • Reviewing grants to the third sector including 15% reduction in grants to major arts • Closure of 7 residential homes, 12 day centres, 14 libraries, 2 sports centres, 2 community centres, 1 one stop centre and 3 hostels • Reduced office accommodation space by almost 250,000 square feet • Maintaining a significant Capital programme without increasing debt costs The Council's approach to managing funding reductions has been successful to date to the extent that challenging savings and reductions have been delivered whilst continuing to prioritise care for vulnerable adults and children. The proportion of the Council's spend on Children's Services and Adult Social Care has increased from 48.5% in 2010/11 to 57.1% in 2014/15. In response to the significant reduction in resources available to the Council from Government funding as part of the Government's austerity programme, the Council has developed a Civic Enterprise approach where in the future the Council will be smaller in size, but bigger in influence. The priorities that have emerged from this work map directly on to the Joint Health and Wellbeing Strategy, in particular in the three directorates of Children's Services, Adult Social Care and Public Health: *Children and Young People* The Council aspires for Leeds to be the Best City for children and young people, a Child Friendly City that safeguards and promotes the well-being of children and young people across the city. The Council will seek to maintain investment in preventative services and work with families restoratively, with the aim to help more families help themselves and reduce the need for statutory intervention. In particular the Council will continue to reduce the numbers of Children Looked After, support more Children to remain within their family network and reduce the number of Children in external placements.

		Adults The Council's Better Lives Programme aims to enhance the range, amount and quality of adult social care services available. Better Lives through Housing Care and Support will provide more choice and control to support more people to live independently in their own homes. Better Lives through Enterprise will continue to enhance services through the Neighbourhood Networks and support new types of preventative services including Reablement, Integrated Community Care facilities and ALL (the assistive technology hub). Better Lives through Integration will continue to develop more personalised services integrated with our community health partners, Leeds Community Healthcare, prioritising those most at risk of deteriorating health & wellbeing. *Public Health* The priorities of the Public Health Service Plan are specifically aligned to a number of the outcomes in the Leeds Joint Health & Well Being Strategy. These include: people will live longer and have healthier lives; people's quality of life will be improved by access to quality services; people will live in health and sustainable communities. To achieve this, the Public Health priorities are to: • Ensure every child has the Best Start in life • Support more people to make healthy lifestyle choices • Protect the health of the whole population • Prevent people dying early and reduce ill health • Influence the social economic and environmental conditions that impact on health and wellbeing
How will this change impact the	What is the key thing(s) that will	The Council will continue to reduce in size over the next 2 years, particularly in relation to the numbers of staff directly employed. As part of this reduction the Council will move towards a

role or function of your organisation?	change about your organisation in the next 2 years?	commissioning and place shaping role rather than a direct provider of services. The Council will also focus on the integration of services both within the Council and with partners in the city, striving to deliver better services at reduced cost. The Council will also seek to devolve more powers, responsibilities and decision making to localities to ensure that services are increasingly responsive to the needs of local communities. The requirements of the Care Act 2014 will mean that more adult social care assessments will be undertaken, more carers assessments and support services will be provided and a greater focus on information and advice services, together with more preventative services. In addition, the requirements of the Children and Families Act 2014 will mean that children with complex needs will transition from statements of Special Educational Need on to Education, Health and Care plans, jointly produced with health partners. The act also increased the extent to which personalisation will play a part in services delivered to children with complex needs. In October 2015, the commissioning of public health services for 0-5s will transfer from NHS England to the local authority, including responsibility for commissioning the Healthy Child programme which includes health visiting services (delivery of the service vision, four stage model including universal, community and targeted services) and Family Nurse Partnership services (targeted service for teenage mothers).
Impact on the population	Outcomes and key impact measures of the key service changes	The council uses a basket of measures to understand the impact of key service changes on the population, particularly basing its understanding of population on the Joint Strategic Needs Assessment and collecting measures relating to the strategic priorities in the Best Council Plan.

		The council also uses various national frameworks to benchmark Leeds and identify area of improvements: the Adult Social Care Outcomes Framework, the Public Health Outcomes Framework, and various Ofsted frameworks of assessment for Children's services. From a health and wellbeing perspective, the indicators contained with the JHWS and the outcomes the Strategy is trying to achieve remain at the bedrock of the way the council assesses the impact of service changes on the city, with the aim that we become the best city in all 22 indicators within the strategy.
Population affected	Any specific populations affected by your work e.g. demographic, age, geographical (locality or ward) – either positively or negatively (where negative give mitigating actions where available)	The Council supports the whole population of Leeds, but with specific emphasis on Children and young people through its Children's Services Directorate, including Education Services, and on vulnerable elderly people, learning and physically disabled people and people with Mental Health needs, including Carers, through its Adult Social Care Directorate. The Council will continue to seek to reduce the inequalities that exist within the city between the most deprived and more affluent communities.
Best City	Roles outside of core functions - Such as enterprise, innovation, teaching and research – and other contributions to the Best City vision	As the council becomes smaller and operates differently, it will create new partnerships, teams and different arrangements for delivering support services. The Best Council plan sets the ambition and objectives, and is available in background documents. To help achieve these ambitions, the council will focus on seven 'breakthrough projects', as listed below. Key features of these will be: an Outcome Based Accountability (OBA) approach, integrated teams, including partners and support, strong project management discipline, digital by default, and clear political sponsorship. The projects are: - Hosting world class events on a global stage as a smart city

		- Housing growth, and jobs for young people - Putting children and families first: tackling domestic violence - Making Leeds the best place to grow old - Reshaping health and social care - Reducing fuel bills and setting a revised 2050 carbon target - Rethinking the city centre The council is involved in a large number of innovative schemes which go beyond its core remit as a deliverer of statutory services but which all exist to contribute to the breakthrough projects listed about. These include its involvement in the Leeds Innovation Health Hub, the Skills Academy and as a Care Ambassador.
Risks and issues	Any key areas of concerns?	In addition to the major savings already achieved and outlined above, the indicative settlement for 2015/16 as announced in the 2014/15 Local Government Finance Settlement shows a funding reduction for Leeds of £46m, or 14.7% from 2014/15. Whilst the government has not announced any indicative figures for 2016/17, an assumption has been made for 2016/17 based on provisional national totals for Departmental Expenditure Limits (DEL). This indicates a reduction of 8.8% or £23.4m in core support from Government. This level of budget reduction is the major risk affecting the council in the next two years. Taking account of demand pressures, the council is projecting that over the next two years it will need to save at least £72m to bridge its funding gap.
Assumptions and dependencies	Which other organisations will support the achievement of your work? What are you doing to enable others?	With particular reference to health and social care, the Medium Term Financial Strategy of the council depends on good joint working between the council, CCGs and provider organisations to deliver the Better Care Fund, using the fund to manage demand and integrated care so as to improve patient outcomes and make best use of the Leeds £, our collective resource.

Author: Steve Hume (Chief Officer Resources, Adult Social Care) and Doug Meeson (Chief Officer Financial Services), LCC

NHS England (West Yorkshire Team)

1. Overall

NHS England's role is to:

- Allocate resources to Clinical Commissioning Groups and support them to commission services on behalf of their patients according to evidence-based quality standards;
- Directly commission primary care services, public health services, prescribed specialised services, health services for the armed forces and health services in the justice system;
- Take autonomous decisions about how best to allocate commissioning resources, remaining accountable for ensuring expenditure remains within the limits set by the Secretary of State for Health;
- Focus on achieving equal access to health services, designed around the needs of the patient; and
- Deliver improved health and patient outcomes.

Through its role, NHS England is accountable for the delivery of agreed goals and objectives contained in a range of governing frameworks including the NHS Constitution, the NHS Outcomes Framework and the NHS Mandate.

The Area Team in West Yorkshire has specific responsibility for:

1. Enabling the operational delivery of the local NHS, including the NHS Mandate commitments (such as Winterbourne View and Parity of Esteem) and all NHS Constitution standards (such as waiting times, A&E standards and cancer waiting times) and to provide assurance of delivery through performance monitoring mechanisms.
2. Directly commissioning the following services for people in West Yorkshire:
   a) Primary Care (medical, dental, community pharmacy and community optometry);
   b) Secondary care dental services;
   c) Public Health services (0-5years, immunisations & vaccinations and screening);
   d) Health services in the justice system (led by West Yorkshire area team for all of Yorkshire & Humber);
   e) Healthcare for Armed Forces (led by North Yorkshire area team for all of Yorkshire & Humber); and

f) Specialised services (led by South Yorkshire area team for all of Yorkshire & Humber).

The total budget for directly commissioned services (excluding specialised services) in West Yorkshire in 2014/15 is £750million.

The current scope, performance and plans for commissioning primary care and secondary care dental services for the Leeds population are described in a separate paper to the Health & Well-Being Board. Leeds does not have an armed forces base. This paper will, therefore, provide an overview of the commissioning of public health and health services in the justice system, with a brief overview of the approach to specialised services.

2. Public Health

The commissioning of public health services is governed by a section 7a agreement between NHS England and the Department of Health. Public Health England provides professional advice including an embedded team of screening and immunisation clinical advisory staff.

2.1 What has been delivered in the first year

- Grown the Health Visiting workforce in West Yorkshire by 10%
- Increased the number of Family Nurse Partnership places to ensure the Area Team is on trajectory
- Improved performance Breast screening and Diabetic Retinopathy programmes
- Implementation of the BowelScope programme in Bradford, Calderdale, Kirklees and Wakefield.
- Introduction of new immunisation programmes (Rotavirus, Shingles, childhood flu, and Meningitis C booster)
- Successful vaccination campaigns including 75% uptake in over 65's for 'flu and successful MMR catch-up campaign which ensured that the target of 95% was reached in the unvaccinated 10-16 year olds.
- Undertaken a procurement exercise to ensure a safe and robust West Yorkshire cervical cytology laboratory service.
- Develop and implementation an incident management framework.

2.2 Two-Year Plan

The following key deliverables against the Section 7a agreement and the priorities for 2014-16 are:

Initiative	Key tasks	
Implement WY Cytology Service to support **cervical screening** programme	• Agree mobilisation plan with new provider	Oct 2014
Age extension is rolled out at LTHT for **bowel screening** programme	• Ensure national timeliness target is met • Include KPIs within contract	May 2014
Develop assurance process for **ANNB screening**	• A systematic process for all providers of Ante Natal & Newborn screening	April 2015
Consolidation of childhood **flu programme** for 2-4 yr olds with a roll-out pilot provision to secondary school age children	• Offer all GP practices the enhanced service • Produce lessons learnt from 2013/14 campaign, to allow planning in April 2014. • Include in school nurse contracts were appropriate	Sept 2014
Increase coverage of **pertussis immunisation** for pregnant women	• Roll over to enhanced to GP Practices • Include in contracts for midwifery providers	March 2014
Increase coverage of **screening and immunisations** in all vulnerable groups.	• Define vulnerable groups and identify localities working with DsPH • Identify gaps in provision • Include provision in relevant specifications	On-going
Meet the Prime Ministerial commitment **on Health Visitor** numbers	• Ensure all providers are clear about contractual targets • Process in place for monitoring against trajectory • Process in place	March 2015
Procurement of a West Yorkshire **Diabetic Eye Screening** Service	• Agree service specification and funding model • Undertake procurement • Agree contract arrangements • Agree mobilisation plan	Oct 2015
Work with stakeholders to improve provision and uptake of **screening and immunisation for prisons**	• Liaise with NSCP to address issues providing Bowel Cancer Screening • Realign provision of DESP in identified settings • Implementation of AAA Screening within population. • Establish process to ensure the correct codes are used to ensure accurate capture of immunisation uptake. • Development of an immunisation strategy with Prison healthcare staff to improve flu immunisation uptake	2014/2015

3. Health in the Justice System

The West Yorkshire Area team commissions health services in the justice system for Yorkshire & Humber. For the Leeds population, we work with the West Yorkshire Police, the court system, HMP Leeds (male), HMP Askham Grange (female), HMP Wakefield (high secure), HMYOI Wetherby (young male) and the secure children's home in Leeds.

3.1 What have we delivered in our first year?

- Procurement plan identified for Hull/Humber/Full Sutton
- Quality surveillance – established quality surveillance subgroup for health and justice
- SMS provision at Wetherby/Wakefield –procured new provider to address quality concerns
- CAMHS at Wetherby / Leeds SCH – procured new provider to address quality and capacity concerns
- Re-commissioned healthcare services in HMP Hull, HMP Askham Grange, and HMP North Allerton following changes to the prison role under national Transforming Rehabilitation programme
- Police Custody health care – procurement of new provider for West Yorkshire
- More focussed delivery of liaison and diversion services in West and South Yorkshire.
- Established processes for death in custody clinical reviews

3.2 Two-Year Plan

Activity	Timeline
Liaison and Diversion	Coverage to be increased to 25 per cent in 2014/15, 50 per cent in 2015/16, 75% in 2016/17 with full coverage in 2017/18.
Explore options for commissioning **Paediatric SARC** services across Y&H	Clinical network of services are in place by April 2015
Custody healthcare and adult SARC services	April 2015
Substance misuse services for HMYOI Wetherby and HMP Wakefield	mobilisation by June 14
Prison healthcare – Hull/Humber/Full Sutton undertake procurement.	2014/15 procurement with mobilisation from April 2015
Prison Healthcare – West Yorkshire prisons, develop plan and undertake procurement	2015/16 procurement with mobilisation from April 2016
Deaths in Custody – commission provider to oversee and manage clinical reviews for North	October 2015
Secondary care commissioning – Identify baseline activity, opportunities for in-reach and care closer to home.	Engage with providers during 2014/15 which will be a shadow year
Social care - Work with Y&H Directors of Adult Social Services to prepare for local authority commissioning of social care	Care Bill implementation April 2015

4. Specialised Commissioning

The South Yorkshire Area Team leads on the commissioning of specialised services for people in Yorkshire & Humber region with a budget of £1.1billion.

NHS England is considering how to improve the commissioning of specialised services. This is driven by two factors: firstly, the need to be able to consider and commission whole pathways of care, and secondly, the need to manage the financial pressures which have emerged in specialised services.

As a result of this, and in discussion with CCGs, NHS England is proposing to devolve the commissioning of three specialised services (bariatric surgery, specialised wheelchairs, and outpatient neurology) to CCGs in 2015/16. In addition, for all but a small number of very specialised services, the aim is to introduce co-commissioning with CCGs based around each "place".

For Leeds, this will mean that the Area Team will work with the CCGs across West Yorkshire to deliver a co-ordinated approach to commissioning all services from LTHT. Future plans developed through this collaborative arrangement will be discussed with the Health & Well-Being Board.

Author: Alison Knowles, Commissioning Director NHS England (West Yorkshire)

Leeds Citywide Strategic Planning Coordination Group

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Leeds Health & Wellbeing Board

Report author: Alison Knowles
Tel: 0113 2474306

Report of: **Director NHS England West Yorkshire**

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

Date: **22 October 2014**

Subject: **Commissioning Primary Care Services in Leeds 2014-16**

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

NHS England's West Yorkshire Team are responsible for commissioning primary care services in Leeds, and following an initial update to the Board in June as part of the NHS planning cycle, the attached paper sets out the commissioning approach and plans for primary care services in Leeds over the two years from 2014-2016, covering major commissioning areas: General Practice, Dental Services, Community Pharmacy and Community Optometry.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the report and associated work being carried out in Leeds to deliver high quality primary care services and improve general practice, dental, pharmacy and optometry services.
- Comment on the challenges and opportunities facing primary care in Leeds, in particular relating to access, quality and sustainability of services.

1 Health and Wellbeing Board Governance

1.1 Consultation and Engagement

1.1.1 The work of the NHS England in commissioning primary care is underpinned by regular consultation and engagement with CCG areas, GP practices, patient reference groups and the public, particularly through the GP survey.

1.2 Equality and Diversity / Cohesion and Integration

1.2.1 Strategic planning entails a significant amount of work to ensure services are planned and delivered with equality and diversity as key considerations. The work of NHS England is underpinned by regular considerations of the implications of plans for the cohesion of a diverse city such as Leeds.

1.3 Resources and value for money

1.3.1 There are no direct resources implications resulting from this report.

1.4 Legal Implications, Access to Information and Call In

1.4.1 There are no legal implications or access to information implications relating to this report. It is not subject to call in.

1.5 Risk Management

1.5.1 There are no risk management indications relating directly to this report.

2 Recommendations

The Health and Wellbeing Board is asked to:

- Note the report and associated work being carried out in Leeds to deliver high quality primary care services and improve general practice, dental, pharmacy and optometry services.
- Comment on the challenges and opportunities facing primary care in Leeds, in particular relating to access, quality and sustainability of services.

Leeds Health & Well-being Board

Commissioning Primary Care Services in Leeds – 2014-2016

October 2014

Introduction

This paper sets out the commissioning approach and plans for primary care services in Leeds over the two years from 2014-2016. There are four sections based on the four contractor groups:

A. General practice
B. Dental services
C. Community pharmacy
D. Community optometry

A. General Practice

1. Approach

This paper has been produced collaboratively by the four NHS organisations with commissioning responsibilities for General Practice in Leeds: NHS England, NHS Leeds North CCG, NHS Leeds South and East CCG, and NHS Leeds West CCG. It sets out the national Strategic Ambition for general practice, the local challenges and the commissioning response for the next two years.

2. NHS England Strategic Ambition for General Practice

In summer 2013, NHS England launched a Call to Action: *Improving general practice.* The purpose of this consultation was to support action to transform services in local communities and to stimulate debate as to how we can best support the development of primary care to improve outcomes and tackle inequalities.

Out of the Call to Action, NHS England has set out an ambition for primary care:

We want to ensure that everyone in England gets access to the same high quality services.

a. **Proactive, coordinated care**: anticipating rather than reacting to need and being accountable for overseeing your care, particularly if you have a long term condition.

b. **Holistic, person-centred care**: addressing your physical health, mental health and social care needs in the round and making shared decisions with patients and carers.

c. **Fast, responsive access to care:** giving you confidence that you will get the right support at the right time, including much greater use of telephone, email and video consultations.

d. **Health-promoting care**: keeping you healthy and ensuring timely diagnosis of illness, engaging differently with communities to improve health outcomes and reduce inequalities.

e. **Consistently high quality care**: reducing unwarranted variations in effectiveness, patient experience and safety.

In order to support delivery of our ambitions, we believe that primary and community providers will need to operate **at greater scale and in greater collaboration** with one another, and with patients, carers and local communities.

Importantly, this does not necessarily have to involve a change in organisational form, but the organisations and individuals within those organisations across primary and community care will need to organise themselves together in larger groupings, in formal ways, supported by investment and management capacity.

Our approach is that there should be **no national blueprint** for how this is done but that change should be locally led and over the next two years, NHS England will deliver a series of commissioning workstreams that enable change:

	Description	**Deliverables**
Service Models	A description of the key service components required to deliver against our five ambitions, along with the implications for providers (primary care at scale).	Practical resources to support local strategy development, including: • Service component descriptions, by ambition • An explanation of the strategic choices providers will face • Practical examples and case studies in all areas. (This will also draw on learning from the Prime Minister's Challenge Fund)
Standards for out of hospital care	National standards for any out of hospital care providers that reflect our five ambitions and can be applied to the range of potential providers of the future.	A small number of measurable national standards for out of hospital care, to be incorporated into the contracts for all primary care providers. (It is anticipated that the majority of standards and associated goals for these services would be set locally.)
Co-commissioning	The nationally agreed arrangements for enabling CCGs to drive transformation across primary and community care, and supporting tools.	The options and governance arrangements for co-commissioning of GP practice. Contract forms to support greater formal collaboration across primary, community and secondary care providers. The options and governance arrangements for pooled budgets in 2015/16.
National Contracts	Ensuring that the vision for primary care at scale is appropriately reflected in the national contracts for GPs, dentists, pharmacy and optometrists.	A single negotiating remit for all national primary contracts for 2016/17, which reflects the vision and ambitions for primary care.
Workforce	Ensuring that the future primary care workforce is designed and developed in a way that supports primary care at scale and the new models of care.	Immediate work on returners, retention, international recruitment and GP remediation to increase the number of available GPs. A review into the future primary care workforce, including options for new roles and different skill mix.

3. Local Challenges & Commissioning Plans

Alongside the national work, NHS England in West Yorkshire and the three CCGs in Leeds have continued to work on improving the standards of general practice and developing integrated models of care. There are five principle challenges facing general practice in Leeds. These are the need to:

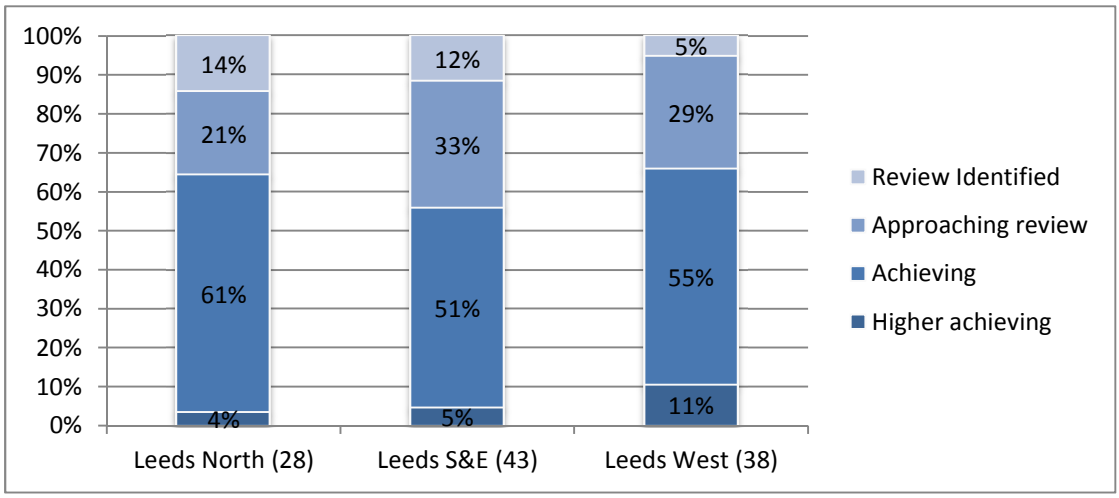
1. sustain and improve the quality of service provision for patients
2. improve patient experience, particularly in relation to access to services
3. develop and drive integrated care out of hospital
4. develop a sustainable workforce for now and the future
5. ensure value for money

3.1 Quality Improvement

(*Supports delivery of Leeds Health & Well-being Strategy – Outcome 3 – People will enjoy the best possible quality of life*)

In summer 2013, NHS England developed and published a Quality Assurance Framework for General Practice. This was the first time that service and outcome data on every general practice in England was brought together and published in a way that allowed commissioners, providers and the public to review and compare the performance of every practice. The Framework assesses practices against more than 30 indicators and establishes whether they are a statistical outlier against their expected performance.

For practices in the Leeds CCGs, the current (August 2014) position is:



For practices in the North and West, this compares favourably to the rest of England where, on average, 39% practices are approaching review or have a need for a review identified. For the South, the assurance framework does identify that 45% of practices are approaching review or have a need for a review identified.

Against this background, NHS England and the CCGs have put in place a number of initiatives to improve the quality of services for patients:

Organisation	Commissioning Approach for 2014-16
All	• Agreed MoU on quality improvement setting out roles and responsibilities. • Improvement plans developed with individual practices of concern.
Leeds North	• Practice level profiles developed for all practices. Profiles encompass key themes from Assurance Framework, JSNA practice profiles and other intelligence. Profiles used to support quality improvement plans for practices with "review identified" and to information action at practice, locality and CCG level. • Specific quality interventions in place across localities include diabetes care in Chapeltown, improving CVD prescribing, city-wide antibiotic / anti-microbial initiative.
Leeds South & East	• Quarterly quality visits to practices. • Specific interventions in place such as action to improve bowel screening uptake and patient safety reporting.
Leeds West	• 10 Locality development sessions per year with quality focus • Quarterly visits to practices. • Practice MOT distributed quarterly to benchmark practices across a number of local indicators and activity data. • Specific interventions in place linked to JSNA, to improve respiratory care, CVD, cancer and alcohol misuse.

3.2 Improving Patient Experience and Access

(Supports delivery of the Leeds Health & Well-being Strategy – outcome 2: people will live full and independent lives, outcome 3: people will enjoy the best quality of life, and outcome 4: people will be involved in decisions made about them)

The latest GP survey results (July 2014) show that patients in Leeds:

	Satisfaction with the quality of consultation (seven questions)			Satisfaction with overall care (two questions)			Satisfaction with access (three questions)		
	2013 - June	2014 - July		2013 - June	2014 - July		2013 - June	2014 - July	
NHS LEEDS NORTH	630.9%	633.8%	↑	172.5%	171.8%	↓	253.3%	243.3%	↓
NHS LEEDS SOUTH & EAST	623.5%	624.2%	↑	162.8%	161.1%	↓	240.6%	232.7%	↓
NHS LEEDS WEST	632.3%	632.3%	↑	169.3%	167.3%	↓	249.2%	239.7%	↓
WEST YORKS	627.4%	628.2%	↑	167.0%	164.7%	↓	246.1%	233.4%	↓
ENGLAND	628.3%	629.7%	↑	168.0%	170.0%	↑	250.7%	248.1%	↓

NORTH OF ENGLAND	635.0%	634.1%	↓	169.7%	166.5%	↓	251.5%	237.3%	↓

In common with patients across West Yorkshire and England, satisfaction with the quality of the actual clinical consultation remains high and is improving but the overall experience is deteriorating due, primarily, to dissatisfaction with access to services (getting through on the telephone, convenience of appointment and availability of appointments).

Against this background, NHS England and the CCGs have put in place a number of initiatives to improve patient experience and access:

Organisation	**Commissioning Approach for 2014-16**
All	• NHS England enhanced service for patient engagement • NHS England enhanced service for extended access • NHS England funding for system resilience in primary care. Leeds initiatives led by the CCGs include extended hours over bank holidays, additional clinics for children to avoid ED attendances, direct booking from ED to GP, and improved transport to hospital for potential GP admissions to facilitate early assessment and same day discharge. • Prime Minister's Challenge Fund – piloting new approaches to access for patients. First wave commenced July 2014. Second wave to be announced autumn 2014. • Introduction of Friends & Family Test in general practice at end 2014.
Leeds North	• Roll-out of Year of Care: to better inform and engage patients with long term conditions in their care. • Locality based approach to sharing bets practice in relation to primary care access and training with non-clinical staff to improve patient experience. • Commissioning practices to trial new approaches including pre-diabetes support group, practice champions and well-being co-ordinator posts to improve access and experience. • CCG co-ordinated Patient Reference Group bringing together representatives from across the CCG to inform commissioning.
Leeds South & East	• Roll-out of Year of Care: to better inform and engage patients with long term conditions in their care • Implementation of "yellow card" scheme to allow GPs to record soft intelligence on patient experience of services. • Practice development programme utilising service improvement and LEAN methodology to improve capacity and ways of working.
Leeds West	• Development of a Local extended access scheme (from 2014) to test out improving access across 5-days and 7-days, open to all 38 practices. Outcomes focussing on quality of consultation as well as access to appointments. • Roll-out of Year of Care: to better inform and engage patients with long term conditions in their care. • Introduction of Care Co-ordinators working between practices and community teams to pro-actively manage patients. • Roll-out of Productive General Practice programme to improve productivity and engagement with patients.

	• Patient comment boxes distributed to all practices to collect patient feedback throughout the year.

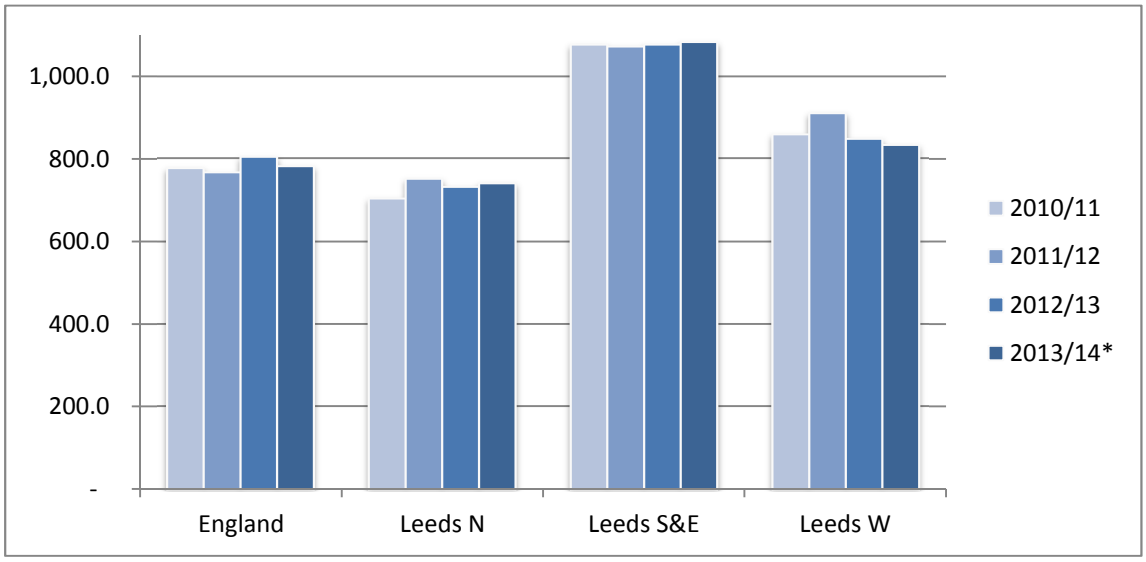
3.3 Develop and drive integrated care out of hospital

(Supports delivery of the Leeds Health & Well-being Strategy – outcome 2: people will live full and independent lives)

Benchmarking data on the three Leeds CCGs indicates that utilisation of secondary care in the north and west of the city is lower than the England average, but higher in the south and east of the city:

Per 1000 population (2013/14)	Leeds North	Leeds West	Leeds South and East	England
G&A emergency admissions	7.65	7.7	9.6	8.52
OP attendances	25.26	24.51	27.59	25.66

For conditions amenable to care outside of hospital, in 2013/14 (*provisional data), there were ca 2500 admissions to hospital where ambulatory care might have been a possible alternative:



Against this background, NHS England and the CCGs have put in place a number of initiatives to improve integrated care out of hospital (note: these initiatives focus solely on work in general practice. There is a much wider commissioning plan for integrated care involving acute, community and voluntary sector providers):

Organisation	Commissioning Approach for 2014-16
All	• NHS England enhanced service to deliver proactive care for the most vulnerable patients in each practice

	• NHS England enhanced services for dementia care, and alcohol related risk reduction. • Development of standards for out of hospital care to provide commissioner assurance and benchmarking of provision
Leeds North	• Clinical pharmacist working with practices and care homes to undertake medicine reviews for older people. Plan to roll out to patients with a learning disability and vulnerable patients at home. • Working with Otley and Wetherby localities to commission additional capacity to improve support for older people and those with complex needs. • Extension to pro-active care scheme and commissioning of additional system resilience initiatives over winter. • Locality-specific schemes relating to alcohol, diabetes and third-sector.
Leeds South & East	• Enhanced support to care home residents and providers • Extension to pro-active care scheme linked to plans for winter • Medication review scheme for most complex patients • COPD scheme to improve prevention, diagnosis, management, admissions avoidance and end of life care
Leeds West	• Year of Care scheme to improve patient engagement in planning and delivery of their care • Development of care co-ordinators to support pro-active care • Clinical pharmacists in care homes to review medications, minimise harm and reduce waste • Extending access to general practice to ensure patients have earlier access to primary care services. • Review of enhanced (medical) care to care homes.

3.4 Develop a Sustainable Workforce

(Supports delivery of the Leeds Health & Well-being Strategy – outcome 3: people will enjoy the best possible quality of life, and outcome 5: people will live in healthy and sustainable communities)

CCG Name	GP Providers	Registered population	GPs per 100,000 population
AIREDALE, WHARFEDALE AND CRAVEN	91	156,100	58
BRADFORD DISTRICTS	202	331,364	61
CALDERDALE	101	211,979	47
LEEDS NORTH	107	202,948	53
BRADFORD CITY	59	117,384	50
GREATER HUDDERSFIELD	130	239,437	54
LEEDS WEST	183	356,860	51
LEEDS SOUTH AND EAST	146	261,359	56
NORTH KIRKLEES	90	186,075	48
WAKEFIELD	201	355,373	56
AREA TOTAL	**1307**	**2,418,879**	**54**
REGIONAL TOTAL	**7,258**	**15,718,338**	**46**
NATIONAL TOTAL	**24,083**	**55,704,177**	**43**

Benchmarking data shows that the number of GPs per 100,000 population in Leeds is well above the figures for the north of England and England overall.

However, we know that more and more GPs are choosing to work part-time and that there are a significant number of GPs approaching retirement. In 2014/15, insufficient GP trainees were recruited to Yorkshire & Humber due to lack of interest from newly-qualified doctors.

In addition, there are pressures in practice nursing arising from an ageing workforce profile and difficulties with recruitment, and a need to consider the workforce requirements for new "at scale" / integrated care models.

Against this background, NHS England and the CCGs have put in place a number of initiatives to understand and improve the workforce position in general practice:

Organisation	Commissioning Approach for 2014-16
All	• Work with Health Education England to complete GP Workforce survey for 2014. • West Yorkshire Quality Improvement Network focus on workforce • Clinical fellowship posts to work alongside clinical leaders • TARGET programme of clinical training in practice • Development of city-wide Practice Nurse Conference and local practice nurse forums.
Leeds North	• Nurse leadership programme commenced in 2014 • Practice manager action learning sets, practice manager forum and training needs analysis supported by CCG. • GP Portfolio Leads development programme.
Leeds South & East	• Action Learning Sets for practice managers • Vocational training scheme for newly-qualified nurses (or nurses moving from secondary care) • Mentorship scheme for practice nurses • E-learning package for clinical skills
Leeds West	• Practice manager development programme • Undergraduate and post-graduate nursing scheme started in 2014 • Leadership course for nurse members – a bespoke leadership opportunity led by a performance coach. • Development of HCA apprenticeships. • Skills audit undertaken to inform future training provision.

3.5 Ensure value for money

There are two city-wide initiatives which will help drive value for money in the commissioning and contracting of GP services:

(i) Equitable funding review

General practice is predominantly funded through one of two national contracts: GMS and PMS. In common with practices across West Yorkshire, PMS practices in Leeds receive more funding than GMS practices. In some cases, this is due to the delivery of additional services but in other cases there is less clarity about what the additional funding delivers.

NHS England has commenced a funding review of PMS practices with the aim of ensuring that by 2018 there is an equitable approach to their core funding when compared to GMS practices.

	Funding per head 2014/15 (national value for GMS and mean value per CCG for PMS)	Range of funding per head in PMS practices
Core GMS Funding	£73.56	
Leeds North (12 PMS practices)	£73.69	£53.38 - £81.44
Leeds South & East (21 PMS practices)	£76.84	£65.85 - £88.71
Leeds West (24 PMS practices	£75.40	£71.09 - £81.92

This may result in core funding to individual practices being increased or decreased (depending on whether they are above or below the national level of core funding for GMS practices). In the circumstance where income is decreased then the practice will receive three years' of transitional relief.

Any funding released from this funding review will be reinvested in general practice in the CCG of origin.

(ii) Co-commissioning

In June 2014, NHS England announced that interested CCGs could choose to participate in the co-commissioning of general practice. The aim is to more closely align the commissioning of the national contract (NHS England's responsibility) with the CCGs' existing responsibility for quality of care and their local plans for integrated out of hospital care.

The three CCGs in Leeds have expressed an interest in co-commissioning from April 2015 and are exploring the opportunity of working together in one city-wide approach with NHS England.

The guidance from NHS England will be published in November 2014 with a view to having joint commissioning arrangements in place from April 2015. The legal framework to support formal joint commissioning arrangements between CCGs and with NHS England was published on 1 October 2014.

The ambition is that there will be opportunities to devolve and pool budgets for primary care to drive integration of general medical services with wider community care.

Alison Knowles – Commissioning Director, NHS England (West Yorkshire)

Gina Davies – Head of Primary Care – Leeds North CCG

Debbie McCartney – Senior Locality Manager – Leeds South & East CCG

Kirsty Turner – Head of Primary Care Transformation – Leeds West CCG.

Section B - Commissioning NHS Dental Services

1. Commissioning Responsibilities

Since the Health & Social Care Act 2013, there has been a tri-partite arrangement for oral health and dental services: Public Health England are responsible for oral health needs assessment, local councils are responsible for oral health improvement for their residents and NHS England is responsible for commissioning NHS dental services (primary care, community and hospital).

2. Adult Oral Health in Leeds

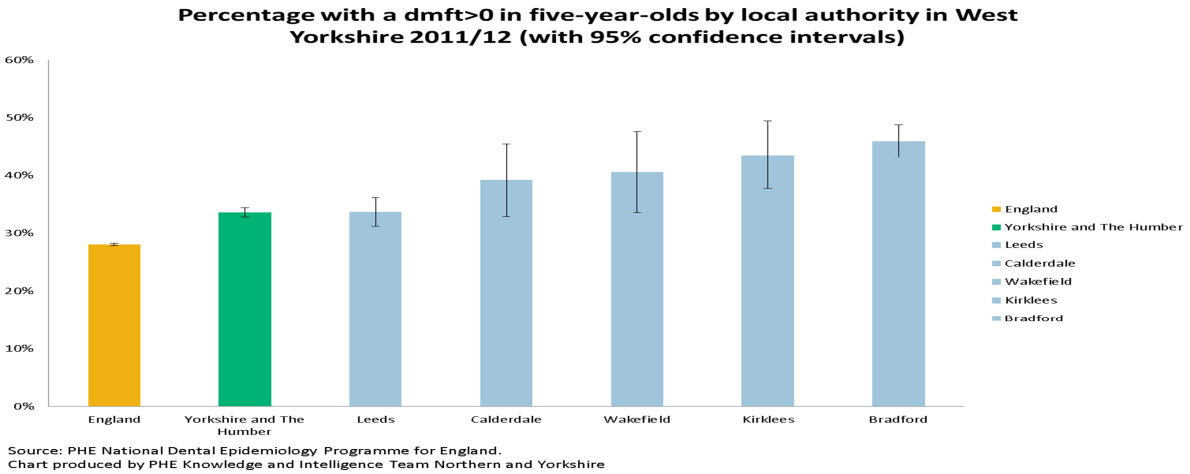
The most recent data available on adults is from the National Adult Dental Survey 2009 which provides analysis at a Yorkshire and Humber level and a postal questionnaire of Yorkshire and Humber adults in 2008 which provides Leeds level data.

The national data (2009) shows that the oral health of adults has been improving and the adult postal questionnaire (2008) shows that adults in Leeds report oral health on a par with people across Yorkshire and Humber:

	Leeds	Yorks & Humber
If you went to the dentist tomorrow would you need treatment?	25.6%	25.4%
How would you rate your oral health? (% poor)	24.2%	25.3%

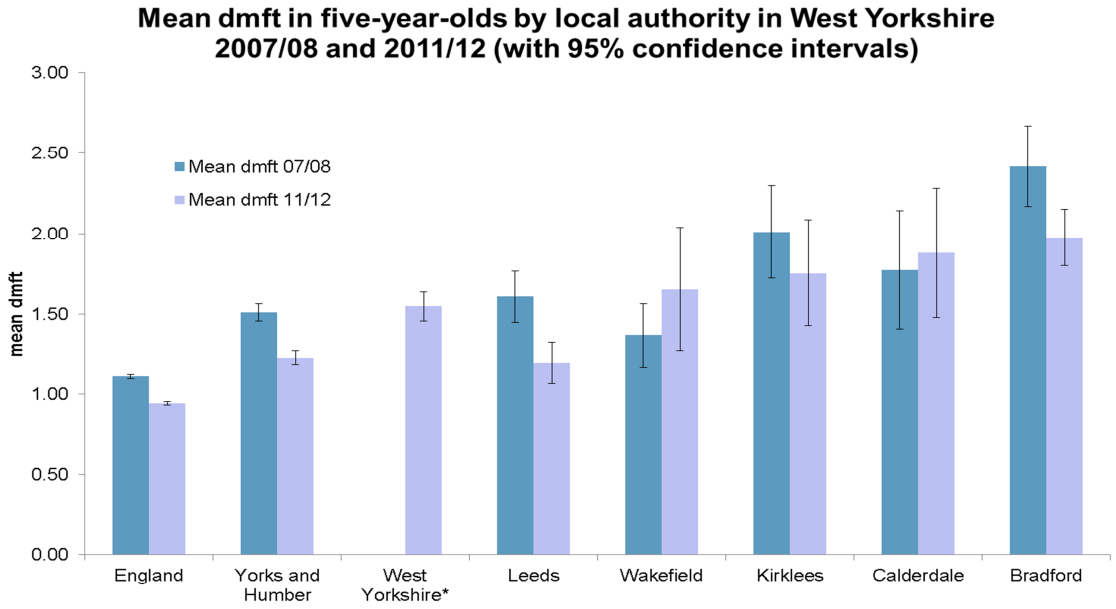
3. Children's Oral Health in Leeds

34% of 5-year old children in Leeds have a dmft score >0 (number of teeth decayed, missing or filled) which is the lowest in Yorkshire and Humber but still higher than the proportion in England overall which is 28%:



Source: PHE National Dental Epidemiology Programme for England.
Chart produced by PHE Knowledge and Intelligence Team Northern and Yorkshire

In the four years between 2007/2008 and 2011/12, the mean dmft score for 5 year old children in Leeds improved significantly. It is significantly better than the score for children living in other local authorities in West Yorkshire but still above the England score:



Source: PHE National Dental Epidemiology Programme for England.
Chart produced by PHE Knowledge and Intelligence Team Northern and Yorkshire

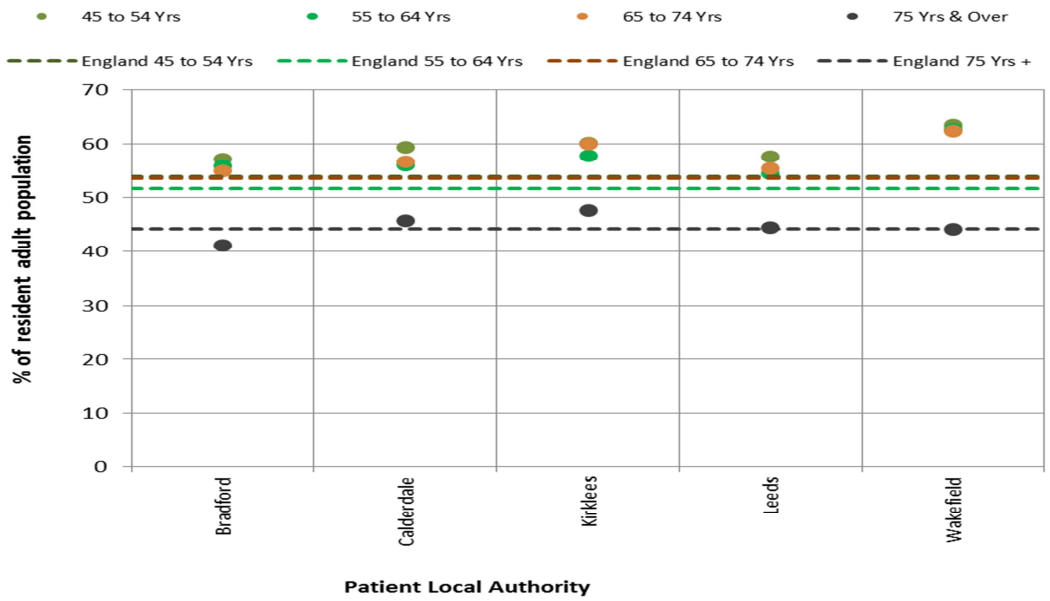
4. Service Structure in Leeds

The NHS spends £45.9 million on dental services in Leeds. The majority of patients attending LTHT are from the Leeds area but the more specialised services area also accessed by patients from across West and North Yorkshire.

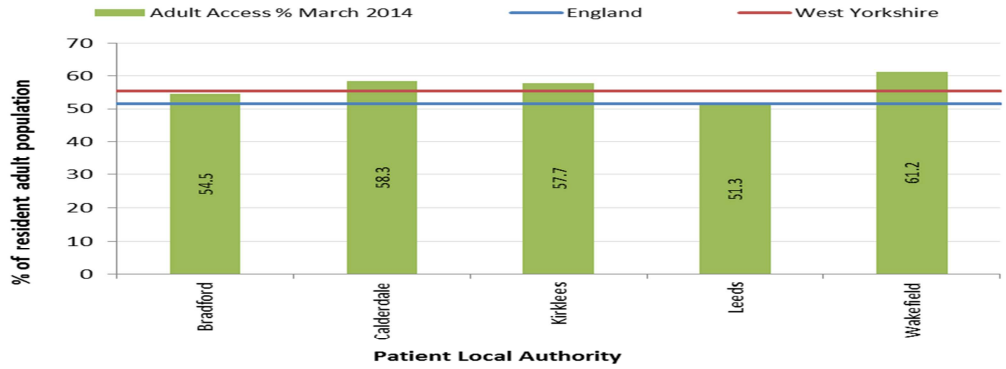
Sector	Provider	Scope	Value
Hospital	LTHT	Secondary care dental, oral surgery and maxillo-facial surgery	£8.2million
Community	LCH	Dental care for children and adults with special needs, and sedation service (including general anaesthetic)	£2.6million
Primary care	101 practices	1.27million UDAs to provide assessment and treatment.	£34.3million
Urgent care service	LCH	Urgent care, 365 days / year	£0.8million
Total Spend			£45.9million

5. Access to Primary Care Dental Services

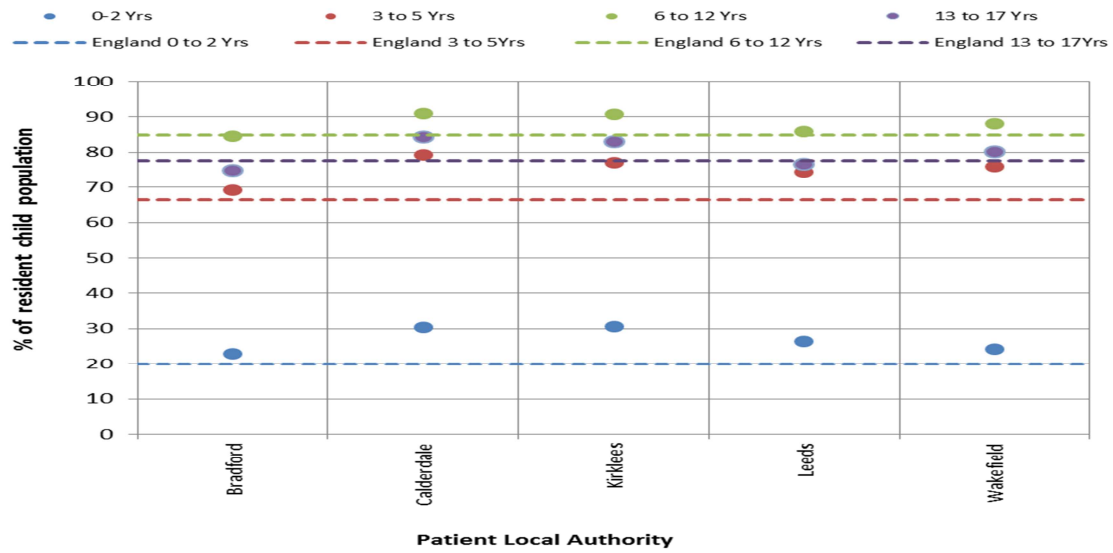
For adults, the access rates in Leeds are at or above the average for England in all age bands:



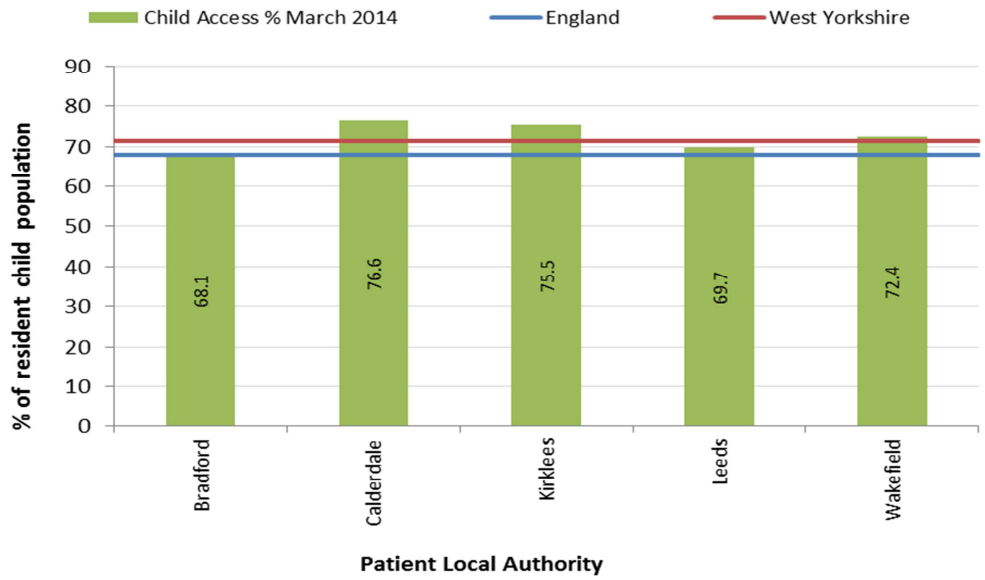
And 51.3% of adults have accessed a dentist within the last two years. This is the lowest access rate in West Yorkshire:



For children, access rates by age are good with particularly high rates in the under 5 age groups:



And 69.7% of children have seen a NHS dentist in the last two years, in line with the rate across England:



For urgent care, very few patients in Leeds attend A&E with dental needs but about 1 in 7 calls to 111 relate to dental health. This is consistent across Yorkshire & Humber.

11% of the commissioned activity in primary care is used to deliver urgent access for local patients but if a primary care dentist is not available to the patient then they are able to access the dedicated urgent care dental service provided through LCD and LCH. LCD provide a triage service supporting 111 and are able to book direct into slots at the LCH dental access centres.

6. **Quality of Primary Care**

NHS England introduced a Quality Assurance Framework for primary dental services in summer 2013. This is the first time that the quality of primary care dental services has been assessed consistently on a quarterly basis.

The quarterly results are reviewed by the Dental Commissioning Team working with clinical dental advisors. Concerns are either addressed through a quality visit to an individual practice or through contractual improvement notices, if warranted.

There are no significant concerns with dental practices in the Leeds area. The high level results from the Assurance Framework are:

Quality indicators	Leeds N	Leeds S & E	Leeds W	Leeds	W Yorks	England	
Radiograph Rate per 100FP17s	19	15.5	17.7	17.3	19.4	20.1	A low rate could indicate non-compliance with FGDP (UK) Good Practice Guidelines – "Selection Criteria for Dental Radiography".

Endodontic Treatment per 100FP17s	1.8	1	1.2	1.3	1.3	1.5	Low levels of endodontic treatment could indicate a number of factors but possibly a greater preference to extract rather than root fill or a high level of root treatments being provided under private contract.
Fluoride Varnish Rate per 100FP17s	34.2	41.7	38.1	38.3	42.9	30.6	A low level of fluoride varnish applications would suggest that treatment is not being offered according to "Delivering Better Oral Health"
Children Re-attending within 3 Months	8	7.4	7.7	7.7	8.5	7.9	In general, a patient who has completed a course of treatment that renders him or her "dentally fit" should not need to see a dentist again within the next three months. A high rate would indicate that further treatment has been provided outside the recall interval but could include urgent treatment etc.
Adults Re-attending within 3 Months	17.4	15.3	17.3	16.6	16	15.7	

7. Patient Satisfaction

There are no current measures of patient satisfaction in primary care dental services. NHS England is introducing the Friends & Family Test to primary care dentistry from April 2015.

Dental patient views on access are measured twice-yearly via the national GP Satisfaction Survey conducted by IPSOS Mori. Response rates to the dental questions in the survey are poor but for this area, the last survey showed satisfaction with access:

Tried to get appointment	**Number who reported trying**	**% successful**
In last 3 months	5216	92.9%
In last 6 months	8487	93.7%
In last 12 months	10802	92.7%
In last 2 years	12082	90.5%

These overall figures do mask differences in different populations and there is evidence that some groups of patients are disadvantaged by current access arrangements.

<u>% of patients successful in getting appointment</u>:

White	91.9%
Other ethnicity	83.8%

Working	91.0%
Retired	94.7%
Other	86.3%

Having seen the dentist before (ie existing patient)	95.4%
Having not seen the dentist before (ie new patient)	62.0%

The national access survey results are based on patients who report having tried to see a dentist recently. The survey also establishes the reasons why patients report not trying to see an NHS dentist are complex and include preferring to access private care and not requiring treatment which together account for ca 30% of patients:

Reason	**% of patients who did not try to get an appointment (n = 5284)**
Did not need to see a dentist	19.8%
No natural teeth	10.9%
Don't like going to the dentist	5.9%
On waiting list	1.6%
See a private dentist	34.3%
Didn't think they could get a NHS dentist	14.0%
Too expensive	3.5%
Other	10.1%

8. **Two Year Plan for Dental Services in West Yorkshire**

NHS England (West Yorkshire) has established a clinical network to steer the planning and commissioning of dental services across the area. The Local Dental Network is chaired by a primary care practitioner from Leeds and has representation from hospital services, community services, Public Health England and the Local Dental Committees. Healthwatch have opted to participate in individual pieces of work rather than have a place on the over-arching network.

In April 2014, the LDN working with NHS England established two-year plan for dental services in West Yorkshire. This sets out six priorities:

1. Moving to increasingly planned care with a reduction in the need for urgent care and a focus on continuity of care;
2. Reducing inequity in access;
3. Improving patient and public access to information about dental services and oral health;
4. Building capacity in primary and community-based services to ensure care is delivered at an appropriate level for every patient;
5. Commissioning care using the national pathways and based on consistent outcomes, quality standards and price irrespective of the place of delivery;
6. Working with Health Education England to ensure the support and development of a workforce which is able to deliver the new model of care.

The financial position within the NHS means that there will not be additional investment in dental services in the two year period. As such we need to ensure that we drive value for money in all sectors of the service.

In the first year, progress has been made on:

(i) Completing an oral health needs assessment for Yorkshire & Humber. This will be published in October 2015.

(ii) Establishing a clinical review of the model for urgent dental care services to reduce reliance on stand-alone provision and set the foundations for the new primary care dental contract which will re-establish a registered list for dental patients in primary care. The review will report in early 2015;

(iii) Reinvesting the funding released from annual primary care contract reviews (July 2014) into the areas of highest need as identified by Public Health England. This funding will be reinvested from October 2014;

(iv) Working with existing providers to review the service specification for community dental services for 2015/16 to establish a core and consistent service across the five providers and to release resources for improved access for frail elderly and bariatric patients;

(v) Introducing a new approach to coding and counting secondary care dental activity to standardise the approach across providers and release funding for investment in primary care.

(vi) Commissioning a dental advice line for West Yorkshire to improve public information about NHS dental services.

(vii) Planning for a central booking service for all secondary care activity. As a first step in 2014/15, all NHS dentists in West Yorkshire have been linked to NHSNet to facilitate electronic transfer of patient and diagnostic data.

Section C - Community Pharmacy Services

As at September 2014, there are 191 pharmacies across the Leeds area, with a good spread across the district and at least 1 pharmacy in every postcode region.

There are also 6 GP practices which are authorised to dispense prescription items directly to patients in rural areas: this covers places such as Bramham, Scholes and Collingham to ensure that patients living in rural areas also have access to services.

Across West Yorkshire during 2013/14 there was a total spend on pharmaceutical services commissioned by NHS England of £80million of which £27 million is spent in the Leeds area alone. This funds core services such as dispensing of prescriptions and disposal of patient waste/returned medications, as well as additional activities such as Medicines Use Reviews to enhance the use of medications.

In addition, the local authority commissions public health services from pharmacies and the CCGs commission some enhanced pharmacy services (such as minor ailment service) across Leeds.

NHS England (West Yorkshire) has established a Local Pharmacy Network to provide clinical input into the planning and commissioning of pharmacy services. The Network is chaired by a local

community pharmacist from the Leeds area and has representatives from across primary, community and secondary care in West Yorkshire. The LPN has established the following priorities:

1. Urgent & emergency care – promotion of Pharmacy First scheme to support general practice out of hours. Learning from Prime Minister's Challenge Fund pilot in Wakefield to establish opportunity for direct booking into pharmacy as an alternative to GP appointment.
2. Integrated care – rolling out Summary Care Record to community pharmacies to promote pro-active care of patients with long term conditions. West Yorkshire is one of three national pilot areas for this.
3. Patient Safety – building on medicine optimisation programme to increase effectiveness of prescribing and reduce medicine wastage.
4. Workforce – identifying opportunities for pharmacists to work in wider primary care settings – given the excess numbers of students that are currently being trained.

Section D - Community Optometry Services

As at September 2014, there are 91 shop based contracts across the Leeds area, with a further 67 contracts to allow sight tests in eligible patient's homes.

Across West Yorkshire during 2013/14, the total spend on core NHS optometry services (excluding community and secondary care which are commissioned by the CCGs) was £24.8million of which £8.2million was spend in the Leeds area.

The NHS-funded service is governed by nationally set eligibility criteria and covers sight tests and vouchers issued against glasses for children, those over 60 and also a range of people who may be on low incomes or receive specific benefits.

NHS England does not have the responsibility to commission enhanced optometry services and this function now sits with the local Clinical Commissioning Groups. A Local Eye Health Network has been established by NHS England to bring together Eye Health specialists and commissioners from across West Yorkshire. This met for the first time in early September 2014.

Alison Knowles
Commissioning Director
NHS England (West Yorkshire)
October 2014

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Leeds Health & Wellbeing Board

Report of: **Dennis Holmes, Deputy Director Commissioning (ASC)**

& Matt Ward, Chief Operating Officer (LSE CCG)

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

Date: **22nd October 2014**

Subject: **Better Care Fund (BCF) Update**

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

- National guidance for the BCF came out at the end of 2013. Central government intended the fund to radically speed up integration to provide better care. It is important to note that there is no new money attached to this ambition, and that the creation of the BCF requires over £2bn in savings to be made on existing spending on acute care in order to invest more in preventive and community services.

- The last formal report regarding the BCF was brought to the Health and Wellbeing Board in March. The paper provided an update on the original draft BCF submission that had been prepared at the time and provided an update on the work that was being undertaken prior to the 'final' original submission on April 4th. Since the report in March, Leeds has submitted two further BCF submissions each building on the previous.

- This current report to the Health and Wellbeing Board, provides an update on the latest position with the BCF and what work will be undertaken prior to the official BCF 15/16 live year.

- Leeds has an excellent track record in integration of health and social care, both in terms of service delivery and commissioning. The city has been successful in becoming one of only 15 national Integrated Health and Social Care Pioneers, recognising Leeds' innovative practice in this area. Accordingly, Leeds has been in a strong position to develop a robust and effective Better Care Fund plan, and was identified as a potential national exemplar area in July 2014.

- The BCF proper is due to go live in 2015/16, and learning from the shadow year will be invaluable in moving this forward a pace. Furthermore, Leeds will continue to explore how partners across the city can use the opportunity presented by the BCF to derive maximum benefit from the Leeds £, in order to deliver the shared ambition of a high quality and sustainable health and social care system.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress on the BCF in Leeds to date:
    - That the most recent version of the BCF template was submitted on 19 September 2014.
    - That Leeds has established 2014/15 as a shadow year of the Better Care Fund through putting in place “pump-priming” arrangements ahead the first official BCF year in 2015/16.
    - That a number of schemes have been worked up to varying degrees of detail, as set out in the report.
- Note that work will continue throughout 2014/15:
    - To fully articulate the cost benefit of the individual schemes of the BCF with a view to their inclusion in 2015/16
    - To put in place robust management and governance processes through the Transformation Board programmes and a Section 75
- Note we are considering other joint commissioning arrangements through the Integrated Commissioning Executive as part of our wider ambition for a high quality and sustainable health and care system for the city.
- Note the increased financial risk associated with the revised payment-by-performance element of the fund which only relates to a reduction in all non-elective admissions. Whilst this provides greater assurance to the acute setting around payment for non-elective activity if the BCF does not deliver the expected reduction, it potentially adds additional risk and reduces the flexibility of the fund to develop community services if the reduction is not delivered.

1 Purpose of this report

1.1 This paper provides: an update to the paper presented to the Health and Wellbeing Report on 12 March 2014 of the progress made and an overview of the latest position with regards to the BCF.

2 Background information

'History' of the Better Care Fund

2.1 The Better Care Fund, a £3.8 billion pooled budget (originally named the Integration Transformation Fund), was announced as part of the Spending Round in June 2013. Central government said that: "the end goal is radical transformation to provide better care" with integrated care "the norm" by 2018. It is important to note that this did not represent new money, and that the creation of the BCF requires over £2bn in savings to be made on existing spending on acute care in order to invest more in preventive and community services.

2.2 The pooled budget will only be released to local areas from in 2015 with agreed plans for how it will be used which meet five "national conditions":

1. Protection for social care services (not spending)
2. 7 day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
3. Better data sharing between health and social care, based on the NHS number ensure a joint approach to assessments and care planning
4. Where there are integrated packages of care, an accountable lead professional
5. Agreement on the consequential impact of changes on the acute sector.

2.3 There are also five national measures to demonstrate progress towards better integrated health and social care services:

1. Admissions to residential and care homes;
2. Effectiveness of reablement;
3. Delayed transfers of care;
4. Total emergency admissions replaces the original metric of avoidable emergency admissions; and
5. Patient / service user experience.

And one locally determined measure:

1. Rate of diagnosis for people with dementia

Implementing the Better Care Fund

2.4 In order to manage the BCF locally, the total fund has been divided into schemes that represent existing and well-established commissioned services through recurrent funding, and schemes that provide further "invest to save" opportunities through use of non-recurrent funding. The schemes are framed via three key themes which articulate delivery of the outcomes of the Leeds Joint Health and Wellbeing Strategy, in particular the

commitment to “Increase the number of people supported to live safely in their own homes”:

- Reducing the need for people to go into hospital or residential care
- Helping people to leave hospital quickly
- Supporting people to stay out of hospital or residential care.

2.5 Additionally, the BCF schemes will support delivery of programmes as part of Health and Social Care Transformation, including Effective Admissions and Discharge and Urgent Care.

2.6 2014/15 is being used as a shadow year to “pump prime” the Better Care Fund proposals. As the BCF does not come into being until 2015/16, in 2014/15 the funding allocations for the recurrent schemes will not actually be transferred into the BCF until the following year.

2.7 Many of the “pump-priming” schemes have been allocated funding in 2014/15 to scope and develop robust business cases that will evidence, as far as possible, return on investment, anticipated shift in activity and impact on the acute sector. Locally, “pump-priming” funding was identified for 2014/15 through non-recurrent monies.

2.8 This approach effectively allows us to undertake a year-long planning exercise, enabling us to test out assumptions, develop robust and accurate evidence of benefits and provide an agile and flexible response to the key question of “is this individual scheme working for Leeds?”. This will also allow us to further develop schemes proposed for 2015/16 and take forward pilot schemes from 2013/14 which have evaluated successfully as well as test out governance and programme management arrangements.

2.9 Equally, it will be essential to establish whether schemes funded in 2014/15 will be able to demonstrate a return on investment before further funding is released for 2015/16 and this will be closely monitored. This is so we can accurately model and monitor once the BCF goes live in 2015/16 and ensure we are investing the full fund into the right schemes that will meet our objectives. If schemes cannot demonstrate a return on investment through the business case development phase, they will be withdrawn from the BCF.

2.10 Leeds has chosen to take this approach to make sure it is in the strongest position possible to benefit from the BCF in 2015/16 and answer the wider question *“is the BCF working for Leeds?”*.

2.11 The BCF in Leeds is made up of:

	Contribution (£000)	
	2014/15	**2015/16**
Leeds City Council (Pump priming, Disability Facilities Grant, Social Care Grant)	5,000	4,802
Total Local Authority Contribution	**5,000**	**4,802**
NHS Leeds North CCG		12,665
NHS Leeds South and East CCG		17,351
NHS Leeds West CCG		20,105
NHS England transfer	2,759	
Total CCG Contribution	**2,759**	**50,121**
Total Contribution	**7,759**	**54,923**

3 Main issues

Overview of the financial challenge facing Leeds

3.1 In Leeds, the recent financial modelling exercise (carried out as part of the development of the CCG five year strategy) estimated that there are budget pressures across the system of approximately £135 million in 15/16, rising to £633m over the next five years across the health and social care system, if no action is taken. It is estimated that all provider organisations in Leeds spend around £2.5bn a year on services. As the total local health economy budget is £1.7bn per annum then this deficit equates to approximately 7.3% of the overall budget.

3.2 With its size, ambition and health and wellbeing assets, Leeds has the ability to lead the way for healthcare delivery. Whilst doing so, the city faces a number of health challenges commensurate with its size, diversity, urban density and history. The concept of the Leeds £ helps to explain how making best use of our collective resource is the approach that is needed to address these challenges. In this context, the financial challenge will need to be met in a number of different ways. Individual organisations will continue to seek further efficiencies in the way that services are delivered; partners will also continue to deliver savings and efficiencies through the city's overall Transformation Programme arrangements, of which the BCF forms a part.

3.3 It is important to recognise that the BCF plans are only one part of the whole transformation of the health and social care system and as such the individual schemes contribute towards a much broader ambition in relation to savings. Whilst we have committed to the BCF process which amounts to £55m in Leeds, this represents only 3% of our total "Leeds £" revenue budget. As such, we will continue to look at further joint commissioning as part of our wider ambition for a high quality and sustainable health and care system.

National changes

3.4 Also on July 28th, a further set of templates and guidance were issued to all areas by NHS England. The templates were accompanied by a joint letter from the Department of Health and the Department of Communities and Local Government which set out the revised plans for the BCF nationally. This letter confirmed that:

> *"We remain convinced that the shift to integrated care is the right way to deliver a sustainable health and social care system that can provide better quality care and improve outcomes for individuals. That is the way we can preserve people's dignity by enabling them to stay in their own homes, and to receive care and support when and where they want and need it. That is why the Government remains fully committed to the Better Care Fund and are clear that pooled health and care budgets will be an enduring feature of future settlements".*

3.5 For fast track areas, this meant a third set of templates and guidance (each different to the previous) to complete. Leeds was asked whether it wished to continue to be part of the fast track process, which in effect meant that Leeds would have to resubmit its BCF plans by 29th August but could request some additional support to assist with addressing gaps. A decision was taken by accountable officers and in consultation with Members and the Deputy Chief Executive of Leeds City Council, that given the extremely tight deadlines and the fact that key resources were on leave over the period, Leeds would work to the national submission date of 19th September.

3.6 The national position on a 'pay for performance' element has changed several times over the course of the year from including it in the guidance, to then excluding it to, finally, reinstating it, but with a much narrower focus on the reduction of non-elective (emergency) admissions.

3.7 At the time of writing this report the latest guidance available stated that: "Health and Wellbeing Boards are invited to agree a target reduction in total emergency admissions. The funding corresponding to any reduction forms one element of the pay for performance fund. The outstanding balance will be spent by CCGs on 'NHS commissioned out-of-hospital services' as part of the BCF plan".

3.8 For the proportion of the £1bn funds linked to a reduction in total emergency admissions, money will be released from the CCG into the pooled budget on a quarterly basis, depending on performance. These payments start in May 2015 based on Quarter 4 performance in 2013/14. The remaining proportion of the £1bn will be released to the CCG upfront in Quarter 1 in 2015/16. If the locally set target is achieved then all of the funding linked to performance will be released to the Health and Wellbeing Board to spend on BCF activities. If the target is not achieved, then the CCG will retain the money proportional to performance, to be spent by the CCG in consultation with the Health and Wellbeing Board. The expected minimum target reduction in total emergency admissions will be 3.5% for all Health and Wellbeing Board areas, unless an area can make a credible case as to why it should be lower. All areas can set more ambitious targets should they wish, and the amount of funding linked to performance will increase accordingly. The expected reduction in costs associated with the reduction in non-elective admissions is £3.5m for the calendar year 2015.

3.9 It is important to note that the local target and resulting funding linked to total emergency admissions will be based on the total figure for the whole Health and Wellbeing Board area, not just to the portion resulting from BCF schemes.

3.10 All plans will be expected to clarify the level of protection of social care from the £1.9bn NHS additional contribution to the BCF, including that at least the element related to the £135m has been identified nationally for implementation of the Care Act.

3.11 The Leeds Health and Social Care economy is committed to the protection of Adult Social Care Services. There is an understanding across health and social care partners of the critical contribution that social services make to reducing admissions and re-admissions, reduce delayed discharges and reduce length of stay in hospitals. There is also common understanding within the health and social care community of the very challenging financial context within which adult social care services is required to operate. Notwithstanding the increasing inflation, demand and demographic growth and other pressures being faced by Councils in maintaining Social Care Services, these continue to be experienced within the context of significant ongoing funding reductions for local government.

3.12 The approach to the use of the Better Care Fund in Leeds has been to free up resources for invest to save proposals to support the delivery of a high quality and sustainable health and social care system for the future. It has not been our approach to utilise this investment to meet current demand/demographic pressures and funding reductions experienced by Social Care. For full details on the city's approach to the protection of Adult Social Care services, please see page 36 of the final BCF submission.

Leeds' submissions to date

3.13 On April 4th, Leeds submitted its 'final' BCF plans in line with national guidelines. Since then, very little feedback was received until July 1st when Leeds was named as one of 15 health and wellbeing areas whose BCF submissions were identified as an 'exemplar'. This meant that Leeds' submission was considered to be one (with some refinement) that could be presented to the other areas as well on the way to meeting the national requirements for BCF plans. On July 9th, following an intense week, Leeds submitted a revised version of its BCF template.

3.14 EY (formerly known as Ernst and Young) was commissioned by NHS England to undertake a review of the Leeds' July submission. Official feedback received on July 28th indicated that out of the original 15 fast track areas identified, only 11 continued with the process - 4 having dropped out part way through. Leeds' submission was ranked as 7th out of the 11 plans which were resubmitted. The feedback specifically from EY gave a fair review of Leeds' submission and the progress Leeds has made to date on developing a robust BCF plan. A number of aspects were identified as 'good' along with recommendations for improving the submission.

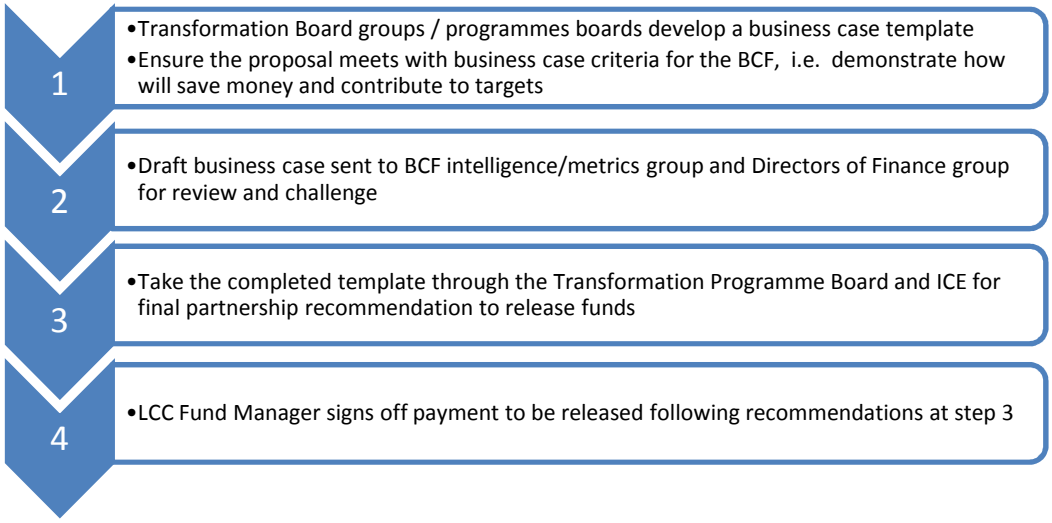
3.15 The Task and Finish group (resourced via ICE and the Directors of Finance forum) have used the EY review to inform the final re-submission on 19th September.

3.16 Leeds has received initial feedback from our 19th September from Deloitte who have been commissioned by NHSE to review Leeds' BCF plans with full feedback expected at the end of October. In this initial feedback described the Leeds bid as 'strong' and scored well against local and national peers. There was only one stand out deficit, regarding our data sharing arrangements, however, Leeds will be provided with what advice on how this can be rectified.

BCF schemes

3.17 The following section provides detail of the individual schemes that constitute the BCF in Leeds. Appendix A provides a complete list of currently identified BCF schemes, it is important to note that not all of these schemes have been given final approval with some currently working up detailed business cases.

3.18 In order for a scheme to be considered and funding to be released, scheme leaders need to submit a robust business case setting out anticipated outcomes for their scheme, following the process below:



3.19 The pump-priming schemes fall into three categories, as detailed below:

A. Taking forward programmes which began in 2013/14, costing and outcomes already known through previous evaluation

B. Further development and piloting of new proposals ahead of 2015/16 to ensure outcomes for both return on investment and improved quality of experience will be achieved

C. Scoping what a proposal for a particular pathway or area of work could look like and what outcomes can be achieved to allow a full business case to be developed and costed ready for implementation in 2015/16.

3.20 2014/15 schemes are at various stages in this process:

- It has been agreed via ICE and the Task and Finish Group that 4 schemes will be fully or partly funded immediately.
- Several B schemes have submitted a first draft of their business case, which has been reviewed by the Task and Finish Group and is with scheme leaders for further refinement.
- Other B schemes are still in the process of developing their initial business case for funding release in 2014/15.
- Category C schemes have already or are in the process of developing “light touch” business cases, reflecting that undertaking these schemes will inform full and detailed business cases for initiatives in 2015/16.

Scheme Type	Scheme title	Agreed 14/15 Spend (£000)	Proposed 15/16 Spend (£000)	Return on Investment (£000)
A	Expand community intermediate care beds a) CIC beds b) Bed bureau 7 days d) Homeless pathway	a) 600 b) 50 d) 240 **TOTAL 890**	a) 600 b) 50 d) 240 **TOTAL 890**	a) + b) 900 d) 253 **TOTAL 1,153**
A	Enhancing integrated neighbourhood teams a) Equipment service b) EDAT g) Int. geriatrician	a) 130 b) 300 g) 200 **TOTAL 630**	a) 130 b) 300 g) 200 **TOTAL 630**	a) 0 b) 1,200 g) 0 **TOTAL 1,200**
A	Information technology a) I.G. b) Improved B.I. c) Prog management d) Leeds Care Record	a) 60 b) 370 c) 85 d) 450 **TOTAL 965**	1,800	TBC
B	Eldercare Facilitator	188	565	500 (over 2 yrs)
C	Medication prompting – Dementia	50	320	TBC (following further scoping)
C	Falls	50	500 (TBC following scoping)	TBC (following scoping)
B	Expand community intermediate care beds c) EoL nurse beds	c) 0	c) 500	c) TBC
B	Enhancing integrated neighbourhood teams c) Discharge facilitator d) Home Care e) Comm matron f) Comm. Nursing – EoL	c) 86 d) TBC e) 450 f) 350 **TOTAL 886**	c) 260 d) TBC e) 1,500 f) 1,200 **TOTAL 2,960**	c) TBC d) TBC e) 3,000 f) 1,900 **TOTAL 4,900**
C	Urgent care services	50	TBC	TBC
C	Workforce planning & development	80	80	TBC
	TOTAL	3,789	8,245	

3.21 In essence, the combined effect of these schemes should be to shift activity from acute care to community and social care services. Following modelling work, it has been

estimated that the sum effect will be to reduce emergency hospital admissions by approximately 2300 in 2015/16 compared to 2014/15. If successful, this will free up the funds to enable the BCF to be funded recurrently and support the city to achieve it's target reduction of emergency admissions by 3.5%.

Next steps

3.22 Undertake a review of all scheme business cases to ensure that they are robust and undertake any necessary actions to ensure that they are robust and can be approved by the necessary boards.

3.23 Agree the S75 arrangements for fund

3.24 Build on the current work to further develop and refine the governance and monitoring framework and processes for the BCF so that it can be transferred from the BCF Task and Finish Group to being managed 'day-to-day' by the Transformation Board.

3.25 Ensure that each accountable officer understands their responsibilities as accountable officer for their schemes.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 Following on from the submission of the first draft of the BCF, HealthWatch Leeds has led a rapid consultation with the public, using both face-to-face and social media approaches, to test out and support further development of proposals. The results of this consultation tell us that, overall, the proposals set out for Leeds' Better Care Fund were supported. A number of proposals particularly resonated, including Eldercare Facilitators, Enhancing Integrated Neighbourhood Teams and reducing emergency admissions through a case management approach to urgent care. Other findings on the proposed schemes will be used to inform development work going forwards.

4.1.2 A more in-depth consultation process with service users/patients on an individual scheme basis (where appropriate) is anticipated for later in 2014/early 2015. This will shape and develop the detail and delivery of the new schemes and will be aligned to transformation work. In particular, engaging with service users/patients is likely to play a key role in the scoping and development activity we will be funding through identified "pump-priming" monies in 2014/15 as per the "supplementary information".

4.1.3 In terms of the wider context of our plans for integrated care in the city within which the BCF sits, patients, service users and the public have played, and will continue to play, a key role in its development. Building on the National Voices consultation, local patient/service user voices of all ages have been used to frame the Leeds vision for person-centred care: "Support that is about me and my life, where services work closer together by sharing trusted information and focussing on prevention to speed up responses, reduce confusion and promote dignity, choice and respect".

4.1.4 Finally, the NHS Call to Action and development of our 5 year CCG strategy has provided us with an additional platform to further strengthen our engagement with the public more broadly. The concept of investing in social care and integrated care to reduce demand on urgent and acute care is being promoted in the city and is actively discussed at patient and public forums.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 Through the BCF, it is vital that equity of access to services is maintained and that quality of experience of care is not comprised. Given that 'improving the health of the poorest, fastest' is an underpinning principle of the JHWBS, consideration has been given to how the schemes within the BCF will support the reduction of health inequalities.

4.3 Resources and value for money

4.3.1 The context in which this paper is written has indisputable implications for resources and value for money given the city is facing significant financial challenges in relation to the sustainability of the current model for the health & social care economy in Leeds. Whilst the BCF does not bring any new money into the system, it presents the opportunity to further strengthen integrated working and to focus on preventive services through reducing demand on the acute sector.

4.3.2 As such, the current local approach is to use the BCF is to derive maximum benefit to meet the financial challenge facing the whole health and social care system over the next five years, whilst recognising this represents only 3% of the total Leeds £ spend on health and social care.

4.3.3 It is imperative that the Leeds £55m is spent wisely in order to deliver as much value as possible to address the significant financial challenge set out earlier in the paper. There is a strong commitment from leaders in the city to work together through the Health and Wellbeing Board, the Transformation Board and ICE, to do so.

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 Two key overarching risks present themselves, given the tight national timescales for the development of the jointly agreed plans and the size and complexity of Leeds:

- Potential unintended – and negative – consequences of any proposals as a result of the complex nature of the Health & Social Care system and its interdependencies.

- Ability to release expenditure from existing commitments without de-stabilising the system in the short term within the limited pump priming resource will be extremely challenging as well as the risk that the proposals do not deliver the savings required over the longer-term.

4.5.2 The effective management of these process risks can only be achieved through the full commitment of all system leaders within the city to focus their full energies on the delivery of these plans to support the agreed future vision. The governance arrangements being put in place will also help to reduce the likelihood of any risk developing into an issue.

4.5.3 The implications of the recent announcement around the treatment of the performance element of the Better Care Fund are being worked through with full guidance still outstanding. This will provide greater assurance to the acute setting around payment for non-elective activity if the BCF does not deliver the expected reduction with this funding for acute to come from the performance element of the BCF. This does not change the approach of the Leeds BCF towards the wider system objectives (which always included admission avoidance as one of the key metrics) but potentially adds additional risk and

reduces the flexibility of the fund if the reduction is not delivered. This needs to be mitigated by ensuring delivery of the BCF schemes.

4.5.4 Risks associated with the BCF plan itself are being managed in line with recognised project methodology and a summary risk log has formed part of the submission.

5 Conclusions

5.1 This report has provided an overview of the current position with regards to the BCF. Leeds is in a strong position to deliver the BCF. In the time period before the 15/16 go-live is crucial in ensuring that the work currently underway to develop the governance framework and processes continues and is fully supported by the Health and Wellbeing Board, Transformation Board and ICE. It is crucial that all scheme business cases are robust and that each accountable officer is responsible for the successful delivery of their scheme.

6 Recommendations

The Health and Wellbeing Board is asked to:

- note the progress on the BCF in Leeds to date:
    - That the most recent version of the BCF template was submitted on 19 September 2014.
    - That Leeds has established 2014/15 as a shadow year of the Better Care Fund through putting in place “pump-priming” arrangements ahead the first official BCF year in 2015/16.
    - That a number of schemes have been worked up to varying degrees of detail, as set out in the report.
- Note that work will continue throughout 2014/15:
    - To fully articulate the cost benefit of the individual schemes of the BCF with a view to their inclusion in 2015/16
    - To put in place robust management and governance processes through the Transformation Board programmes and a Section 75
- Note we are considering other joint commissioning arrangements through the Integrated Commissioning Executive as part of our wider ambition for a high quality and sustainable health and care system for the city.
- Note the increased financial risk associated with the revised payment-by-performance element of the fund which only relates to a reduction in all non-elective admissions. Whilst this provides greater assurance to the acute setting around payment for non-elective activity if the BCF does not deliver the expected reduction, it potentially adds additional risk and reduces the flexibility of the fund to develop community services if the reduction is not delivered.

Current list of BCF Schemes as at September 19th 2014 - Detail may change inline with refinement of scheme business cases

				2014/15	2015/16
Scheme Number	**Name of scheme**	**Strapline / key objectives**	**BCF spend**	**Committed Investment (£000s)**	**Committed Investment (£000s)**
1	Reablement services	Supports the city's reablement services and one of the intermediate care bed facilities.	4,512		4,512
2	Community beds	Supports a network of intermediate care beds and services. The beds act to facilitate prompt discharge and reduce length of hospital stay. For some patients they can also be used as a "step up" service to prevent acute admission.	5,300		5,300
3	Supporting Carers	Includes initiatives to support carers supporting people with dementia, those that have been recently bereaved and respite care opportunities (both residential or at home	2,059		2,059
4	Leeds Equipment Service	The service helps users and carers to stay safe and independent at home, preventing hospitalisation.	2,300		2,300
5	3rd sector prevention	There are a range of organisations commissioned to provide support services including frail elderly, those with a physical disability, hearing and sight loss, dementia, stroke and advocacy services.	4,609		4,609
6	Admission avoidance	To break the cycle of increasing admissions to hospital . Once someone has been admitted to hospital we need to invest more and ensure that the follow up care arranged for patients is going to support them to remain out of hospital in future.	2,800		2,800
7	Community matrons	Currently community matron services in the city are funded by CCGs and are part of the integrated neighbourhood teams. By moving this funding to the BCF will support the continued integration of this service into our integrated health and social care mode	2,683		2,683
8	Social care to benefit health	This is the NHS England transfer from health to social care for 14/15. This fund is to be used to enhance social care services that have a direct impact on health and care for Leeds people.	12,500		12,417
9	Disabilities facilities grants	Nationally agreed health funding to support local authorities to make modifications to homes for disabled people. Evidence shows investment in these grants supports people to live independently, reduces admissions to acute/community beds and facilitates discharges.	2,958		2,958
	Existing Spend Transferring to BCF		**39,721**		
10	Social care capital grant - Care Act	On 16.7.14,Leeds City Council's Executive Board will consider proposals for additional capital funding to implement the information and management requirements of the Care Act. Approval is being sought from the Executive Board for a £1.652 M capital funding (including £744k social care capital grant allocation within the Better Care Fund) to use technology innovatively to increase capacity to help offset the anticipated demand in assessment activity. This will include: the development of on-line options for self-assessment; personal accounts and to develop electronic methods of data transfer of care information between authorities to facilitate portability of assessments.	744		744
11	Enhancing primary care	GPs to take a case management approach to the top 2% high risk and vulnerable patients on their practice registers. In order to develop services around these patients this funding will be used to enhance services to support the management of this patient cohort	2141		2,141

				2014/15	2015/16
Scheme Number	**Name of scheme**	**Strapline / key objectives**	**BCF spend**	**Committed Investment (£000s)**	**Committed Investment (£000s)**
12	Eldercare Facilitator (name under discussion, tbc - 11/8/14)	New role will focus on patients with dementia and other frail elderly patients with mental health illnesses. The facilitator will link to the existing neighbourhood integrated teams to meet the demand for increased diagnosis, support memory assessment and work with people and carers post-diagnosis to provide support and sign-posting to local services not hospitals.	565	188 (1 Dec 14 start date assumed - 11/8/14)	565
13	Medication prompting - Dementia	Improve medication prompting for people with memory problems to avoid hospital admission caused by adverse reaction and potential multiple conditions treatment/co-morbidities.	320	50	320
14	Falls	In 14/15 work will be undertaken to review the existing falls services, better identify the gaps in service and recommend where investment would make the most difference. Existing service models could subsequently be developed to respond urgently to people who have had a fall who do not necessarily need acute hospital care but who cannot be left alone.	500	50	500
15 a	Expand community Intermediate Care beds	Expand community intermediate care bed capacity by 7.5%. In order to continue to reduce the number of acute hospital beds capacity needs to shifted into the community. This scheme will be used to increase nursing CIC beds by 12 (7.5% increase in overall provision, going from 161 to 173 beds), allowing 140 additional patient CIC stays per year.	700	600	600
15 b	Expand community Intermediate Care beds	Move bed bureau to 7 day working. Increase in staffing ratios to support flow through the system and to expand the community bed bureau to 7 day working, allowing optimum use of available community beds and to even out capacity across the week.	50	50	50
15 c	Expand community Intermediate Care beds	End of Life nurse-led care beds. To provide additional capacity out of hospital, increasing choice and reducing the number of people that die in hospital inappropriately.	500	May incur costs this financial year (200)	500
15 d	Expand community Intermediate Care beds	Homeless Accommodation Leeds Pathway (HALP). Supporting homeless people who have been admitted to hospital to be discharged in a more timely manner into an intermediate care-type facility.	240	240	240
16 a	Enhancing Integrated Neighbourhood Teams	Leeds Equipment Service to be open and functioning 7 days a week	130	130	130
16 b	Enhancing Integrated Neighbourhood Teams	Extend hours for the Early Discharge Assessment Team based within A&E, including 7 day working. This service enables patients to be diverted to appropriate community alternatives and enables a proactive response to patient needs.	300	300	300
16 c	Enhancing Integrated Neighbourhood Teams	Fund additional discharge facilitation roles over 7 days, providing a link between hospital and community services to ensure smooth transfer of care. The service will focus on end of life and frail elderly and builds on the positive outcomes to date from existing EoL discharge facilitator roles.	260	86	260
16 d	Enhancing Integrated Neighbourhood Teams	Extend the home care service capacity to enable more people to be cared for in their own home 7 days a week and provide new packages of care at weekends and late evenings.	750k TBC		
16 e	Enhancing Integrated Neighbourhood Teams	Enhance community services to provide proactive care management. This service will complement the primary care schemes in reducing admission, readmission and act as a stronger “pull” in the system to safely discharge people and support their return home.	1500	450	1,500
16 f	Enhancing Integrated Neighbourhood Teams	Increase community nursing capacity to enable more people to choose End of Life Care at home, have increased weekend capacity and support earlier discharge	1200	350	1,200

				2014/15	2015/16
Scheme Number	**Name of scheme**	**Strapline / key objectives**	**BCF spend**	**Committed Investment (£000s)**	**Committed Investment (£000s)**
16 g	Enhancing Integrated Neighbourhood Teams	Retain interface geriatrician role, to provide expert advice to primary care and community teams.	200	200	200
17 a	Urgent Care Services	Establish a robust, multi-agency case management approach those identified as frequent users of urgent care services (i.e. out of hours GPs, walk in centres, 999 and A&E attendance) to improve patient outcomes and reduce emergency admissions.	TBC	50	
17 b	Urgent Care Services	Utilise portable technology to provide point of care blood testing to reduce admissions, speed up discharge and enable enhanced care in community settings.			
18 a	IM&T	Improving communication and access to information for clinical teams working in different organisations	1800	60	1,800
18 b	IM&T	Improving data quality and information to use when making commissioning decisions		370	
18 c	IM&T	Embedding the NHS number as the only person/patient identifier across health and social care in the city		85	
18 d	IM&T	Leeds Care Record		450	
19	Care Act	The revenue implications of implementing the Care Act (2014) are currently being modelled. It is clear that the BCF allocation of £2,65M will not adequately fund the range of statutory responsibilities set out in the Act. Early estimates indicate that the costs and funding of the reforms will potentially range up to £46M in 2015/16. This is an indicative figure based on local and regional work in the Yorkshire and Humberside Region. In particular, estimating the costs of the new duties to assess and provide services for Carers is very difficult because of the uncertainty of predicting the volume of the" latent" carer demand that will seek assistance .	1900	0	1,900
20	Improved system intelligence	Undertake a clinical audit of a sample of patients who have been admitted to hospital. The audit will ask the question "what could have been in place in the community to prevent this admission in future?" The audit results will then be used to inform more detailed, precise commissioning plans in 15/16.	80	80	80
21	Workforce planning & development	The city needs to have a focussed recruitment, retention and re-training strategy in place, so that staff can be deployed in city where they are needed most.	80	80	80
22	Contingency Fund	This is the Leeds BCF contingency provision, arrived at following a risk base assessment. Funds here will also be used to fund schemes in 15/16 that are being worked up during 14/15 that will deliver savings.	1992	0	2,075
			15202		
Total			15202	3,681	54,823

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Leeds Health & Wellbeing Board

Report author: Phil Coneron
Tel: 0113 3957297

Report of: **Leeds Safeguarding Children Board**

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

Date: **22nd October 2014**

Subject: **Leeds Safeguarding Children Board Annual Report**

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 LSCB partnership has an agreed and clear set of priorities and objectives – it is well led. There is evidence of good progress in implementing actions to address those objectives.

2. There is assurance that 'risk' is being managed safely and appropriately through the gradual way in which the safeguarding system is being rebalanced. This is done through quality assurance processes built into key parts of the safeguarding system and through audit and review findings.

3. Evidence that the improvement journey is being maintained and progressed through the reduction of child deaths from all causes, the gradual reduction in the number whose problems require statutory intervention and more children and young people receiving help earlier.

Recommendations from the LSCB Annual Report.

1 To the Health & Well Being Board, the Safer Leeds Partnership and Adult Safeguarding Board.

Two of the challenges to the Children and Families Trust Board, where co-operation and co-ordination between adult and children's services is essential, require the engagement of these three strategic bodies:

- To implement the ‘Think Family – Work Family’ protocol (which promotes more ‘joined up working’ in responding to vulnerable children, young people *and adults*).

- To improve the availability and accessibility of bereavement services.

1 Purpose of this report

1.1 This report provides a brief summary of the key issues and challenges from the LSCB Annual Report Executive Summary.

2 Background information

2.1 Leeds Safeguarding Children Board (LSCB) is a statutory body as set out in the Children Act 2004. It has a clear scrutiny function to hold the Local Authority and strategic bodies to account for its safeguarding activities.

2.2 The key objectives of the LSCB are set out in Working Together to Safeguard Children 2013 are:

- To co-ordinate work to safeguard & promote welfare of C&YP
- To ensure effectiveness of that work.

2.3 The LSCB has a responsibility to publish an Annual Report Evaluating the Effectiveness of Safeguarding work undertaken in Leeds to support C&YP. To further ensure cooperation and coherence the LSCB will present its annual report to the Health and Wellbeing Board on an annual basis.

3 Main issues

3.1 The LSCB annual report considers a wide range of sources and information in order to evaluate the effectiveness of the safeguarding system but in summary these are:

3.2 How well are we engaging C&YP?

- Partners clearly understand the need to improve engagement and can evidence good progress in doing so however; despite this progress the LSCB has prioritised 'increasing the voice of the child' as a key challenge for 2014/15.

3.3 What can we learn from monitoring and reviewing services for C&YP?

- Serious Case Reviews and Local Learning Lessons Reviews have identified areas for improvement and action is being taken as a result eg:

  - Responding to C&YP living in the context of domestic violence, adult mental health problems, substance misuse and learning disability
  - Adolescent self-harm and suicide behaviours
  - Services for C&YP leaving care

3.4 Reviews presented to the LSCB have identified progress being made *and more to do* for particularly vulnerable C&YP eg those:

- Who are at risk of sexual exploitation
- Who go missing from home, care, or the view of universal services

- Who are in the Secure Estate

3.5 External, independent reviews are used to re shape safeguarding arrangements and practice Eg: the development of a multi-agency CS Front Door to better co-ordinate responses to contacts and referrals where there are concerns about C&YP.

3.6 **What insights can we gain from Performance and Quality Assurance monitoring?**

3.7 There is a good level of compliance across the partnership with statutory safeguarding requirements under Section 11 of the Children Act.

3.8 Early Help activity which provides children, young people and their families the 'right service at the right time' is steadily increasing (and is being audited in 2014/15)

3.9 Progress is being made in improving the effectiveness of CP Plans:

- Overall numbers and the duration of Plans are steadily decreasing
- LSCB Audits have identified multi-agency CP Core Groups as needing to become more effective and there has been an extensive programme of briefings for staff across the partnership

3.10 Progress is also being made to address one of the 'obsessions' from the CYPP – to safely reduce the number of C&YP who need to be looked after:

- The overall number of CLA continues to steadily fall
- There have been improvements in the stability of placements (less moves)
- C&YP are increasingly involved in the statutory reviews of their care plans
- LSCB audit activity found all cases sampled were 'good' or 'outstanding'.

3.11 We have a much more comprehensive understanding of the nature and scale of sexual exploitation in the city and are developing better co-ordinated multi-agency services to address this eg:

- Contributing to a 'West Yorkshire' approach and awareness raising campaigns
- Closer working between Police, CSWS and local Third Sector agencies
- Updated check lists for practitioners and referral and assessment processes

3.12 We need to develop better responses to related issues such as C&YP who:

- Go missing
- Are trafficked
- Are subject to forced marriage.

4 Conclusions

4.1 The LSCB annual report paints a cautiously optimistic picture about the development and effectiveness of safeguarding services for C&YP in Leeds. But it also identifies that 'more needs to be done' to ensure that momentum is maintained and the pace of improvement accelerated. A number of challenges have been made to Strategic Bodies in Leeds, with the main focus being the CTB. These include:

To strengthen the voice of the child / young person in:

- Services being delivered for and with them
- The planning and evaluation of services

To embed key partnership initiatives eg:

- Early Help Approach
- Think Family Protocol
- Support for Care Leavers
- More effective child protection plans
- Responding to the needs of particularly vulnerable C&YP (eg those at risk of sexual exploitation, who go missing, are trafficked etc)

To better understand and develop effective partnership approaches to adolescent:

- Mental Health problems
- Self-harming
- Suicide behaviours.
- To promote accessible bereavement services for families who have suffered the death of a child and particularly where that death has been unexpected.

5 Recommendations from the LSCB Annual Report

To the Health & Well Being Board, the Safer Leeds Partnership and Adult Safeguarding Board.

Two of the challenges to the Children and Families Trust Board, where co-operation and co-ordination between adult and children's services is essential, require the engagement of these three strategic bodies:

- To implement the 'Think Family – Work Family' protocol (which promotes more 'joined up working' in responding to vulnerable children, young people *and adults*).

- To improve the availability and accessibility of bereavement services.

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Leeds Safeguarding Children Board

LSCB ANNUAL REPORT 2013/14

EXECUTIVE SUMMARY

we are child friendly Leeds

Contents

Jane Held,
Independent Chair of
Leeds Safeguarding Children Board

Foreword

I am delighted to be able to report positively about the work of the Leeds Safeguarding Children Board in 2013/14 and set out the progress made locally over the year.

Whilst there is a lot to do and many challenges ahead, the report demonstrates the way in which, working together and as individual agencies, partners are improving how well they protect children and young people and safeguard their welfare.

We know that it is crucial that everything we do is informed by the views, aspirations and experiences of children and young people.

I am even more pleased to be able to highlight the work of the Student LSCB and the young people who are members of it. They have challenged us, worked with us, set their own key priorities and, over the year, influenced what we do and how we do it.

One aspect stands out from the 2013/14 year; Leeds is a city that is ambitious for its children and young people. In addition it has:

- Sustained stable leadership with a shared vision across the system,
- A multi-agency commitment to shared principles, behaviours and ways of working
- Steadily improved the way in which it responds to and meets the needs of children, young people, their families and communities.

This report shows how that collective ambition and strong leadership is beginning to have an impact on the outcomes achieved for its children and young people. This approach is underpinned by:

- Increasing self awareness
- A culture of “high support, high challenge”
- A very real focus on continuous improvement and a learning based approach

The LSCB too is steadily improving in its ability to both support that progress and actively scrutinise and challenge it. Whilst there is a lot still to do, and a long way to go, the Report demonstrates the degree of progress made over the year and the challenges arising for 2014/15.

The more we improve, the more we realise just how much more we have to do. In particular we know that we have to ensure that every day, everywhere in Leeds, adults listen to, respond to and take into account children’s own wishes and feelings. Over the next year this is one of our key challenges.

Nevertheless I am able to say with some confidence that in Leeds, children’s welfare is a priority for every organisation and that safeguarding children and young people is central to being a Child Friendly City. I look forward to continuing improvement in the year to come.

Introduction

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. Its statutory objectives are to:

- Co-ordinate local work to safeguard and promote the welfare of children and young people
- To ensure the effectiveness of that work.

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 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 the Children and Families Trust Board.

This Executive Summary Report summarises the progress made by Leeds LSCB in 2013/14 through and with its partners and analyses the effectiveness of:

- Safeguarding arrangements in the city
- The LSCB itself in supporting and coordinating safeguarding arrangements and in monitoring and challenging those who provide them.

It is a summary of the full Annual Report which is available on the LSCB website and follows the expected format. There are significant amounts of additional information attached to the full report as appendices.

Context and strategic overview

Leeds as the second largest city council in England is an exciting, vibrant and forward looking city with a diverse population and a large and growing number (183,000) of children and young people. Children's services in the city are also varied and energetic and there is a wide range of opportunities for children and young people to grow up as fulfilled, well rounded adults.

The city has strong and capable leadership with a growing sense of shared purpose and endeavour across the city's many partners. It has recently acknowledged that to achieve its priorities for economic regeneration it also has to invest in social regeneration and in particular, in its children and young people.

Within that context, the city's services for children and young people have been on a steady journey of improvement. Assessed as inadequate by Ofsted in 2009, each year since has seen a step change in the quality and effectiveness of its services. Improvement has been driven through:

- The city's ambition to become a Child Friendly City
- The Children and Young People's Plan, which has provided stability, sustained focus and strength of purpose based on shared principles
- The use of a restorative practice approach (working *with* children, young people and their families)

Implementing the Children and Young People's Plan

The Children's Trust partnership is now operating the final year of the current Children & Young People's Plan (2011-15) which provides an overarching strategic direction to the development of services across the city. The Plan is made up of five outcomes, that children in Leeds:

- Do well at all levels of learning and have the skills for life
- Are active citizens, who feel they have voice and influence
- Choose healthy lifestyles
- Have fun growing up
- Are safe from harm, which involves
  - Helping children and young people to live in safe and supportive families
  - Ensuring that the most vulnerable are protected.

The objectives of the plan are clear, with an appropriate focus on keeping children and young people safe from harm. There is partnership agreement that the safeguarding system needs to be 'rebalanced' in order to improve outcomes for children and young people.

A strong focus on key issues is maintained through the monitoring of three 'obsessions' which serve as proxy indicators for the effectiveness of the whole system:

- A reduction in the number of children and young people who need to be 'looked after'
- An improvement in school attendance
- A reduction in the number of young people not in education, employment or training.

This is underpinned by a strong commitment to the use of 'outcomes based accountability' to evaluate the approach. It reflects the partnership's commitment to safely and appropriately reducing the need for statutory intervention by providing children and young people with 'the right service at the right time' through the development of effective Early Help and preventative services. This approach has been supported by the LSCB, through Annual Reports (2011, 2012, 2013) and challenges to the Children and Families Trust Board to 'rebalance the safeguarding system' accordingly.

As a key stakeholder the LSCB will contribute during 2014/15 to the development of a new Children & Young People's Plan from April 2015 linked to a new Strategic Plan of its own.

Challenges for the Public Sector

The Public Sector continues to face the twin challenges of financial restriction and increasing demand for services. The LSCB held a workshop for partners in February 2014 to review the potential impact of budget constraints on the planning and delivery of services for children and young people. The workshop identified the following challenges and opportunities:

Challenges:

- To maintain a proactive approach and avoid becoming overly reactive
- To ensure that 'the child's voice' is heard around the table as well as that of adults
- To re-iterate an understanding that poor outcomes for children will have a negative impact on outcomes as adults
- To address poor parenting and its impact on outcomes for children and young people.

Opportunities:

- To promote and support collaborative work across agencies
- To maintain the focus on prevention and highlight the cost / benefits for the adult system of improved outcomes for children and young people
- To influence commissioning / budget decisions in order to consider the impact on the system as a whole as well as for single agencies
- To work more closely with Public Health colleagues
- To promote a collective approach to improving quality of interventions and impact on outcomes for children and young people.

Challenges for Partners

In their contributions to the LSCB Annual Review Process partner agencies have identified the key challenges that they are facing and the steps that they are taking to respond to them. They are focusing on maintaining robust safeguarding arrangements within the context of budgetary pressures and organisational change and restructure. Significant progress is identified in implementing more 'joined up' multi -agency services such as:

- The Early Help Approach
- The Think Family - Work Family Protocol
- The Children's Services Front Door
- The Children and Young People's Housing Plan.

There is a clear commitment across the partnership to:

- Ensuring that lessons learnt from Serious Case Reviews and Local Learning Lessons Reviews are acted upon and that the impact of changes to practice and multi-agency working is monitored.
- Increasing 'the voice of the child' in practice and for the experience and views of children and young people to inform the development of services.
- Further developing robust audit processes to monitor the quality of practice and evaluate its impact on outcomes for children and young people
- Ensuring that staff continue to have access to comprehensive and high quality safeguarding training
- Learn from audits and quality assurance work to improve practice.

There is consistency in the challenges identified by each partner for 2014/15 to progress responses to children and young people who:

- Are sexually exploited
- Go missing from home, care, school or 'view'
- Are trafficked
- Live in the context of compromised parenting
- Are at risk of radicalisation
- Are at risk of forced marriage

The effectiveness of safeguarding arrangements in Leeds

In order to evaluate the effectiveness of arrangements to safeguard and promote the welfare of children and young people in Leeds, evidence is drawn from a wide range of sources which are analysed together to assess the whole system:

- Engagement with children and young people
- Monitoring and reviewing services
- Performance management and quality assurance of safeguarding services and practice.

Engagement of children and young people

Work to engage with children and young people has steadily progressed over the year. The Voice and Influence sub group (the 'Student LSCB') has continued to input in a variety of ways to the work of the Board, whilst steadily gaining an identity in their own right. Partner engagement with children and young people has also increased, through initiatives like the annual take-over day, the care leaver council and a DVD preparing children and young people for admission to hospital based on a poster competition.

The Annual Conference 2013 ("Let Me Speak ….. Will You Listen?") was entirely based on listening to and involving young people and the Student LSCB assisted with facilitating the day.

The Student LSCB have also done a range of things to engage with their peers in the city, including questionnaires designed to assess the impact of the West Yorkshire child sexual exploitation campaign. Children and Young People in the city who are looked after have responded to a questionnaire about the services they receive from the Independent Reviewing Service, which indicates, overall, that the service is received positively by them.

How this work is influencing individual practice is less clear. The restorative approach to practice in the city means the engagement of children and young people in the services being delivered to them and their families. It is clear that a lot is happening to achieve this, particularly through a strong focus on the child's wishes, feelings and views. This focus has been particularly emphasised through the Strengthening Families approach to child protection processes and the development and expansion of Family Group Conferencing Services. However, these initiatives have yet to be evidenced in much of the practice across the city.

Monitoring and reviewing

In 2009 an announced Ofsted inspection judged safeguarding services in Leeds to be ‘inadequate’ and the authority was subsequently made the subject of a statutory improvement notice. Since this point the partnership has viewed itself as being on an ‘improvement journey’. This is based on political and professional co-operation and has generated a coherent and sustainable strategic plan to improve multi-agency working, services and outcomes for children and young people.

In October 2011 Ofsted judged services to be ‘adequate’ with indications there was good capacity to improve and the improvement notice was removed. External Inspections and Reviews have continued since.

Whilst the Local Authority arrangements have not been reviewed in 2013/14, a number of other partners have been. These inspections collectively indicate a trajectory of improvement across the system.

Whilst this is encouraging, it is clear everyone recognises how much more there is to do. In addition the Jimmy Savile investigations, subsequent review and recent reports have identified other areas of concern in terms of safeguarding, nationally and locally. Over the next year we need to maintain the trajectory of improvement, build on our successes

Child deaths and serious incidents

In line with national trends the incidents of child deaths has been decreasing over the past 6 years in Leeds, which is extremely encouraging. The Child Death Overview panel reviews all the deaths of Leeds children and young people, identifying lessons and making recommendations aimed at reducing preventable deaths in the future. Recommendations have been made and progressed addressing:

- Parental smoking
- Bereavement services where a death is unexpected
- Safer sleeping arrangements
- Raising awareness of the relationship between cousin marriages and genetic disorders
- Taking children with complex medical conditions abroad
- Alcohol use by young people and the role of friends in keeping each other safe.

The Serious Case Review Sub Committee is ensuring that serious incidents are being actively used to inform learning and practice improvement. In 2013/14 one Serious Case Review and one Local Learning Lessons Review were initiated and progress has been made in addressing issues raised through these and previous Reviews eg,

1. Promoting more effective approaches to risk management and assessment of children and young people with complex needs and/or disabilities. These issues were highlighted in a key note speech and workshop at the LSCB Annual Conference in June 2013 and LSCB training on 'Vulnerability and Risk' has been revised and updated.
2. Improving understanding and multi-agency responses to the impact on children and young people living in the context of 'compromised parenting' (domestic violence, parental substance mis-use, mental health issues and learning disability). The revised Leeds 'Think Family - Work Family Protocol' was launched at the LSCB Annual Conference in June 2014. The protocol will be implemented in 2014/15.

A review in September 2013 of the lessons identified and actions taken from the 5 Learning Lessons Reviews in 2011-13 identified 7 themes:

- To provide more consistent services for care leavers.
- To ensure that statutory reviews of children and young people who are looked after, effectively scrutinise and robustly challenge the care plans in place.
- To continue to develop a partnership approach to adolescent self-harm and thoughts of suicide.
- To ensure a consistent response to young people who become homeless.
- To develop and further expand 'Early Help' services.
- To ensure that appropriate support and oversight is maintained when a child or young person is 'stepped down' from being the subject of a child protection plan to being subject to a child in need plan.
- To promote a more rigorous child focussed approach to the analysis of 'risk' and 'need'.

The progress made in implementing those themes was reviewed again in May 2014 and there was evidence of good progress in terms of practice change. All this activity has identified that the learning has been practically and effectively applied in the areas of statutory reviews, the provision of early help, and services to care leavers. However, there is much still to do to improve care leaver services, to manage homelessness amongst young people more effectively, and to address the rising incidence of adolescent self harm and emotional difficulties.

Allegations against professionals

The number of allegations made against professionals is broadly in line with previous years and the expectations for the year. The Local Authority Designated Officer service was expanded in 2013/14 which has enabled a quicker response to allegations and better engagement with partner agencies. 431 allegations were dealt with in the year, of which 40% led to a multi-agency allegations management meetings. The service has identified some key areas for improvement in 2014/15 including:

- Improving the involvement of children and young people
- Strengthening the follow up from single agency investigations
- Improving the ICT and Information Management systems

Services for vulnerable children and young people

Services to children and young people who are 'looked after' in the city continue to improve with increased stability of placements and the development of the Independent Reviewing Officer role. This is resulting in more contact with children and young people prior to statutory reviews and challenge to ensure that care planning is effective and timely.

Given the LSCB's interest in young people's self harming behaviour in recent years, attention has been given in 2013/14 to monitoring the related number of emergency admissions to hospital and attendance at A & E. There has been a (non statistically significant) increase on 2012/13 and on-going monitoring will provide a measure of the impact of multi-agency initiatives to address this behaviour.

Whilst the approach to Child Sexual Exploitation has improved significantly there is a lot still to do to ensure services are effective and to better identify those children and young people who are missing from home, school, or view. In addition child in need plans require more attention (an in-depth audit is planned in 2014/15) and we need to better understand how practitioners approach and assess the analysis of both risk and need through evaluating the Children's Social Work Services Single Assessment process which was introduced during the year.

Private Fostering was the subject of an inspection in 2008 which judged the arrangements in Leeds to be inadequate. In 2012/13 the Council's Scrutiny Board led an inquiry into the arrangements which identified the progress made and made further recommendations. In 2013/14 reports indicate that progress is continuing and increased activity is taking place as a consequence, with a rise in notifications and open cases to Children's Social Work Services. A full audit of cases is planned for 2014/15 and the findings will be reported to the LSCB.

Safeguarding in secure settings is a key feature for Leeds, with 2 establishments within the city, Wetherby Young Offender Institution and Eastmoor Secure Children's Home. Improvements in practice are evidenced in both settings over 2013/14, and there is a lot of work under way to address the range of challenges identified as a consequence of the significantly improved oversight and co-ordination of services led by the secure settings sub group.

The death of Child V whilst in custody has had a profound impact on practice in Wetherby YOI and across the wider system. Wetherby has identified a range of challenges for 2014/15 which are highly influenced by the need to:

- Manage the impact of staff and budget reductions and maintain high quality care
- Address increased levels of violence within the setting
- Target interventions as a result of the "Transforming Youth Custody" agenda
- Improve consultation with families and the need to deliver the training plan.

Education settings

Significant progress has been made in terms of safeguarding in education settings. The city invests in supporting safeguarding in its early years settings, schools and colleges, and the whole city approach to children and young people is organised through the school based and school led cluster arrangements. The city's education establishments play a key role in safeguarding and promoting the welfare of children and young people and are closely monitored and regulated.

Schools continue to work well with the council and other services, particularly in their funding and support for cluster working which continues to make a positive difference to local working and the development of a comprehensive Early Help approach across the city. The establishment of the LSCB Education Reference Group in 2013/14 will facilitate improved communication between the Board and education establishments. 100% of schools returned their S175 Audit in 2013/14 which identified a high level of compliance with statutory requirements and areas for improvement for individual establishments.

Multi-Agency working to deliver "the right service at the right time"

Most importantly the framework and structures for multi-agency practice (25 clusters, three localities and a multi-agency "front door" for contacts and referrals) are now established and embedded as the key building blocks for meeting children, young people, their family's and community's needs. The Board has played a key role in supporting and challenging the way in which services are delivered and co-ordinated, and a central role in the development of the "Front Door". This has been crucial in terms of rebalancing the system and ensuring that children and young people are supported in the right way at the right time, to stay safely and appropriately with their families where possible.

The approach is underpinned by:

- A strong shared performance framework which provides an understanding of both need and the response to that need in each cluster and locality.
- The Front Door Strategic Group which monitors, supports and challenges the multi-agency practice within the front door, (contact and referral service) as well as the way partners make contacts and referrals
- The ongoing use of the Strengthening Families model of child protection practice
- The developing and expanding use of family group conferencing
- An expectation that all practitioners work within the principles of restorative practice, which :
    - Has begun to create a more consistent as well as coherent approach to front line practice
    - Manages risk through recognising the strengths of a family as well as vulnerability.

All the evidence indicates that this approach has begun to create a common standard of practice and a consistent approach to keeping children and young people safe and meeting their needs effectively.

Performance Management and Quality Assurance of Safeguarding Services

Ensuring the effectiveness of multi-agency working to safeguard and promote the welfare of children and young people is one of the two LSCB core functions.

The Board has developed a comprehensive overview of the quality, timeliness and effectiveness of multi-agency practice facilitated through the LSCB Performance Management System which is based on three components:

1. Monitoring partner compliance with the statutory requirement to have effective safeguarding arrangements in place
2. A Performance Management Framework based on the strategic priorities of the Board and including measures from the national Children's Safeguarding Performance Information Framework
3. A multi-agency Quality Assurance and Audit Programme.

This system complements and feeds into the Leeds Framework for Learning and Improvement which helps to promote a culture of continuous improvement across the partnership.

The LSCB uses a range of sources to assess the performance and quality of safeguarding work with the collation and analysis undertaken through the Annual Performance Report, which was received by the Board on 26th June 2014.

Section 11 Duty to safeguard audits

One of the primary tools for understanding effectiveness is the Annual S11 Audit (S175/S157 audits in education settings). Section 11 of The Children Act 2004 requires Local Safeguarding Children Boards to ensure that organisations have safeguarding arrangements in place, which are overseen and audited by senior managers, trustees and management committees. A full self assessment of statutory partners' compliance with S(11) responsibilities was undertaken in May / June 2014 using the new on line tool that has been developed as part of the LSCB website.

Returns from statutory partners indicate full compliance with 90% of the requirements. Areas for improvement have been identified and are being acted upon. They include:

- The engagement of children, young people and their families in the planning and development of services
- Children and young people being made aware of their right to be safe from abuse.
- More consistent staff attendance on child protection and safeguarding training.

The audit undertaken by schools has identified a number which were outside their three-yearly staff refresher training cycle, all of which have now been resolved. In addition, all 55 Children's Centres, as well as the Early Start Leadership Team, the Family Support and Parenting Team, the Health and Wellbeing Service and the Teenage Pregnancy and Parenthood Team have also completed their audits and have prioritised for the need to:

- Regularly review and ratify their internal policies
- Ensure staff are trained in safer recruitment practice.

The next step is to build on these audits and use the collective intelligence gained from them to better inform the city's Joint Strategic Needs Assessment and to support the new Strategic Children and Young People's Plan.

A series of partner challenge events are planned for the Autumn of 2014 where partners will challenge and be challenged on audit outcomes, the robustness of evidence and how learning is resulting in improvement. This helps partner agencies to better understand how well they comply with statutory requirements and more importantly, what difference they are making as a consequence.

The LSCB Performance Management Framework

The Performance Management Framework collates data from across the partnership about safeguarding activity. Established in 2011 and refreshed annually, it is based on an 'Outcomes Based Accountability' approach, asking three questions:

1. How much did we do?
2. How well did we do it?
3. Did it make a difference?

The child's journey through the safeguarding system

This:

- Reviews information about how the safeguarding system responds when concerns are identified and raised about vulnerable children and young people
- Throws light on how children and young people become the subject of statutory intervention
- Evaluates the extent to which Early Help preventative services are employed to reduce need.

The Children's Services 'Front Door'

A key stage in a child's journey are the processes, assessments and decisions made at the Children's Services 'Front Door' where concerns about safety and wellbeing are raised through contact from partners. An external review in 2010 identified the need to revise and strengthen the operation of the Children's Services Duty and Advice Team in order to ensure that children and young people receive 'the right service at the right time'.

A new team was established in 2012 which has developed a multi-agency approach through the inclusion of experienced staff from key partners (Police and Health). Improved processes include:

- Decision making informed by multi-agency information and input
- Advice and guidance to partners about preventative services where statutory intervention is not appropriate
- Weekly multi-agency referral review meetings which sample decision making (e.g. where concerns about physical or sexual abuse have not resulted in statutory intervention).

Indications are that the impact of these new arrangements has been positive in 2013/14:

- There has been an increase in the number of 'conversations' between professionals about children and young people where there are concerns. As a consequence the appropriateness of 'requests for service' has improved, as reflected by the overall proportion of referrals about incidents of domestic violence reducing from 19% in July 2013 to 11% in February 2014
- The rate of re-referrals accepted (within 12 months) has reduced from 30% in March 2013 to 24% in March 2014
- The proportion of requests for service resulting in a referral being accepted by CSWS for statutory intervention has remained constant at 40%
- Responses given to the 60% of referrals which were not accepted for statutory intervention included:
  - Advice and information provided (81%)
  - Recommendation for an Early Help Assessment (CAF) to be undertaken (8%)
  - Sign posting to another agency (7%).

Early Help

Crucial to ensuring that children and young people receive the right service at the right time is the development and implementation of the Leeds 'Early Help Approach' which was launched by the LSCB in April 2014 (available on the LSCB website). It builds on steady progress over 2013/14 and has resulted in a 37% increase in the number of Early Help Assessments (formerly known as Common Assessments or CAFs). This approach is based on multi-agency working and Board partners have been fully involved in its development. The LSCB will be auditing the quality of Early Help Assessments in 2014/15.

This positive direction of travel is being bolstered by other, linked initiatives for example:

- The Think Family - Work Family Protocol (launched in June 2014 and available on the LSCB website), which emphasises that all agencies must consider the safeguarding needs of children and vulnerable adults when working with families.
- The expansion of Family Group Conferencing to support more families making their own arrangements to support vulnerable children and young people.

Children and young people subject to a child protection plan

Following the Ofsted inspection in 2009, when concerns were raised that Leeds was not initiating a sufficient number of statutory child protection interventions, the number of children and young people subject to a child protection plan rose steadily from 511 to a peak in August 2011 of 1171. The introduction of the Strengthening Families approach helped to stabilise this rise and manage a gradual (and carefully monitored) reduction in overall numbers which has been sustained in 2013/14 from 993 to 759 in March 2014 (48/10,000 of the population). This is close to the Integrated Safeguarding Unit target of 45/10,000, compares well with the performance of other large cities, but remains significantly higher than those towns and cities with a similar demographic makeup to Leeds (39/10,000).

The largest cohort subject to Child Protection Plans are children aged 0 -5 with 17% aged 0 -1 yr. The proportion of Black Minority Ethnic children on plans reflects the makeup of the wider community but the number of children and young people with a disability is statistically low (8 in March 2014). The Integrated Safeguarding Unit is working with the Children's Health and Disability Team to review whether child protection processes are being accessed appropriately for this vulnerable group.

The timeliness of initial child protection conferences was good prior to the introduction of a new electronic recording system in Children's Services in the autumn of 2013. This disrupted the processes involved and led to a significant deterioration in performance. Much has been done to improve the system subsequently. In addition the duration of plans is beginning to reduce (from 52 children on plans for 2 years or more in 2012/13 to 14 at the end of 2013/14), although the number of repeat periods a child is the subject of a plan for a second or subsequent time has remained the same.

The voice and influence of children through active participation in the child protection process is still not good enough and is a priority for 2014/15 - as is improved multi-agency attendance at conferences. A range of pieces of work are underway to address this.

The effectiveness of multi-agency Child Protection Plans is a particular focus for the LSCB. A comprehensive audit of 16 cases reviewed April – November 2013 identified a gradual improvement, with 1 (6%) being judged 'outstanding', 4 (25%) 'good', 8 (50%) 'requires improvement' and 3 (19%) 'inadequate'. Whilst it is important to note that the audits did not identify any children and young people suffering or at risk of suffering immediate 'significant harm,' these findings strengthened the commitment to improving multi-agency working in this area. The LSCB and Integrated Safeguarding Unit have delivered partnership and cluster briefings / workshops on: SMART planning, involvement of children and young people, professionals challenging each other and recording core group meetings. The impact of these initiatives will be monitored through practitioner surveys and audits in 2014/15.

Children and young people who are "looked after"

The number of children and young people 'looked after' in Leeds has been steadily increasing since 2005, with the most significant rise coming between November 2009 and November 2010 when the numbers rose from 1370 to 1434. In March 2012 the numbers reached 1475. This trend has resulted in significant pressure on the budgets of agencies working with children and young people who are looked after and, given research findings, indicates poor outcomes for this vulnerable group of children and young people.

For these reasons, safely and appropriately reducing the numbers of children and young people who need to be 'looked after' is a priority for the partnership. This has been accepted as one of the three 'obsessions' by the Children and Families Trust Board.

The number of children and young people looked after reduced in 2013/14 from 1377 (89/10,000) to 1353 (87/10,000), continuing a gradual downward trend and representing an 8% reduction over a period of 2 years.

Work undertaken by Children's Social Work Service identified that the age group 0-4 yrs constituted the highest number of receptions 'into care' (60% compared to 40% nationally) in 2013/14 and that children under 1 year made up 36%. This has resulted on a focus on exploring appropriate and safe alternatives to care and has contributed to a reduction in this cohort in the second half of 2013/14.

Of those looked after, the overwhelming majority (62%) are placed with foster carers, with 14% in Kinship Care arrangements and 9% placed with parents. 12% of children and young people who are looked after are in 'long distance' external placements.

The introduction by Children's Services of the new recording system (Framework-i) has disrupted process management and data collection in the second half of 2013/14. Available information indicates:

- A significant reduction in the number of children and young people who have experienced 3 or more placement moves in the year (from 103 in March 2013 to 40 in March 2014).
- An increase in health needs assessments undertaken in timescale (from 85% in March 2013 to 89% in March 2014) and a reduction in the timeliness of dental checks (from 71% in March 2013 to 61% in March 2014)
- Prior to the introduction of Framework-i 92% of statutory reviews took place on time, falling to 87% in the second half of the year. Work is being undertaken to improve the effectiveness and efficiency of review planning processes and to further develop the relevant functions of Framework-i.
- During April to September 2013 83% of children looked after met with the Reviewing Officer prior to their reviews and 44% attended the review meetings. Work is ongoing to promote and improve children and young people's engagement in the review process.
- Work is being undertaken in 2014 to obtain feedback from parents about their experience of attending statutory reviews.

The Independent Reviewing Service, based in the Children's Services Integrated Safeguarding Unit, has a quality assurance responsibility for children and young people who are looked after. The Service annual report for 2013/14 identifies:

- That 93% of care plans are up to date and there is evidence that adopting SMART planning principles results in good progress being made.
- The need to capture the input from partners into reviews (to be developed in 2014/15)
- That in 16% of cases concerns were raised with Children's Services Service Delivery Managers to resolve issues about progress being made in implementing care plans. The concerns largely related to statutory visits, permanence planning, children's views and pathway plans.

LSCB multi-agency audit activity (April - November 2013) indicates that the quality of services provided for children and young people who are looked after is high (40% judged 'outstanding', 60% judged 'good') with areas of improvement being identified regarding the timeliness of permanence planning and the consistency of Personal Education Plans.

Children and Young People suffering or at risk of Sexual Exploitation

Significant progress is being made in increasing understanding of and responding to the nature and scale of child sexual exploitation in Leeds. The response is based on a partnership approach, with input and support from many agencies:

- West Yorkshire Police have established a dedicated officer post to work with vulnerable young people in children's homes
- Barnardos are funding a post to work with vulnerable care leavers
- BLAST are working with boys and young men
- ISIS are supporting girls and young women
- Parents Against Child Sexual Exploitation (PACE) in partnership with Virtual College have launched a national interactive online information package for parents.

During 2013/14 the LSCB Child Sexual Exploitation sub group has led the increased co-ordination of services across the partnership and developed a comprehensive strategy (available on the LSCB website) and action plan, which includes:

- The implementation of a comprehensive referral and assessment process and a check list produced for practitioners.
- Awareness raising amongst professionals, children and young people, families and communities.
- Close links with neighbouring authorities in West Yorkshire to facilitate a regional approach and engagement with the West Yorkshire Police 'Know the Signs' campaign.
- The Student LSCB (voice and influence sub group) has developed materials for a child and young person facing awareness raising campaign which was launched in August 2014.

The number of recorded Child Sexual Exploitation cases has increased from 85 in 2012/13 to 157 in 2013/14 and there have been 33 Police investigations culminating in 9 court cases and 7 convictions. In March 2014 there were 107 open cases with 67% aged 15-16yrs and from a predominantly White British background.

Children and Young People who go 'Missing'

There were 1845 incidents of children and young people reported 'missing' from home or care in 2013/14 relating to 551 children. This compares with 1117 incidents in 2012/13 relating to 456 children and young people and reflects improving collection and collation of data rather than an increase in actual numbers of children missing.

The LSCB Child Sexual Exploitation & Missing sub group has identified that a broader definition and more proactive approach is required in order to respond effectively to children and young people who go missing. This is an area for increased attention in 2014/15. An action plan has been developed for implementation and the West Yorkshire and the local procedures are being updated to take account of new national guidance and practice developments.

Quality Assurance and Audit

In order to monitor and evaluate the quality of partnership and single agency working, the LSCB draws on a variety of audits and surveys including:

- The LSCB Quality Assurance and Audit Programme
- The LSCB Chair's audits of partners
- The findings of audits undertaken 'in house' by partners.

LSCB Audits

Alongside reviewing the quality of services provided for priority vulnerable groups of children and young people (e.g. effectiveness of Child Protection Plans & Care Planning for children 'looked after') the LSCB also undertakes multi-agency audits of specific issues or to evaluate the implementation / impact of actions resulting from Serious Case Reviews and Local Learning Lessons Reviews. In 2013/14 findings from the following 4 audits were considered by the Board:

1. The Teenage Parent's Pathway Audit
2. Audit of Specialist Inclusion Learning Centres
3. Audit of the influence children and young people have on the development of services
4. Audit of the implementation of actions from Serious Case Review Individual Management Reports

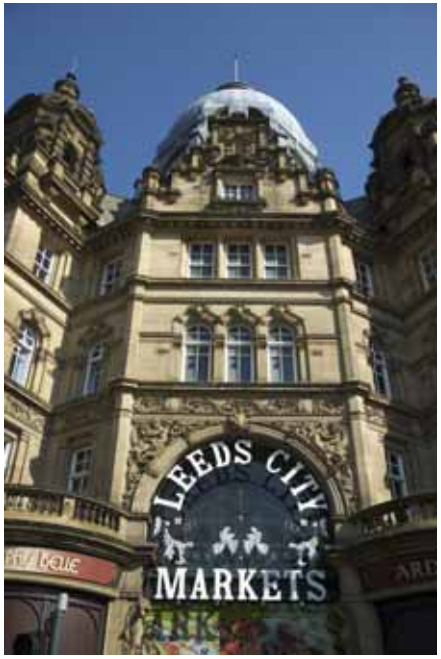
All four audits identified areas of strength and areas for development. Overall the following areas for improvement have been identified:

- To ensure that recommendations from reviews are progressed in a more consistent and timely manner
- To review the relevance of recommendations in the context of agency restructures and changes in service provision
- To improve the consistency with which agencies analyse the effectiveness of implemented recommendations and their impact on outcomes for children and young people
- To operate more effective processes within the business unit which escalates concerns when information from partners regarding recommendations is not forthcoming.

LSCB Chair Audits

The LSCB Chair has undertaken a programme of "light touch" audits of partner agencies. Overall these have identified that:

- Case file management systems can be complex and the ability to retrieve relevant safeguarding information can be challenging. In four of the audits IT systems were identified as having some impact on how efficiently safeguarding information is stored and retrieved.
- Four audits identified that the voice of the child was not clearly recorded or evidenced.



Partner Agency Audits

In 2013/14 the LSCB Partner Agency Audit Register became fully established, providing an overview of the extensive auditing work being undertaken 'in house' across the partnership. Overall the following themes can be identified:

Strengths:

- Increasing participation of children and young people in Child Protection and Looked After processes
- A gradual increase in the engagement of GPs with Child Protection Conferences (aided by a new report format and telephone conversations with Conference Chairs)
- Good engagement in Multi Agency Risk Assessment Conference processes
- Robust systems and processes in Health for safeguarding children and young people
- Health targets achieved for Health Needs assessments, record keeping and Sudden Unexpected Death In Childhood processes
- Improvements in the quality of referrals to Children's Social Work Services
- Improving consistency and quality in Cafcass private and public law practice.

Areas for multi-agency improvement:

- To strengthen the quality of assessments*
- To improve Child Protection Core Group functioning
- To improve the timeliness of Child Protection Conferences*

* Two of these areas were identified as issues in the 2011 Ofsted Inspection and remain as areas for further improvement in 2014/15. Plans are in place to address these issues in response to the audit work.

The effectiveness of the Leeds Safeguarding Children Board

The LSCB, in meeting its statutory requirements and progressing an ambitious business plan needs to be well organised and the efforts of its members effectively co-ordinated.

How the Board undertakes its work

During 2013/14 the LSCB has met bi-monthly, with the Executive meeting on intervening months. LSCB Annual Review Meetings have taken place in July 2013 and 2014 to consider the Annual Report and review the effectiveness of LSCB structures and ways of working. Attendance by partner organisations at LSCB Board meetings has remained positive (79% by primary representatives) and authorised deputies attend as required. The Chair of the LSCB takes up poor attendance as necessary with the relevant agency chief executive.

The work is largely undertaken through the 12 sub groups and is heavily reliant on the input of staff from all partner agencies through:

- Sub, reference and task groups
- The multi-agency training pool
- Contributing to Serious Case Reviews and Local Learning Lessons Reviews
- Engagement in the Quality Assurance and Audit Programme

Sub, reference and task groups meet on a regular basis to monitor and progress their components of the Business Plan. Established sub groups meet at least bi-monthly, with additional sessions arranged as required. Reports of work undertaken and decisions made are provided for each Board meeting. During the year the LSCB also developed:

- An Education Reference group to develop closer links with schools and FE colleges to provide a conduit for sharing information and learning
- The Secure Settings reference group to consider the safeguarding issues for this particularly vulnerable group of children and young people
- A Front Door Strategic Group to ensure oversight of initiatives to promote a complementary approach for Adult and Children's Services
- A Sudden Unexpected Death in Childhood Strategic reference group to provide multi-agency oversight of the responses to the unexpected deaths of children and young people.

Progress on the objectives and tasks within the LSCB Business Plan are monitored through Executive Group meetings and reported on a regular basis to the Board. As part of the Annual Review a report on progress against the Business Plan 2013/14 indicated that

- 90% (139) of tasks had been completed or were proceeding on time
- 4% (6) of tasks were progressing but had slipped against timescales
- 6% (10) of tasks showed no progress (and their continued relevance was reviewed in the development of the Business plan for 2014/15).

The commitment shown by agencies and their staff is testament to the seriousness with which the LSCB is viewed and the shared intent across the partnership to improve multi-agency working, services and outcomes for children and young people. Section 9 of the full report contains a significant amount of detail about the Board's effectiveness.

Co-ordinating the work of local agencies to safeguard children and young people

An important contribution to the work of the LSCB is made through the development of policies and procedures for use by professionals across the partnership. The Policy and Procedures sub group leads this work, in collaboration with the West Yorkshire Consortium, which ensures that a set of consistent regional procedures are maintained for partners who work across the region. Work taken forward in 2013/14 includes:

- Maintaining oversight of the implementation of Working Together 2013 (eg the development of the new Children's Social Work Service Single Assessment process "Child and Family Assessment").
- Development of the Leeds Early Help Approach:
  - Guidance for all practitioners has been produced through the 'Right Conversations, Right People, Right Time' document
  - Partners have disseminated information to their staff using a video which explains the concept of early help (video is on LSCB website)
  - Partner and LSCB co-ordinated training has been updated to incorporate the new approach
  - The LSCB 'dispute resolution process' has been updated and re-named the 'Concerns Resolution Process'.
- Revision and updating of the 'Think Family - Work Family Protocol'. Launched at the LSCB Conference in July 2014 this is an on-line resource and will be implemented through 2014/15.

Ensuring the effectiveness of work to safeguard children and young people

This requires the LSCB to have a comprehensive overview of the quality, timeliness and effectiveness of safeguarding practice across the partnership and to challenge where improvements in performance are required. This is provided primarily through the LSCB Performance Management System, the Child Death Overview Panel and findings from Serious Case and Local Learning Lessons reviews. Regular reports are provided to the Board. The Annual Performance Report provides the basis for the analysis of the Effectiveness of Safeguarding Arrangements that is the focus of this report.

Responding to Challenges

Progress on the challenges set for 2012/13 and (the then) emerging Challenges for 2013/14 from the LSCB Annual Review Process were presented to and accepted by the Children and Families Trust Board in June 2013, with the final Annual Report being received in September. The LSCB Chair, or her representative, has attended all Children and Families Trust Board meetings in 2013/14, ensuring an input into the monitoring of the progress of the Children and Young People's Plan. The LSCB Annual Report was presented to:

- The Health and Wellbeing Board
- The Local Authority Chief Executive through the Corporate Leadership Team
- The Children and Families Scrutiny Board
- The Assistant Chief Constable, West Yorkshire Police

In the Annual Performance Report in June 2013 the LSCB set eight challenges to the Children and Families Trust Board for 2013/14. A summary of progress received in May 2014 indicates that local services are continuing to make good progress in rebalancing the safeguarding system in Leeds. These successes have been well supported through a range of new services and better multi-agency working. Key areas of progress include:

- Expansion of key Early Help services such as the Family Group Conferencing teams.
- Better permanence planning for children and young people who are looked after
- Increased use of adoption and alternative orders such as Special Guardianship Orders
- Continued strengthening of local cluster working – e.g. new models of work between targeted services and social work piloted in East Leeds.

Work to improve support for families facing the biggest challenges and with the highest needs is making good progress. The revised Think Family - Work Family Protocol was launched in June 2014, building on the successful work to agree and develop the revised approach to Early Help. Other key areas of progress include:

- Development of restorative approaches to support and challenge these families, such as the expansion of Family Group Conferencing.
- Continued success of local intensive family support services and the re-commissioning of the Family Intervention Service
- Commissioning of new services for families affected by Domestic Violence.

All local partners are working together well through the LSCB Child Sexual Exploitation subgroup. A very thorough and wide-ranging action plan has been developed with the input and support of all key agencies and work is now progressing across all areas, from identification, to supporting, disruption and prosecution. This is identified as a priority area for further development in 2014/15.

Services for older young people that are at risk of poor outcomes have made very strong progress over the past year. In particular, Children's Care Leaving services have been reformed and refocused with new leadership. Extensive external support and challenge through a partnership with leading academic experts has informed these developments and contributed to staff development. Improvements have been well supported through the Multi Agency Looked After Partnership, with particularly good joint working with Housing.

The Sudden Unexpected Death in Childhood reference group will be working with a local charity Elliot's Footprint in 2014/15 to review and help develop bereavement services for families who have experienced the sudden unexpected loss of a child. This will complement two reviews commissioned by the NHS to consider support for parents experiencing a still birth and wider bereavement services.

Managing risk safely and appropriately

The LSCB and its partners have been very conscious of the need to manage risk effectively during a period of change that is part of the 'improvement journey'. Considerable thought and effort has been expended in ensuring there are layers of checks and safeguards around key processes and decisions. These include:

- Children's Services Duty and Advice. 2013/14 saw continued strengthening of the Duty and Advice team, with additional input from the Police and NHS to ensure effective information sharing and shared decision making,
- Weekly Referral Review Meeting. This multi-agency meeting of senior leaders closely scrutinises a sample of contact, referrals and decision-making processes each week to evaluate the safety of decisions made.
- Head of Service Decision and Review (HOSDAR), Joint Agency Decision and Review Panel (JADAR) and Permanence Panels. These groups of senior managers review key decisions of entry to care, placements and permanence planning to ensure rigour and the effectiveness of decision-making

Quality assurance and audit activity in key services has been expanded significantly, including:

- New approaches to case file auditing in social work and targeted services
- Integrated Safeguarding Unit Quality Assurance checklists to review all Child Looked After reviews and Child Protection conferences
- The LSCB multi-agency Quality Assurance and Audit Programme
- Other activities including use of external challenge from leading academics, surveys and observation of practice.

The Council now works with all commissioned services to help them undertake audits of their safeguarding arrangements and then act on the findings. The contracting team are increasing support and challenge in this work by engaging the expertise of senior managers from the Integrated Safeguarding Unit and LSCB in this work. NHS commissioners work to include safeguarding in all parts of their commissioning cycle. Further work is needed to develop a common performance management framework across commissioned services. The Council and NHS will work with the LSCB to develop this approach over the next year.

Voluntary, Community and Faith organisations

The LSCB engages with Voluntary, Community and Faith organisations in the city through the Third Sector Reference Group. The group works to raise awareness across the Sector of key safeguarding issues and responsibilities, and signposting organisations to the dedicated section on the new LSCB website. During 2013/14 the group has engaged with:

- Faith organisations (through a pilot in liaison with local community officers in the LS10 and LS11 areas of the city)
- Community groups (through LCC Housing Development Officers)
- Sports clubs (through the West Yorkshire Sport forum).

Learning and Improving

The LSCB seeks to actively lead the partnership in identifying areas of safeguarding working and practice that need to be improved and to ensure that action is taken as a result. This work is co-ordinated through the Leeds Framework for Learning and Improvement which was updated in July 2013 and has been embedded over 2013/14. Its key elements are:

- A partnership approach to learning and improving
- Transparency and public accountability
- Setting out the responsibilities of partners
- Learning methodologies (including responding to child deaths and undertaking Serious Case Reviews and Local Learning Lesson Reviews
- Planning and implementing improvements
- Disseminating lessons learnt and changes required
- Monitoring the impact of changes made.

The Annual Review

The Annual Review offers an opportunity for the Board to step outside of its busy schedule of business meetings in order to:

- Consider the emerging findings of the Annual Report “Evaluating the Effectiveness of Safeguarding in Leeds” for the previous year
- Reflect on how well it is working to provide strategic leadership for the partnership
- Assess the impact that it is having on improving outcomes for children and young people.

The Review is based on three elements:

- A 360 degree review of the Chair’s leadership
- A formal self assessment questionnaire
- Discussion and debate at the Annual Review meeting.

The Review in July 2014 indicates that whilst the Board is well led and demonstrates high support, high challenge in its own behaviour, the voice and influence of children and young people needs to feature more prominently. In addition the Board identified three other key areas for development:

- More needs to be done to work more effectively with other key strategic bodies (Children and Families Trust Board, Health & Wellbeing Board, Adult Safeguarding Board and Safer Leeds Executive); to build on the developing ‘shared agenda’ to help and protect children, young people and their families
- The LSCB and partner agencies needs to ensure the effective dissemination of key safeguarding messages to front line staff and managers
- Further improvement is required in the presentation of performance information in order to make it fully accessible and understandable to Board members.

In the light of the Review the Board has prioritised a series of challenges for 2014/15 which are set out in the final section of this summary.

Summary and whole system analysis

For the LSCB in discharging its responsibility to evaluate the effectiveness of the safeguarding system as a whole, and to evidence the impact this is having, it is helpful to address a series of questions:

- Are we doing the right things?
- Are we making sufficient progress?
- Are we managing risk safely and appropriately?
- Is the LSCB making sufficient progress?
- What Impact is the Board having?

Are we doing the right things?

The Partnership has responded to previous Ofsted inspections of multi-agency safeguarding arrangements and practice through embarking on an improvement journey. This is based on an ambitious but sustainable strategic plan underpinned by political and professional support and co-operation.

The objectives of the Leeds Children and Young People's Plan (2011-15) are clear, with an appropriate priority focus on keeping children and young people safe from harm. There is partnership agreement that the safeguarding system needs to be rebalanced in order to improve outcomes for children and young people by intervening earlier and more effectively in the life of a problem. This involves:

- A restorative approach to working with children, young people and their families
- An early help approach to providing 'the right service at the right time'
- A reduction in the need for statutory intervention.

There is consistency across the partnership about the challenges for the coming period and a commitment to a culture of continuous improvement. This involves identifying lessons and taking action to improve practice, multi-agency working and outcomes for children and young people.

Are we making sufficient progress?

Good progress continues to be made to address the recommendations from previous Ofsted inspections. The introduction of a new Children's Services electronic recording system in the Autumn of 2013 was a significant step forward. However, the associated inevitable dislocation of processes has resulted in a temporary disruption of performance collation and reporting around other issues identified for improvement by Ofsted (e.g. the timeliness of Child Protection Conferences). Overall, partners report positive judgements from external inspections carried out during 2013/14

There is evidence of increasing:

- Multi-agency working in implementing the priorities of the partnership (eg Early Help, Think Family - Work Family Protocol, Children's Services' 'Front Door', Children & Young People's Housing Plan)
- Engagement with faith organisations, community groups and sports clubs.
- Commitment by partners to engage more fully with children and young people in both the planning and delivery of services and in individual case work. There is a clear consensus that more needs to be done to ensure that the 'voice of the child / young person' becomes central to all that we do.

An evaluation of the progress being made by the partnership to address its safeguarding objectives is informed by key performance information about the system as a whole (detailed above). There is evidence of:

- Increasing 'conversations' between professionals. This is helping to reduce the need for statutory intervention by promoting more timely 'early help', preventative multi-agency working.
- The continuing gradual rebalancing of the safeguard system, resulting in fewer children and young people requiring statutory intervention.
- Considerable effort being made to ensure that for those who do require statutory intervention interventions are undertaken in a timely and effective manner and result in positive outcomes for children and young people
- Progress being made to address the needs of particularly vulnerable groups of children and young people (eg those in secure settings, privately fostered, at risk of sexual exploitation). However, it is clear that more needs to be done and is planned for 2014/15.

Are we managing risk safely and appropriately?

Assessing and managing risk is a key responsibility in safeguarding children and young people and is doubly important during a period of whole system change.

Assurance that change is being managed in a careful and safe manner is provided by:

- Performance information indicating that the reduction in the need for statutory intervention continues to be gradual and is being balanced by an increase in Early Help, preventative services
- Oversight of decision making at the Children's Services Front Door
- LSCB audit findings for children and young people who are looked after
- Monitoring of the implementation of action plans from Serious Case Reviews and Local Learning Lessons Reviews.

Areas for improvement identified in 2014/15 include:

- Safeguarding services for children and young people who are disabled and/or have complex needs
- Embedding improvements in the effectiveness of multi-agency child protection plans
- Children and young people living in the context of compromised parenting
- Care Leavers and young people who become homeless
- Adolescent self harm and suicide
- Step down from Child Protection Plans to Child in Need Plans
- The analysis of risk and need.

Is the LSCB making sufficient progress?

The Review of the Business Plan for 2013/14 indicates that good progress is being made to address the priorities set by the Board and that an ambitious plan has been set for 2014/15. The Annual Review has identified many positives in how the Board is operating, including

- The leadership of the Independent Chair
- The development of the Student LSCB
- The provision of information for Board members, although the presentation of performance information needs to be further simplified and made more accessible
- Improving communication and the use of the new website
- Its increasing self awareness of its strengths and weaknesses, which needs to be developed further to facilitate more consistent challenge within meetings and fuller engagement of all partners in the work of the Board.

What Impact is the Board having?

The implementation of the comprehensive Leeds Learning & Improvement Framework has brought together:

- The safeguarding lessons learnt from the full range of the work of the LSCB and partners
- The actions that are being taken to improve services
- The impact on practice, multi-agency working and outcomes for children and young people.

The LSCB acknowledges that evidencing impact on processes remains more straightforward than for outcomes and is seeking to express its improvement objectives more clearly in terms of required outcomes. Nevertheless, it is possible to identify some broad improvement in outcomes for children and young people in Leeds to which the LSCB and its constituent partners have contributed e.g.:

- The continuing trend in the reduction in the number of child deaths
- The reduction in children and young people requiring statutory intervention
- An increasing number of children and young people are being engaged with by services at an earlier stage in the life of the difficulties that they are experiencing.

The Board can also evidence the impact that it has in providing a strategic lead for the partnership eg:

- Increasing the accountability of partners for their safeguarding arrangements and practice
- Raising the profile of safeguarding children and young people across the wider Leeds Partnership (adult and children's services)
- Disseminating key safeguarding messages
- Leading the development of key multi-agency initiatives (e.g. the Early Help Approach and the Think Family - Work Family Protocol) and supporting the establishment of a multi-agency 'Front Door'
- Taking a lead in improving the competence, knowledge and confidence of the children's workforce in safeguarding and promoting the welfare of children and young people through multi-agency training, briefings and conferences
- Ensuring that policies and procedures are updated in line with national developments and local development of practice.

Whilst the Board can evidence making progress and making an impact across the partnership, the Annual Review has identified that more needs to be done. A number of areas for improvement are incorporated in the challenges the Board has set itself for 2014/15.

Challenges for 2014/15

From the Annual Review Process and the Annual Performance Report the LSCB has identified a series of challenges for itself and for other Strategic Bodies to be addressed in 2014/15. These are designed to maintain and increase the momentum for positive change in the development and delivery of services to safeguard and promote the wellbeing of children and young people.

Challenges to strategic bodies for 2014/15

To the Children and Families Trust Board

The following 8 challenges for 2014/15 were presented to and accepted by the Children and Families Trust Board on 26 June 2014:

1) To strengthen the 'voice of the child' in:
   - The planning and evaluation of services
   - Engaging in the delivery of services provided for and with them (particularly in statutory processes e.g. Child Protection Plans and care planning for children and young people who are 'Looked After').

2) To develop and embed the Leeds 'Early Help Approach' to assist front line staff in ensuring that children and young people receive 'the right service at the right time'.

3) To implement and embed the revised 'Think Family - Work Family Protocol' in order to promote more integrated multi-agency working in responding to children and young people living in the context of 'compromised parenting' (where there are adult issues of domestic violence, substance mis-use, mental health problems and learning disability).

4) To maintain the momentum in developing effective multi-agency services for Care Leavers with a focus on commissioning a wider and more flexible range of services to include other troubled and transient young people in the city.

5) To further promote the co-ordination of effective multi-agency Child protection Plans through SMART planning, engagement with parents, children and young people and appropriate professional challenge.

6) To better understand the incidence and nature of adolescent mental ill-health, self harm and suicidal thoughts in order to establish a more co-ordinated partnership response.

7) To build on the increasing understanding of the nature and prevalence of child sexual exploitation in Leeds and across West Yorkshire to:
   - intervene effectively with children, young people, their families and communities
   - reduce the incidence of abuse and support those who have become victims.

   A particular focus should be on developing the multi-agency response to the linked issue of children and young people who 'go missing' (from home, care, school, and universal services).

8) To use the reviews being undertaken of bereavement services for families who have suffered the death of a child or young person to ensure adequate availability and accessibility.

To the Health & Well Being Board, the Safer Leeds Partnership and Adult Safeguarding Board

Two of the challenges to the Children and Families Trust Board, where co-operation and co-ordination between adult and children's services is essential, require the engagement of these three strategic bodies:

- To implement the 'Think Family - Work Family Protocol' (which promotes more 'joined up working' in responding to vulnerable children, young people and adults).
- To improve the availability and accessibility of bereavement services.

Challenges the LSCB is setting itself for 2014/15

These challenges are set out within the framework of the Strategic Plan (2011-15) and have been incorporated into the Business Plan for 2014/15.

LEAD, LISTEN & ADVISE

- To provide more clarity and focus to the priorities of the Board
- To maintain the momentum in developing closer partnership working at both strategic and operational levels and to promote a culture of 'problem solving'
- To ensure that all services (Adults' and Children's) embed the safeguarding of children and young people at the heart of what they do
- To improve communication across the partnership and particularly with practitioners and first line managers
- To further develop the co-ordination of safeguarding activity across the partnership and be satisfied about the quality of services through engagement with:
    - The Education Sector (LSCB Education Reference Group)
    - Faith and Community groups (Third Sector Reference Group)
- To further develop and expand the role of Lay Members and the influence of children and young people within the work of the Board
- To review the engagement of Adult Mental Health Services with young people
- To consider how to respond effectively to issues of radicalisation, child trafficking, FGM and forced marriage.

KNOW THE STORY; CHALLENGE THE PRACTICE

- To more comprehensively hold partners to account through the operation of the Performance Management System and the Learning and Improvement Framework
- To consider how performance and monitoring data can be most effectively presented and used to inform partners/ other strategic boards' development of services for children and young people and to support Board Members in becoming more challenging of each other
- To undertake a more comprehensive evaluation of the effectiveness of 'Early Help' work undertaken through Clusters
- To review the use and effectiveness of 'Child in Need' Plans and 'step down' processes from Child Protection Plans
- To audit the quality of support offered to Care Leavers
- To develop, with partners, a programme to monitor and evaluate the quality and outcomes of safeguarding services for particularly vulnerable groups of children and young people (e.g. those in secure settings, those at risk of sexual exploitation, those who are disabled and/or have complex needs)
- To ensure that factors identified in the deaths of children and young people are disseminated across the partnership and inform practice when working with families
- To review and analyse the data regarding self-harm to evaluate the impact of recent partnership initiatives.

LEARN & IMPROVE

- To support and drive the embedding of new, more effective ways of multi-agency working in order to improve outcomes for children and young people
- To develop a framework and simple coherent multi-agency tools and evidence based models of interventions to support practitioners to provide Early Help more effectively
- To review, revise and further develop the partnership's approach to children and young people who become missing (from home, care, education and universal services), with a particular focus on the under 5's and children who are home educated and to include consideration of related challenges (e.g. trafficking, child slavery, sexual exploitation, forced marriage, female genital mutilation).

Leeds Health & Wellbeing Board

Report author: Sharon Yellin
Tel: 07712214813

Report of: **Joint report from the Director of Public Health and Director of Children's services**

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

Date: **22nd October 2014**

Subject: **Best Start Plan on a Page**

Are there implications for equality and diversity and cohesion and integration?	☐ Yes	X No
Is the decision eligible for Call-In?	☐ Yes	X No
Does the report contain confidential or exempt information?	☐ Yes	X No

Summary of main issues

1. Ensuring the 'best start' for every child in Leeds is one of the four top commitments of the Leeds Health and Wellbeing Strategy. The Leeds Best Start Plan describes a broad preventative programme from conception to age 2 years which aims to ensure a good start for *every* baby, with early identification and targeted support for vulnerable families early in the life of the child. This is a progressive universal approach. In the longer term, this will promote social and emotional capacity and cognitive growth, and will aim to break inter-generational cycles of neglect, abuse and violence.

2. The overall outcomes for the programme will be:
   - Healthy mothers and healthy babies at population and individual level
   - Parents experiencing stress will be identified early and supported
   - Well prepared parents
   - Good attachment and bonding
   - Development of early language and communication

3. The over-arching indicator for the programme is reduced rate of deaths in babies aged under one year (infant mortality rate).

Recommendations

The Health and Wellbeing Board is asked to:

- Note the draft Best Start Plan on a Page for information prior to the Plan being circulated for discussion and consultation, including user engagement.

- To invite the Plan to be brought back for full discussion with partners at the Board meeting on 4th February 2015.

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Leeds Best Start Plan 2015-2019: A Preventative Programme from Conception to Age 2

Vision: Every baby in Leeds will get the best start in life.

Principles:

- All babies will be nurtured and all care givers will feel confident to give sensitive responsive care
- Well prepared parents will make choices with their baby in mind
- Families who are most vulnerable will be identified early and well supported by a highly skilled and well trained workforce
- Inter-generational cycles of neglect, abuse and violence will be broken

Indicator: Reduce the rate of deaths in babies aged under one year

Outcomes	Priorities	Indicators
Healthy mothers, healthy babies – at a population and individual level	1. Promote awareness of importance of first 2 years 2. Improve mother and baby nutrition 3. Deliver high quality maternity and neonatal and child health services 4. Reduce unplanned teenage pregnancies and support teenage parents	1. Proportion low birth weight babies 2. Breastfeeding initiation and maintenance rates 3. Proportion pregnant women with BMI >30 4. Proportion of women booking before 12th completed week of pregnancy 5. Teenage pregnancy rate 6. Rate of immunisation with 3rd DTP
Parents experiencing stress are identified early and supported	5. Further develop integrated health-led services 6. Support parents to reduce use of alcohol, drugs and tobacco 7. Support parents to reduce levels of domestic violence 8. Identify and support mothers experiencing poor perinatal mental health 9. Address child poverty 10. Develop agreed frameworks and pathways for support	7. Health visiting caseload 8. Proportion of children receiving an integrated 2½ year check by Early Start teams 9. Proportion of children receiving Early Start core offer 10. Number of early help assessments initiated by Early Start Service 11. Percentage of women smoking at end of pregnancy 12. Number of parents in treatment with children aged under 2 13. Child poverty rate 14. Maternal mental health placeholder
Well prepared parents	11. Promote high quality education on sex and relationships 12. Provide high quality antenatal and postnatal programmes 13. Provide evidence based parenting programmes for parents of under 2s 14. Promote awareness of specific risks such as safe sleeping, cousin marriage and accidents	15. Number of mothers and number of fathers accessing Preparation for Birth and Beyond 16. Number of mothers and number of fathers accessing Baby Steps
Good attachment and bonding	15. Promote positive infant mental health by supporting responsive parenting 16. Identify parents and babies with attachment difficulties early and offer support	17. Number of babies under two years old taken into care 18. Assessment of early attachment placeholder
Development of early language and communication	17. Raise awareness of parents about importance of early communication and interaction 18. Promote early play and reading opportunities	19. Percentage of children reaching a good level of development at end of Reception 20. Percentage of children in lowest % achievement band for LA

Note: *A number of city-wide cross cutting strategies will contribute to the Best Start priority and the new Maternity Strategy will be a component of the Best Start programme*.

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Leeds Health and Wellbeing Board

Delivering the Strategy

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

Report for the Board
October 2014

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?

The Health and Wellbeing Board has 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. 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

3. 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]	Leeds Deprived[4]	Period	Good =	Freq.	OF[5]	
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.	21.72%	⇩	20%	19.3 B'ham	26.34% ⇩	20.78% ⇩	17.58% ⇩	34.83% ⇩	Q1 14/15	LO	Quarterly	PHOF	
		2. Rate of alcohol related admissions to hospital (per 100,000)	1992	⇩	1973.5	1721 Sheff.	2,376.1 ⇩	1,890.5 ⇩	1,693.9 ⇩	2,916.6 ⇩	12/13	LO	Year.	PHOF	
	2. Ensure everyone will have the best start in life	3. Infant mortality rate (per 1,000 births)	4.8	⇩	4.3	2.7 Bristol	4.8 ⇩	3.9 ⇩	5.7 ⇩	5.6 ⇩	2007-2011	LO	Year.	PHOF	
		4. Excess weight in 10-11 year olds	35.0%	⇔	40%	32.7 B'ham	36.4% ⇔	34.9% ⇔	33.5% ⇔	38.4% ⇔	12/13	LO	Year.	PHOF	
	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)	113.1	⇩	108.1	113.1 Leeds	131.4 ⇩	110.8 ⇩	97.8 ⇩	150.9 ⇩	2010-2012	LO	Year.	PHOF	
		6. Rate of early death (under 75s) from cardiovascular disease (per 100,000)	67.0	⇩	60.9	63.3 Bristol	78.6 ⇩	67.2 ⇩	55.2 ⇩	111.2 ⇩	2010-2012	LO	Year.	PHOF	
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)	307.3	⇩	312.7	238.6 Nott.	N/A	N/A	N/A		Q4 12/13	LO	Year.	CCGOI	
		8. Permanent admissions of older people to residential and nursing care homes, per 100,000 population	573	⇧	668	573 Leeds	757.5	679.5	628.6		Q4 13/14	LO	Quarterly	ASCOF	
	5. Ensure more people recover from ill health	9. Proportion of people (65 and over) still at home 91 days after discharge into rehabilitation	90%	⇧	82%	90% Leeds	N/A	N/A	N/A		Q4 13/14	HI	Quarterly	ASCOF	
	6. Ensure more people cope better with their conditions	10. Proportion of people feeling supported to manage their condition	67.69%	⇧	67.85%	70.2% Newc	70.17% ⇧	67.69% ⇩	68.06% ⇧		2013-14	HI	2x Year.	CCGOI	
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	41.67%	⇩	44.83%	41.67 % Leeds	38.14% ⇩	41.10% ⇩	48.10% ⇧		Q4 13/14	HI	Quarterly	CCGOI	
	8. Ensure people have equitable access to services	12. Improvement in access to GP primary care services	74.38%	⇔	74.6%	78.63 % Newc	71.53% ⇩	74.64% ⇧	77.57% ⇩		2013/14	HI	2x Year.	NHSOF	
	9. Ensure people have a positive experience of their care	13. People's level of satisfaction with quality of services	69%	⇧	65%	69% Leeds	71.8%	66.3%	66.9%		Q3 13/14	HI	Quarterly	ASCOF	
		14. Carer reported quality of life	8.1	N/A	N/A	8.7 Newc	7.8	8.4	7.9		2011/12	HI	Year.	ASCOF	
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	ASCOF	
	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	68%	⇧	62	74% Brist.					Q4 13/14	HI	Quarterly	ASCOF	
5. People will live in healthy and sustainable communities	12. Maximise health improvement through action on housing, transport and the environment	17. Properties achieving the decency standard (%)	91.03%	⇩	N/A						Q3 12/13	HI	Year.	Local	
	13. Increase advice and support to minimise debt and maximise people's income	18. Number of households in fuel poverty	11.6%	⇧	10.4%						2012	LO	Year.	PHOF	
		19. Amount of benefits gained for eligible families that would otherwise be unclaimed	£5,546,070	N/A	N/A						Q1 14/15	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	57.3%	⇧	60.8%	59.8% B'ham					2013	HI	Year.	DFE	
	15. Support more people back into work and healthy employment	21. Proportion of adults with learning disabilities in employment	7.4%	⇧	6.8%	7.8% Liver.	8.45%	10%	5.3%		Q4 13/14	HI	Quarterly	ASCOF	
		22. Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	56.9	N/A	62.3						2012/13	LO	Quarterly	PHOF	

⇧ = indicator is improving ⇔ = indicator is static ⇩ = indicator is getting worse

Notes on indicators

[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 (1,2,4,5,6,7,10,11,12) or Council management area (3,8,9,13,14,21). Boundaries are not identical. [4] 'Leeds deprived' data is taken from LSOAs within the bottom 10% of the Index of Multiple Deprivation (IMD) [5] OF = Outcomes Framework

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, all ages. Previously HSCIC published the data as full financial years. However the latest release of data is for the period July 2012 to June 2013 – thus direct comparisons with the past are impossible, and arrows given as indicative. In future data will be benchmarked against this quarter's. **8)** The peer is a comparator average for 2011/12. This data is a projected year end figure, updated each quarter. **9)** The peer is a comparator average for 2011/12. The unit is percentage of cohort. This data is a projected year end figure, updated each quarter. **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. The change in figures since last reported is to do with how the denominator is calculated. The indicator relates to the question in the GP Survey 'In the last 6 months have you had enough support from local services or organisations to help manage your long term condition(s)?' The numerator is a weighted count of all the 'Yes – definitely and 'Yes – to some extent' responses. Previously the denominator was a count of all responses to the question, which included the options 'I haven't needed such support' and 'Don't know/Can't say'. The latest methodology only counts the 'Yes – definitely', 'Yes – to some extent' and 'No' responses. **11)** The peer is England average. The unit is percentage of patients. Local data supplied previously was from a provider report based on a single snapshot taken at the end of each month. This new data is supplied by NHS England and is based on a dataset submitted nationally by all providers. Direct comparisons are therefore impossible and arrows are indicative. 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. 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. This data is a projected year end figure, updated each quarter. The forecast is over 70% by end of year. **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. The city target is to achieve Decency in 95% of the stock, a one percentage point reduction on the 2012 / 2013 target. The reason for the reduction is the development of a new approach to capital investment in stock; on an area basis rather than an elemental one. **18)** Since last reported, the government has totally changed the definition of fuel poverty, with a big impact on numbers of fuel poor. The new fuel poverty definition is based on households who are on a low income and who live in a property with high costs, as opposed to the old definition which focussed on household spending more than 10% of their income on fuel to maintain a satisfactory heating regime. Currently, however, DECC are publishing both definitions, including sub-regional data down to county level. The latest data we have for this is the 2011 data showing fuel poverty to be at 17.2 % by the old 10% measure for West Yorkshire and 11.3% under the new low income/high cost definition. **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 percentage of pupils in Leeds achieving five or more GCSEs (or equivalent) at grades A*-C, including GCSEs in English and Maths, has improved by 2.3 percentage points in the 2012/13 academic year, to 57.3%. Leeds remains below the national figure of 60.8%, and the gap to national performance has slightly narrowed by 0.5 of a percentage point. Leeds is ranked 115 out of 151 local authorities on this indicator, putting Leeds in the bottom quartile in 2013. The improvement achieved in statistical neighbour authorities was slightly below the rate of improvement in Leeds; although attainment in Leeds is 3.3 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. This data is a projected year end figure, updated each quarter. **22)** This indicator was slightly amended in July 2014. The old indicator uses the Labour Force Survey data on employment, together with a question on contact with secondary MH services, which is a self-reported, non-clinically-assessed question asking if people suffer from depression, bad nerves or anxiety, severe or specific learning difficulties, mental illness or phobias, panics or other nervous disorders. It is collected quarterly. The Public Health Outcomes Framework indicator listed here replaces the old indicator; it uses the same Labour Force Survey data on employment, but matches it instead to people on the Care Programme Approach receiving secondary MH services. It then calculates the gap between these figures and the overall England average employment figures. It is collected yearly. Colleagues from the Mental Health partnership Board have recommended this change to capitalise on the more robust way of capturing the current picture we now have available through the PHOF.

Red text indicates the H&WB Board 'commitments'

Core Cities: Manchester, Sheffield, Leeds, Birmingham, Nottingham, Newcastle, Liverpool, Bristol

Data presented is the latest available as of April 2014.

3. Exceptions, risks, 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

Date	JHWS indicator	Details of exception	Exception raised by	Recommended next steps
Open Exceptions – No exception to report				

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)
30th September 2014	8	Leeds Teaching Hospitals NHS Trust: Care Quality Commission - Hospitals Inspection Outcome and Action Plan
30th September 2014	9	Better Care Fund Overview
30th September 2014	10	Consultation, Engagement and Communication Strategy for the Care Act (2014)

4. Our 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.	

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 Board produce a monthly 'dashboard' on their key indicators within the Children and Young People's Plan, included below

Children and Young People's Plan Key Indicator Dashboard - City level: Aug 2014

	Measure	National	Stat neighbour	Result for same period last year	Result Jun 2013	Result Jul 2013	Result Aug 2013	Result Sep 2013	DOT	Data last updated	Timespan covered by month result
Safe from harm	1. Number of children looked after	60/10,000 (2012/13 FY)	70/10,000 (2012/13 FY)	1372 (85.0/10,000)	1316 (81.5/10,000)	1289 (79.8/10,000)	1280 (79.3/10,000)	1291 (79.9/10,000)	▲	31/08/2014	Snapshot
	2. Number of children subject to Child Protection Plans	37.9/10,000 (2012/13 FY)	39.5/10,000 (2012/13 FY)	868 (53.7/10,000)	762 (47.2/10,000)	761 (47.1/10,000)	757 (46.9/10,000)	784 (48.5/10,000)	▲	31/08/2014	Snapshot
Learning and have the skills for life	3a. Primary attendance	95.3% (HT1-5 2013 AY)	95.4% (HT1-5 2013 AY)	95.3% (HT1-4 2013 AY)	95.4% (HT 1-5 2013 AY)	95.4% (HT 1-5 2013 AY)			▼	HT1-4	►
	3b. Secondary attendance	94.2% (HT1-5 2013 AY)	94.2% (HT1-5 2013 AY)	93.7% (HT1-4 2013 AY)	93.7% (HT1-5 2013 AY)	93.7% (HT1-5 2013 AY)			▼	HT1-4	▼
	3c. SILC attendance (cross-phase)	90.4% (HT1-4 2012 AY)	91.1% (HT1-4 2012 AY)	87.5% (HT1-5 2012 AY)	86.9% (HT1-5 2013 AY)	86.9% (HT1-5 2013 AY)			▼	HT1-4	▲
	4. NEET	5.4% (May 14)	6.6% (May 14)	7.8% (1744)	7.3% (1675)	7.4% (1685)	7.5% (1716)	7.7% (1805)	N/A	31/07/2014	1 month
	5. Foundation Stage good level of achievement	52% (2013 AY)	48% (2013 AY)	63% (2012 AY)	51% (2013 AY)				N/A	Oct 12 SFR	AY
	6. Key Stage 2 level 4+ English and maths	76% (2013 AY)	77% (2013 AY)	73% (2012 AY)	75% (2014 AY)				▲	Dec 12 SFR	AY
	7. 5+ A*-C GCSE inc English and maths	60.8% (2013 AY)	60.6% (2013 AY)	55.0% (2012 AY)	57.3% (2013 AY - 4482)				▲	Jan 13 SFR	AY
	8. Level 3 qualifications at 19	57.3% (2013 AY)	54.5% (2013 AY)	50% (2012 AY - 4,189)	54% (2013 AY - 4710)				▲	Apr 13 SFR	AY
	9. 16-18 year olds starting apprenticeships	114,347 (Aug 12- Jul 13)	740 (Aug 12- Jul 13)	1,149 (Aug 12 - Apr 13)	1,521 (Aug 12 - Jul 13)				▼	Dec 13 SFR	Cumulative Aug - July
	10. Disabled children and young people accessing short breaks	Local indicator	Local indicator		Indicator in the process of being redeveloped						
Healthy lifestyles	11. Obesity levels at year 6	18.9% (2013 AY)	19.4% (2013 AY)	19.7% (2012 AY)	19.6% (2013 AY)				▲	Dec 13 SFR	AY
	12. Teenage conceptions (rate per 1000)	26.0 (Sep 2012)	33.7 (Sep 2012)	31.4 (Sep 2012)	31.4 (Sep 2012)				►	Nov-13	Quarter
	13a. Uptake of free school meals - primary	79.8% (2011 FY)	79% (Yorks & H)	73.1% (2012/13 FY)	73.1% (2012/13 FY)				►	Oct-13	FY
	13b. Uptake of free school meals - secondary	69.3% (2011 FY)	67.4% (Yorks & H)	71.1% (2012/13 FY)	71.1% (2012/13 FY)				►	Oct-13	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% (2012 AY)	80% (2013 AY)				►	Sep-13	AY
Voice and influence	16. 10 to 17 year-olds committing one or more offence	1.9% (2009/10)	2.3% (2009/10)	1.0% (2012/13)	1.0% (2013/14)				►	Apr-13	FY
	17a. Children and young people's influence in school	Local indicator	Local indicator	68% (2012 AY)	69% (2013 AY)				▲	Nov-13	AY
	17b. Children and young people's influence in the community	Local indicator	Local indicator	52% (2012 AY)	50% (2013 AY)				▼	Nov-13	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
BEST START – Children & Young People New jointly commissioned citywide Infant Mental Health Service Delivers training to children's services' workforce to understand and promote infant /care-giver attachment Co-works with practitioners i.e. Early Start Service Delivers psychological intervention where significant attachment issues Leeds-wide roll out of new 'Preparation for Birth & Beyond' ante/postnatal sessions, with emphasis on parental relationship and attachment. Early Start teams developing maternal mood pathway.	Joint Performance Management group (CCG/LA)
TAMHS – (targeted early intervention service for mental health in schools) Evidence based model initially supported by partners (School Forum, LA and CCGs) through seed funding Rolling out across the city – match funding by school clusters A number of pilots commencing to monitor impact of GP referrals within certain established TAMHS sites	TAMHS Steering Group
Access to Psychological Therapy *Children & Young People* Leeds successful in this year's children's IAPT bid Focus on children's IAPT is workforce development and session by session monitoring Current exploration of scope for digital technology to impact on self-help and access to therapy *Adults* 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. Piloting self- help group through third sector as option when IAPT not appropriate. Pilot scheme of direct GP referrals to Job Retention staff based at Work Place Leeds Plan in place to review current model and to develop complementary primary care mental health provision	Joint Performance Management Meeting (CCGs and LA) MH provider management group CCGs
Suicide Prevention. Revised suicide action plan for Leeds in place, based on national strategy and Leeds suicide audit 2011 3 key priorities include ; Primary care Bereavement Community (high risk groups) Insight work commissioned in Inner West Leeds working with at risk group (Men 30 -55) Commissioning of training and awareness around suicide risk (ASIST, safe-talk) Commissioning local peer support bereaved by suicide group	Leeds Strategic Suicide Prevention Group & task groups
Self Harm *Children & Young People* Task group established in October 2013 to review and improve service & support for young people who self-harm, and the adults who support them (i.e., parents & schools) CQUIN in 2013/14 to improve interface between LTHT and CAMHS service when young people present at A&E having self-harmed Young People's self -harm project established– with aim to link this to the Adult Partnership group.	Leeds Children & Young People: Self-harm Group (within Children's Trust Board structure)

Adults Re-established Self Harm Partnership Group and mapped existing services. Commissioned insight work on specific groups who self harm and share learning / commission intervention (including young people) Monitor pilot of commissioned work with third sector around long term self-harming. Commission third sector self-harm programmes using innovative approaches. Challenge of future funding allocation following pilot work. SLCS (3rd Sector) commissioned as alternative to hospital – service recently increased capacity and specific work with BME communities.	Self Harm Partnership Group
Stigma and Discrimination Time 2 Change work plan in place across Leeds, with commitment across partners. National recognition of local T2C action, including national launch of new campaign in Leeds, February 2014. Specific young people's working group with working group driving agenda and developed "Suitcase" and "Headspace" Living library events held across city. Mental health awareness training delivered across the city, challenging stigma and discrimination. Increased numbers of employers signed up to Mindful Employer and Mindful Employer Leeds Network Commissioning of targeted area-based anti-stigma work with voluntary sector (e.g. Pudsey)	Time to Change Development Group
Population Mental Health and Wellbeing Healthy Schools – emotional wellbeing element included as part of School Health Check (previously National Healthy School Status) and one of the four key health priorities schools. Delivery of mental health awareness in schools. Commissioning population wellbeing through core healthy living programmes in local communities, in partnership with 3rd sector. Mental health & wellbeing element of healthy lifestyle programmes, eg, Leeds Let's Change, Health is Everyone's Business, Community Healthy Living services. Citywide investment of MH awareness training, including self-management and resilience. Development of peer support initiatives e.g with Leeds Mind and Work Place Leeds. Development and awareness-raising around mental health promotion resources city-wide (e.g. 'How Are You Feeling?' resource and signposting to support). Citywide MH Information Line business case in development Access to welfare benefits advice, debt advice and money management Key links to older people's agenda, including social isolation & loneliness, SMI and dementia. MH Service providers developing innovation around joint working with 3rd sector to improve outcomes (e.g. LYPFT, Volition)	Healthy Schools Steering Group Previous reporting to Health Improvement Board – to be reviewed.
List any gaps or risks that impact on the priority:	
Historically low capacity to address mental health and wellbeing in relation to physical health. To improve whole population mental health taking life course approach, need to join up systems and programmes focused on children, adults and older people. More emphasis needed on population wellbeing, including addressing underlying socio-economic factors (e.g. housing, debt, employment), rather than narrow focus on mental illness through services. Needs further engagement from 'non- traditional mental health sector' to improve outcomes. Offenders/Young Offenders – key group with poor mental health and wellbeing. Risk of fragmentation around approach. Further work needed to improve joined-up commissioning for mental health and wellbeing across NHS and Local Authority agendas – including population wellbeing. Some good practice and innovation in small areas, often not city-wide. Challenges around shifting commissioning towards positive outcomes and recovery.	
Indicators and related outcomes within JHWBS.	
Other related indicators: *All* the indicators are relevant to population mental health but those in particular 1,2,3,10,12,13,14,17,18,19,20,21,22.	
Priority 7 agenda particularly linked to Outcome 1 (People will live healthy and longer lives)and Outcome 5 (People will live in health and sustainable communities)	
Current indicator 11 measures uptake of psychological therapy. Whilst this is an important measure, it should be used with a range of broader indicators including quality of life measures. Quantitative measures e.g. around suicide deaths, self-harm admissions are useful within this broader set of indicators, with further work being done to collect in a timely manner:	

	Topic	Indicator	Group	Lead
1	Depression in Older People	Number of People over 65 accessing IAPT Service (CCG mandated target) Proxy measure – as there will be a range of work going on across the city and partnerships to improve wellbeing for older people – Q – how could this be captured to contribute to this topic	Performance Management of IAPT Service through 3CCGs	Nigel Gray/Jane Williams (NHS)
2	Reducing suicide	3 year average suicide rates (Leeds Suicide Audit) Suicide implementation progress of the suicide action plan	Suicide Strategy Group	Ian Cameron/Victoria Eaton (LCC)
3	Reducing self-harm	Number of people accessing self-harm team through A&E	Self-harm Partnership Groups (adults and children)	Nigel Gray/Ian Cameron (NHS/LCC)
4	Increasing self-management, building resilience and developing peer support	Local monitoring of: Number of people taking up commissioned courses run by Oblong, Community Links & Leeds Mind	Performance management of contracts by NHS and CCG	Jane Williams & Catherine Ward (NHS/LCC)
5	Community wellbeing	Quality of life measures		Ian Cameron/Victoria Eaton (LCC)

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DIRECTIONS
ST GEORGE'S CENTRE, LEEDS, LS1 3BR, 0113 3832140

*THERE IS A **FREE CITY CENTRE CIRCULAR BUS** OUTSIDE THE FRONT OF THE TRAIN STATION WHICH CAN DROP DELEGATES AT **PARK LANE COLLEGE.** PLEASE CROSS THE ROAD TOWARDS **LITTLE WOODHOUSE** AND PASS **THE SWARTHMORE CENTRE** ON YOUR RIGHT. CROSS THE **FOOTBRIDGE** TOWARDS THE CHURCH AND ST ***GEORGE'S CENTRE IS ON THE LEFT*** *ADJACENT TO THE* ***CHURCH STEPS***.

TAXI *from the Station to the St George's Centre is approximately £5*

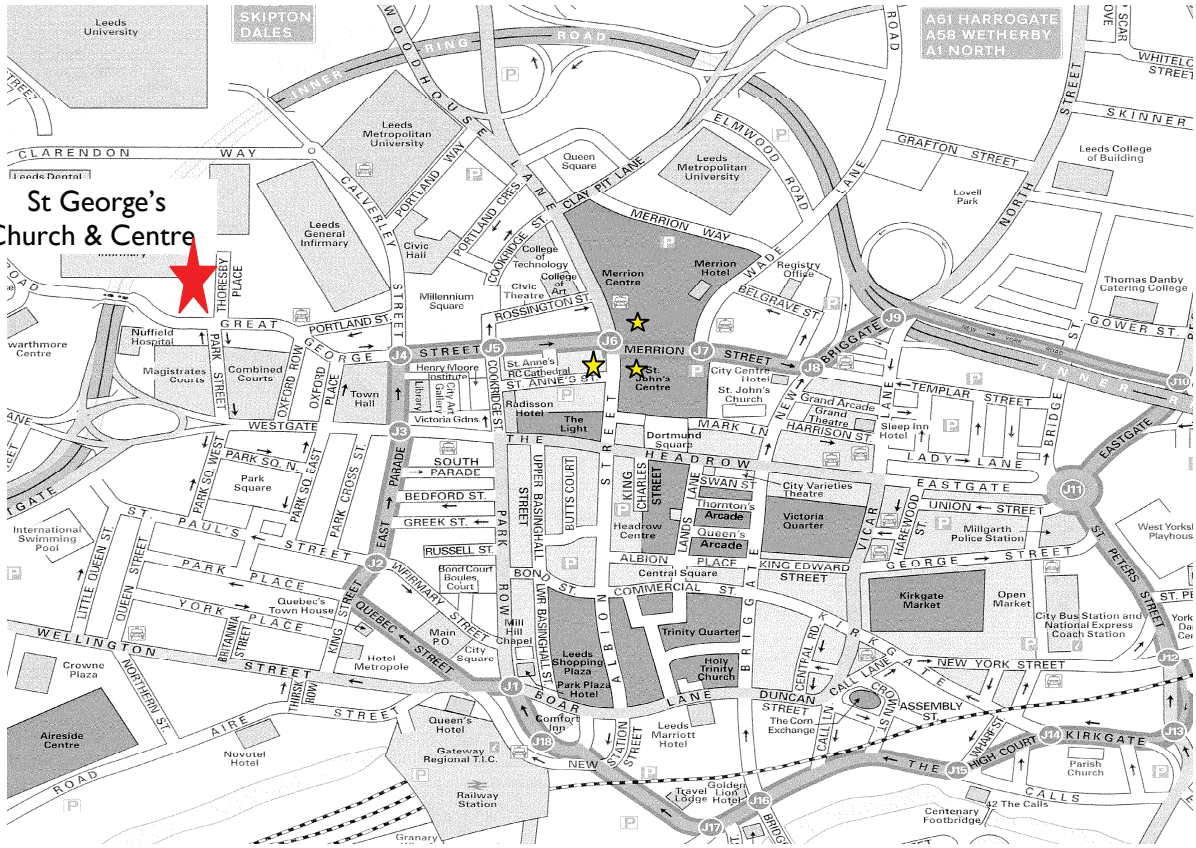
WALKING FROM LEEDS CITY CENTRE STATION

The church is situated next door to Leeds General Infirmary on Great George Street.
The centre adjacent to the Church Steps

To the Church & Centre from Leeds City Station is 10 to 15 minutes level walking.

Exit the station from the entrance by the taxi rank. Cross Queens Square into Park Row. Walk to the junction with the Headrow. Turn left and cross to the other side of the road at some point. Pass the Art Gallery and Town Hall (lion statues on both ends of it) and turn right into Oxford Place. Walk to the top of the road and turn left into Great George Street. Cross the road - the General Infirmary is on your right. Keep walking right down to the end of Great George Street and turn right into the premises. (Facing Virgin Health Club adjacent to the Church Steps).

For St George's Centre – Please enter through the green pedestrian gate to the left of the church steps. The Reception silver double doors is opposite.



CAR PARKS AT - THE LIGHT, THE ST JOHNS CENTRE, THE MERRIONS CENTRE
ALL AT THE TOP OF GREAT GEORGE STREET, LEEDS

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