



SCRUTINY BOARD (ADULTS AND HEALTH)

Meeting to be held in 6 & 7 - Civic Hall, Leeds on
Tuesday, 13th March, 2018 at 1.30 pm

(A pre-meeting will take place for ALL Members of the Board at 1.00 p.m.)

MEMBERSHIP

Councillors

- C Anderson - Adel and Wharfedale;
J Chapman - Weetwood;
B Flynn - Adel and Wharfedale;
H Hayden (Chair) - Temple Newsam;
A Hussain - Gipton and Harehills;
J Jarosz - Pudsey;
G Latty - Guiseley and Rawdon;
C Macniven - Roundhay;
J Pryor - Headingley;
D Ragan - Burmantofts and Richmond Hill;
P Truswell - Middleton Park;
S Varley - Morley South;

Co-opted Member (Non-voting)

Dr J Beal - Healthwatch Leeds

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

Principal Scrutiny Adviser:
Steven Courtney
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Produced on Recycled Paper

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <ol style="list-style-type: none"> 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:- <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:</p> <p>No exempt items have been identified.</p>	

3

LATE ITEMS

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

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

4

DECLARATION OF DISCLOSABLE PECUNIARY 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 AND NOTIFICATION OF SUBSTITUTES

To receive any apologies for absence and notification of substitutes.

6

MINUTES - 13 FEBRUARY 2018

1 - 6

To approve as a correct record the minutes of the meeting held on 13 February 2018.

7

MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (YORKSHIRE AND THE HUMBER) - 12 JANUARY 2018

7 - 12

To consider the draft minutes of the meeting of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber), held on 12 January 2018.

8	<p>DELIVERY OF GP SERVICES IN LEEDS - UPDATE</p>	13 - 30
	<p>To consider a report from the Head of Governance and Scrutiny Support that introduces a further update from Leeds Clinical Commissioning Groups Partnership regarding the delivery of GP services in Leeds.</p>	
9	<p>CARE QUALITY COMMISSION - ADULT SOCIAL CARE PROVIDERS INSPECTION OUTCOMES NOVEMBER 2017 TO JANUARY 2018</p>	31 - 36
	<p>To consider a report from the Director of Adults and Health that provides details of Care Quality Commission inspection outcomes for social care providers across Leeds during the reporting period November 2017 to January 2018; and also provides general information on the CQC ratings for providers in the city.</p>	
10	<p>LEEDS HEALTH AND CARE PLAN: INSPIRING CHANGE THROUGH BETTER CONVERSATIONS WITH COMMUNITIES</p>	37 - 48
	<p>To consider a report from the Chief Officer (Health Partnerships) that provides an overview of the progress made in shaping the Leeds Health and Care Plan, following the previous conversation at each Community Committee in November / December 2017.</p>	
11	<p>CHAIR'S UPDATE</p>	49 - 50
	<p>To receive an update from the Chair on scrutiny activity since the previous Board meeting, not specifically included elsewhere on the agenda.</p>	
12	<p>WORK SCHEDULE</p>	51 - 86
	<p>To consider the Scrutiny Board's work schedule for the 2017/18 municipal year.</p>	

DATE AND TIME OF NEXT MEETING

Tuesday, 10 April 2018 at 2:30pm (pre-meeting for all Scrutiny Board members at 2:00pm).

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 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.

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SCRUTINY BOARD (ADULTS AND HEALTH)

TUESDAY, 13TH FEBRUARY, 2018

PRESENT: Councillor H Hayden in the Chair

Councillors C Anderson, B Flynn,
A Hussain, J Jarosz, G Latty, C Macniven,
J Pryor, D Ragan, P Truswell and S Varley

87 Appeals Against Refusal of Inspection of Documents

There were no appeals against refusal of inspection of documents.

88 Exempt Information - Possible Exclusion of the Press and Public

There was no exempt information.

89 Late Items

There were no formal late items. However there was supplementary information provided to the Board in relation to Item 7 (minute 93 refers), the information was the Annual Healthcare Performance Data for HMP Leeds and HMP Wealstun.

90 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

91 Apologies for Absence and Notification of Substitutes

Apologies were received from Cllr. Judith Chapman.

No substitute Members were in attendance.

92 Minutes - 19 December 2017 and 16 January 2018

RESOLVED –

- (a) That the minutes of the meeting held on 19th December 2017 be approved as a correct record.
- (b) That, subject to the inclusion of Dr J Beal (Healthwatch Leeds) on the list of those present at the meeting, the minutes of the meeting held on 16th January 2018 be approved as a correct record.

93 Scrutiny Inquiry: Health and Social Care Needs of Offenders

The Head of Governance and Scrutiny Support submitted a report which introduced some additional information relating to the Scrutiny Board's inquiry into the Health and Social Care Needs of Offenders.

Supplementary information on performance data was provided by the provider of health care services at HMP Leeds and HMP Wealstun, Care UK.

Draft minutes to be approved at the meeting
to be held on Tuesday, 13th March, 2018

The following were at the meeting to present and expand on the details provided in the presentation slides attached to the submitted report:-

- Dawn Jessop – Regional Manager, Care UK
- Michael McGonnell – Deputy Service Director, Care UK
- Dave Browne – HMP Leeds Head of Healthcare, Care UK

Also in attendance at the meeting were:

- Chris Jewesbury – Head of Health and Justice, NHS England (Yorkshire and Humber); and,
- Sinead Cregan – Adult Commissioning Manager, Adults and Health LCC

Some members of the Scrutiny Board had recently visited HMP Leeds and HMP Wealstun and reported that they had found both visits valuable experiences and thanked those who had made the visits possible.

Care UK gave their presentation highlighting a number of areas, including:

- An overview of Care UK and the type of services delivered, which included residential care, GP services and NHS 111;
- Care UK currently provide healthcare at 42 jails across the country including 10 sites in Yorkshire;
- The integrated Health Care model and approach;
- The types of healthcare provided from dentists, physiotherapy and podiatry;
- Governance and performance monitoring arrangements.

The Scrutiny Board considered and discussed the details set out in the submitted report and presented at the meeting. Some of the key areas of discussion included:

- The complexities associated with mental ill-health, substance and alcohol misuse.
- Resources, including the use of agencies, training programmes and recruitment.
- The role of the health care representatives within prisons and how their role could be improved and extended.
- Role of Independent Monitoring Board (IMB).
- The procurement process, performance information and monitoring of service delivery.
- Referral arrangements – specifically in relation to mental health referrals.
- The potential impact on NHS services outside the prison environment.
- Partnerships and relationships with other bodies, including NHS England.
- The impact of a less experienced workforce, including Prison Officers.
- The provision of dental and optician services.
- The prevalence of ex-servicemen with Post-Traumatic Stress Disorder (PTSD) within the prison environment.

- Matters identified as part of the Care Quality Commission inspection, likely to be formally reported in March 2018.
- The development of a national performance dashboard.

RESOLVED – To note the details provided in the submitted report and presented at the meeting.

NB Cllr. Varley joined the meeting at 1:50pm and Cllr. Arif Hussain left the meeting at 2:40pm during consideration of this item.

94

Scrutiny Inquiry: Health and Social Care Needs of Offenders - Healthwatch Leeds report on peoples experiences of health care services at HMP Leeds

The report of the Head of Governance and Scrutiny Support introduced the Healthwatch Leeds report on people's experiences of health care services at HMP Leeds.

HMP Leeds had invited Healthwatch Leeds (HWL) to explore what was working well and what could be improved with healthcare in HMP Leeds, following the award of the healthcare contract to a new service provider, Care UK.

Tatum Yip (Community Project Worker, Healthwatch Leeds) was in attendance to outline the report and address any matters raised by the Scrutiny Board.

The following representatives were also in attendance for the discussion:

- Michael McGonnell – Deputy Service Director, Care UK
- Dawn Jessop – Regional Manager, Care UK
- Dave Browne – HMP Leeds Head of Healthcare, Care UK
- Chris Jewesbury – Head of Health and Justice, NHS England (Yorkshire & Humber)
- Sinead Cregan – Adult Commissioning Manager, Adults and Health, Leeds City Council

A range of matters, including the following, were drawn to the attention of the Scrutiny Board:

- 23 Prisoners had talked of their experiences of healthcare services in prison and their views of what could be improved.
- Prison was a challenging and chaotic environment.
- Prisoners were satisfied with the service and spoke highly of the healthcare staff.
- Health Care Representatives (HCRs) were a valuable asset but could play a greater role.
- Issues with attending appointments due to staffing issues.
- Negative experiences were often associated with prison staff – in terms of numbers and experience.

HWL had identified a number of areas for improvement and details of the recommendations were presented in the submitted report. The Scrutiny Board were advised that a detailed action plan against the recommendations had been provided by Care UK. The Board requested that Care UK's response be shared with the Scrutiny Board.

Leeds City Council's Adult Commissioning Manager provided the Scrutiny Board with a brief overview of the work being undertaken by the Council and reminded the Scrutiny Board of the arrangements in place to help the Council meet its obligations under the Care Act.

The details provided included:-

- 2 care assistants who work with the care team to address issues of older prisoners.
- Work with prisoners who have or require care packages.
- New Wortley Offender Support Team who offer support to those due to be released.

The Board considered and discussed the information provided and queried the extent to which Children and Families were involved in providing family support in instances where offenders were returning to a family home.

RESOLVED – To note the details provided in the submitted report and presented at the meeting.

NB Cllr. Truswell left the meeting at 3:40pm during consideration of this item.

95 Chair's Update

The Head of Governance and Scrutiny Support submitted a report that provided an opportunity for the Chair to provide an update on relevant matters not included elsewhere on the agenda.

The Chair provided an update on areas of work and activity since the previous Scrutiny Board meeting in January 2018, including:

- The West Yorkshire Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) development session on 24th January 2018, which had focused on the work of the West Yorkshire and Harrogate Health and Care Partnership. It was noted that there was a need for revised terms of reference for the Joint Committee particularly in terms of membership to reflect the geography of the West Yorkshire and Harrogate Health and Care Partnership.
- A request from local ward members from Kippax and Methley, namely Councillors Harland, Wakefield and Lewis, to consider proposals for the

closure of a local GP and the associated processes. The Board note it had not been formally notified of the proposed closure.

The Board discussed the need for GP's to consult with patients and the community prior to closures. Members were also of the view that as the CCG's new models of care and the creation of Local Care Partnerships developed, it was essential for there to be clear and consistent approaches to public and patient involvement.

As part of the update, the Chair thanked all the Members who had attended the recent prison visits to HMP Leeds and HMP Wealstun. She also thanked the Scrutiny Officers for organising the visits.

RESOLVED –

- a) To note the content of this report and the verbal update provided at the meeting.
- b) To incorporate the request from Kippax and Methley ward councillors (detailed above) into the Board's work schedule.

96 Work Schedule

The Head of Governance and Scrutiny Support submitted a report which invited Members to consider the Board's work schedule for the 2017/18 municipal year.

Members had during the previous item discussed the closure of a GP practice in Kippax. Members suggested the Board needed to maintain an overview of the development of Local Care Partnerships as part of the CCGs work on new models of care.

Members were advised that invites were due to go out to Members of Scrutiny Board to meet with the Independent Monitoring Board.

Members were informed that the Scrutiny Inquiry Report was due to go to the additional meeting arranged for 10th April 2018.

Members had noted the letter from Cllr. Davey Chair of Corporate Governance and Audit Committee. It was suggested that the issues raised in the letter be addressed at the working group.

RESOLVED – To note the details of the report in particular the details set out at point 2.7 – 2.16 of the submitted report and agree and amend the work schedule.

97 Date and Time of Next Meeting

The next meeting will be Tuesday 13th March 2018 and 1.30pm (pre-meeting for all Board Members at 1:00pm).

(The meeting concluded at 4.15pm)

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (YORKSHIRE & THE HUMBER)

FRIDAY, 12TH JANUARY, 2018

PRESENT: Councillor H Hayden in the Chair

Councillors Clark, Johnson and Smaje

Apologies Councillor Brown, Dickerson, Douglas, M Greenwood, V Greenwood, Hall, Midgley, Mumby-Croft, Rhodes, Robinson and Sansome

42 Late Items

There were no late items of business and no supplementary information submitted to the meeting.

43 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interest declared at the meeting.

44 Apologies for Absence and Notification of Substitutes

Apologies for absence had been received and were recorded as follows:

- Cllr D Brown – Hull City Council
- Cllr M Dickerson – North East Lincolnshire Council
- Cllr H Douglas – City of York
- Cllr M Greenwood – Calderdale Council
- Cllr V Greenwood – Bradford MBC
- Cllr B Hall – East Riding of Yorkshire Council
- Cllr P Midgley – Sheffield City Council
- Cllr H Mumby-Croft – North Lincolnshire Council
- Cllr B Rhodes – Wakefield Council
- Cllr A Robinson – Doncaster MBC
- Cllr S Sansome – Rotherham MBC

It was noted that Cllr S Evans had replaced Cllr S Sansome as Rotherham MBC's representative on the Joint Committee. Cllr S Evans had also sent his apologies for absence.

There were no substitute members in attendance.

45 Minutes of the previous meeting - 5 July 2017

RESOLVED - That the draft minutes of the meeting held on 5 July 2017 be agreed as an accurate and correct record.

Draft minutes to be approved at the meeting
to be held on Date Not Specified

46 Congenital Heart Disease Services for Adults and Children: Future Commissioning Arrangements

The Head of Governance and Scrutiny Support (Leeds City Council) submitted a report that presented details of NHS England's final decisions on the commissioning of congenital heart disease services for adults and children across England.

In following representatives were in attendance for consideration of the item:

- Julian Hartley – Chief Executive, Leeds Teaching Hospitals NHS Trust
- Dr Elspeth Brown – Consultant Cardiologist, Leeds Teaching Hospitals NHS Trust
- Debra Wheeler – General Manager, Yorkshire and Humber Congenital Heart Disease Network
- Jo Quirk – Lead Nurse, Yorkshire and Humber Congenital Heart Disease Network
- Dr Michael Gregory, Regional Clinical Director Specialised Commissioning (North of England)

The Joint Committee noted that the Chief Executive of Children's Heart Surgery Fund (CHSF) – Sharon Coyle – who had been due to attend the meeting, had sent her apologies due to illness. However, members of the Joint Committee wished to formally thank the Chief Executive for her support and contributions to the work of the Joint Committee, in addition to the work and on-going support provided by CHSF to children and families across Yorkshire and the Humber.

The representatives in attendance addressed the Joint Committee to summarise the information submitted to the meeting and provide an update on progress at Leeds Teaching Hospitals NHS Trust.

Some of the main points raised included:

- Confirmation that congenital heart disease services for adults and children remained an important issue for Leeds Teaching Hospitals NHS Trust.
- Leeds Teaching Hospitals NHS Trust's appreciation for the work undertaken by the Joint Committee.
- Leeds Teaching Hospitals NHS Trust's appreciation for the continued work and support provided by the Children's Heart Surgery Fund.
- Confirmation of Leeds Teaching Hospitals NHS Trust's commitment to meet all the service standards.
- A reminder of the turbulence that had affected congenital heart disease services for adults and children in recent years.
- Confirmation that NHS England's recent review of congenital heart disease services for adults and children had been thorough, fair and evidence based.
- Leeds Teaching Hospitals NHS Trust contribution and cooperation during NHS England's recent review of congenital heart disease services for adults and children.

- The importance of continuing to build and strengthen ‘the network’ of care for patients with congenital heart disease.
- The need to focus on staff training and development across the network.

The Joint Committee considered the progress updates and discussed the range of information submitted and presented at the meeting. Members raised a number of matters, including:

- The positive and successful outcome for patients across Yorkshire and the Humber following NHS England’s recent decision on the future commissioning arrangements for congenital heart disease services for adults and children in England.
- NHS England’s recent decision reflecting a number of matters raised and recommended by the Joint Committee as part of the original Safe and Sustainable review; including the joint consideration of services for adults and children; the significant focus on strong networks of care; and the retention of services at Leeds and Newcastle.
- Any potential impact of Accountable Care Organisations and Systems on congenital heart disease services and other specialised services – with NHS England confirming that only around 10% of the 200 specialised services its commissions may be suitable for commissioning as part of any future Accountable Care Systems arrangements; but congenital heart disease services did not fall into this category.
- The improved outcomes being achieved through the focus on service standards.
- Future arrangements for reviewing transplant services and the ‘conditions’ placed on Newcastle in order to continue to provide services in the longer-term.
- Assurance around Leeds Teaching Hospitals NHS Trust meeting all service standards by August 2018 and the need for a further report to be provided in this regard.
- The impact of Leeds Teaching Hospitals NHS Trust’s desire to develop a distinctive Children’s Hospital at the current Leeds General Infirmary site.

At the end of the discussion, the Chair thank those present for their attendance and contribution to the discussion.

RESOLVED

- (1) That all the details presented at the meeting be noted.
- (2) That, as part of its future commissioning arrangements for congenital heart disease services for adults and children across England, NHS England’s decision to retain Level 1 services at Leeds Teaching Hospitals NHS Trust be welcomed.
- (3) That, before December 2018, a further report be jointly provided by NHS England (as service commissioners) and Leeds Teaching Hospitals NHS Trust (as service providers) that provides:

- a. Further assurance around and Leeds Teaching Hospitals NHS Trust's progress against all the service standards (including any that remain outstanding);
- b. Details of the development of the Yorkshire and Humber Network (including its relationships with other network areas).
- c. An update on the redevelopment of the Leeds General Infirmary (LGI) and any specific impact or implications on Congenital Heart Disease Services for Adults and Children.

47 The Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber): Summary of activity and the future role

The Head of Governance and Scrutiny Support (Leeds City Council) submitted a report that presented a summary of the Joint Committee's work, key activities and outcomes, since being formally established in 2011.

The Principal Scrutiny Adviser (Leeds City Council) introduced the report and highlighted the main information presented to allow members of the Joint Committee to formally review its work and consider its future role.

Members commented on the summary timeline of the Joint Committee's activity and other significant events since January 2011. Members also commented that the summary provided a useful reminder of the collaboration between the 15 top-tier Yorkshire and Humber local authorities and significant work undertaken by all those involved over an extended period of time.

While reflecting on the positive outcomes achieved through the work of the Joint Committee, members also recognised that, as NHS England's review of Congenital Heart Disease Services for Adults and Children had essentially concluded, so too had the work of the Joint Committee.

It was also recognised that:

- The local health and care landscape had changed significantly since January 2011, which included the development of Sustainability and Transformation Plans and associated Health and Care Partnerships across England, including Yorkshire and the Humber.
- Other joint health scrutiny arrangements were in place and being developed to reflect the changing health and care landscape.
- There had been a reduction in the overall level of resources available to support the work of scrutiny committees.
- Any residual matters, including the further report identified during previous item (minute 46 refers), could be considered by individual local authority health overview and scrutiny committees, and/or as part of the other emerging joint health scrutiny arrangements across Yorkshire and the Humber.

With no future meetings planned and the alternative health scrutiny arrangements discussed at the meeting, it was therefore proposed that the

Joint Committee would cease to be operational from the end of the current 2017/18 municipal year.

At the end of the meeting, the Chair paid tribute to the work of the Joint Committee, including past and present members, and the officer support provided over an extended period, primarily through Leeds City Council's attending Principal Scrutiny Adviser.

Other members of the Joint Committee, including original members from when the Joint Committee was initially established, echoed the Chair's comments, stating the work and outcomes achieved provided an excellent example of successful joint scrutiny arrangements.

RESOLVED

- (1) That the work and the outcomes achieved by the Joint Committee, including the contributions of past and present members, be recognised as an excellent example of successful joint health scrutiny arrangements.
- (2) That, with no future meetings planned and the alternative health scrutiny arrangements discussed at the meeting, the Joint Committee would cease to be operational from the end of the current 2017/18 municipal year.
- (3) That the further progress and assurance report identified and requested by the Joint Committee (minute 46 refers), be circulated to each constituent health overview and scrutiny committee for appropriate consideration, as determined by the respective individual local authority.

The meeting closed at 11:35 am.

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Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adults and Health)

Date: 13 March 2018

Subject: Delivery of GP services in Leeds – update

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

1 Purpose of this report

1.1 The purpose of this report is introduce an update report from Leeds Clinical Commissioning Groups Partnership regarding the delivery of GP services in Leeds.

2 Background

2.1 During the 2015/16 municipal year, the former Scrutiny Board received and considered a range of information associated with the planning and provision of Primary Care across Leeds. Some of the specific issues identified during consideration of the various information included:

- Planning for the future demand for primary care services – particularly in relation to the planned housing growth across the City.
- Transfer of commissioning responsibility from NHS England to local CCGs and development of primary care strategies.
- GP closures and transfers of patients.
- Development and operation of Primary Care Committees.
- Access to services and provision of extended hours.
- The role of pharmacy services in the provision of primary care.
- The impact of proposed budget reductions for pharmacy services.
- The development and operation of integrated health and social care teams.

2.2 Further consideration was given to these matters in January 2017, when the former Scrutiny Board considered details associated with ‘Delivering the GP Forward View in Leeds’.

3 Main Issues

- 3.1 In June 2017, as part of the Scrutiny Board's initial consideration of its priorities for the current municipal year (2017/18), the Scrutiny Board agreed to maintain a focus on the provision of GP services across the City. Subsequently, the Board received and considered an update report in October 2017, which identified some of the proposals and opportunities for developing a strong foundation of general practitioner (GP) services in Leeds.
- 3.2 The attached paper from Leeds Clinical Commissioning Groups Partnership seeks to provide members of the Scrutiny Board with an updated position regarding GP services across Leeds – presenting details across a broad range of areas.
- 3.3 In addition, the attached report specifically highlights matters associated with provision of services at Radshan Medical Centre in Kippax – where, in October 2017, the provider of services presented their formal resignation without prior warning.
- 3.4 Scrutiny Board members will recall this matter has previously been brought to the attention of the Scrutiny Board through a request to the Chair from local Ward Councillors. As such, local Ward Councillors from Kippax and Methley have been invited to contribute to this part of the Scrutiny Board's discussion.
- 3.5 Suitable representatives from Leeds CCGs Partnership have been invited to present the attached details and address any associated questions from the Scrutiny Board.

3. Recommendations

- 3.1 Members are asked to consider the information provided and identify any further scrutiny actions or activity.

4. Background papers¹

None used

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

REPORT FOR SCRUTINY BOARD (ADULTS AND HEALTH)
DELIVERY OF PRIMARY CARE (GP) SERVICES IN LEEDS

UPDATE PAPER MARCH 2018

1.0 BACKGROUND AND PURPOSE

- 1.1 The Leeds Clinical Commissioning Group Partnership is made up of 102* member practices covering a registered population of 878,874.
- 1.2 Clinical Commissioning Groups have a specific statutory responsibility to improve the quality of primary care services. NHS England is responsible for commissioning primary care services however specific functions have been delegated to CCGs from April 2016 which include:
- a) decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
 - i) decisions in relation to Enhanced Services;
 - ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);
 - iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
 - iv) decisions about 'discretionary' payments;
 - v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
 - b) the approval of practice mergers;
 - c) planning primary medical care services in the Area,
 - d) undertaking reviews of primary medical care services in the Area;
 - e) decisions in relation to the management of poorly performing GP practices
- 1.3 The Primary Care Commissioning Committee is the decision making body which oversees the primary care functions. This is a formal committee which is Chaired by a Lay-Member with (non-voting) representatives from Healthwatch, the Health and Wellbeing Board and NHS England.
- 1.4 The overall budget for primary care services in Leeds is £109,000,000 which accounts for 9.15% of the overall CCG budget in Leeds.
- 1.5 There are a number of key workstreams that have been identified to support the transformation of primary care services and improve services for patients. A number of these workstreams are as a result of the General Practice Forward View published in April 2016 and the Leeds response was shared with the Board in January 2017 and a further update provided in October 2017.
- 1.6 With rising demand and challenges facing the workforce, there is a need for general practice to continue to build capacity and resilience and this paper will highlight some of the initiatives that are being considered and implemented to continue to develop a strong foundation of primary care in Leeds.

*for transparency there are 102 practices across the City but there are 2 additional practices with specialist contracts for specific patient cohorts

2.0 NATIONAL CONTEXT

- 2.1 The vision for primary care in the future is to strengthen the capability and capacity of general practice and to be integrated with wider primary, community and mental health services. The aim is to have a greater emphasis on population based interventions with a specific focus on prevention, self-care and pro-active management of frail and vulnerable populations.
- 2.2 This vision is set in a context of a growing “crisis” in general practice with the BMA publishing its “Saving General Practice” report in November 2017 <file:///C:/Users/turnerk01/Downloads/Saving-general-practice.pdf> highlighting that significant change was needed and identified the following key areas of action:
- Recurrent and sustainable funding
 - Rapid workforce expansion
 - Indemnity solutions
 - Workload solutions
 - Estates solutions
- 2.2 The GP Forward View (April 2016) focussed on 5 key areas aimed at improving general practice services: investment, workforce, workload, infrastructure and overall care redesign with national planning guidance setting out some key deliverables such as
- Building sustainable and resilience general practice
 - Extending access and enhancing services offered to patients in a primary care setting
 - Increasing the primary care workforce
 - Increase investing in primary care
 - Development of ‘at scale’ primary care organisations
- 2.3 The planning guidance for 2018/19 has outlined that the overall goals for 2017/19 are to:
- stabilise general practice today and support the transformation of primary care and for tomorrow, by delivering General Practice Forward View and Next Steps on the NHS Five Year Forward View
- 2.4 Deliverables for CCGs for 2018/19 (nationally) are identified as:
- Providing extended access to GP services, including at evenings and weekends, for 100% of their population by 1 October 2018.
 - Delivering the workforce commitment to have an extra 5,000 doctors and 5,000 other staff working in primary care.
 - At national aggregate level we are expecting the following for 2018/19:
 - CCGs to recruit and retain their share of additional doctors via all available national and local initiatives;
 - 600 additional doctors recruited from overseas to work in general practice;
 - 500 additional clinical pharmacists recruited to work in general practice
 - An increase in physician associates, contributing to the target of an additional 1000 to be trained by March 2020 (supported by Health Education England);
 - Deliver increase to 1,500 mental health therapists working in primary care.
 - Actively encourage every practice to be part of a local primary care network, so that there is complete geographically contiguous population coverage of primary care networks as far as possible by the end of 2018/19, serving populations of at least 30,000 to 50,000.

- Investing in upgrading primary care facilities, ensuring completion of the pipeline of Estates and Technology Transformation schemes, and that the schemes are delivered within the timescales set out for each project.

3.0 LEEDS POSITION

- 3.1 Approximately 90% of patient contacts in the NHS take place in primary care and on average, there are over 370,000 consultations taking place each month in Leeds general practices, demonstrating the high volume of demand and workload.
- 3.2 General practice continues to have high patient satisfaction, with the recent patient survey (July 2017) demonstrating that 87% of those surveyed would rate their overall experience of their general practice as good, which is higher than the national average and an overall increase for Leeds on the previous year. Please see appendix A as how Leeds compares to the England average.
- 3.3 There are now 102 separate General Practice contractors in Leeds delivering services from approximately 130 separate premises. These range from state of the art purpose built modern health centres to converted residential properties that are a challenge to the delivery of high quality primary care.
- 3.4 The actual number of individual practices has reduced over the last 2 years due to the closure of a number of small and single handed practitioners and merging of practices.
- 3.5 There have been a number of requests for details of closures or mergers through Freedom of Information requests and it is worth reiterating that since April 2013 there have been 5 closures of practices across Leeds:
- Whinmoor Surgery
 - The Surgery at York Road
 - Hilton Road Surgery
 - 178 Chapeltown Road
 - Richmond Medical Centre
- 3.6 8 practices have merged since April 2013 creating 4 new practice entities:
- Alwoodley Medical Centre (with new practice premises)
 - Abbey Grange Medical Centre
 - Oakwood Lane Medical Centre (with new practice premises)
 - Chevin Medical Practice
- 3.7 It should be noted that CCGs became responsible for approving mergers / closures from April 2016 when the Primary Care functions were formally delegated from NHS England to the CCG.
- 3.8 There has been a reduction in the number of sites that are delivering services from as practices look at ways they can support their own resilience. In the past two years there have been two closures of branch surgery premises specifically at Holt Park Health Centre and the imminent closure of the site at Green Road in Meanwood. Both decisions were approved following public consultation.
- 3.9 Since the publication of the scrutiny report in October 2017, the provider of services at Radshan Medical Centre in Kippax presented their formal resignation. This resignation was received without prior warning and therefore was not considered as part of the scrutiny report in October 2017. We have produced a small case study for debate at the scrutiny meeting relating to Radshan to support improvements in our processes across the health and care system which can be found at Appendix B.

- 3.10 There are currently a number of proposals being considered that aim to support the sustainability of individual practices. There are specific actions that the CCG must undertake in considering any proposal and the CCG is specifically responsible for ensuring that the practices undertake robust patient engagement on any change that may affect patients.
- 3.11 We encourage practices to discuss proposals at an early stage so that we can ensure we have a strategic oversight of the future delivery of care. However, due to the sensitive nature relating to some proposals we cannot always share the details of any plans until it is clear that the practice agrees that they wish to pursue a formal application.
- 3.12 A series of practice visits is due to commence to enable a conversation regarding sustainability and resilience and to ensure we are sighted on early discussions at practice level. The CCG has also developed a Practice Support Policy that outlines our approaches for working with practices to identify solutions relating to the resilience of services. This policy will be considered at the March 2018 Primary Care Commissioning Committee.
- 3.13 A summary of existing considerations are:

Proposal	Aim of Proposal	Comments
Practice Mergers	Practice mergers can support practices in sharing clinical and business functions across a larger footprint to support workforce and capacity solutions to reduce duplication and consolidate resources.	There are three merger proposals being considered by practices in Leeds although none have formally sought approval yet. Once a formal application for merger is received, this will be considered by the Primary Care Commissioning Committee and is subject to consultation with patients and stakeholders. The approval process is twofold, firstly the CCG will give approval for the practice to commence engagement and then consideration is given to the formal application supported by the outcomes of the patient engagement.
Branch Surgery Closures	Branch surgery closures support practices in managing their workload. Maintaining a service across a number of sites means practices have additional staff members available to support the service and potential for time travelling between sites.	Leeds South and East CCG has previously given approval for a practice to commence engagement on a branch surgery closure. However, the practice are not actively pursuing this option at this stage.
List Closure	Practices can formally apply to close their list to support the practice in managing any specific workload or workforce issues. Any application needs approval from the Primary Care Commissioning Committee	There are two formal list closures in place in Leeds at East Park Medical Centre and Fountain Medical Centre. No further applications are in the pipeline.
Surgery Closures	The most recent decision in relation to surgery closures has been Radshan Medical Centre in Kippax. In these circumstances, patients have choice of where to register once	

	<p>their surgery has closed. These decisions have arisen following a review of the provision of services in the area and an assessment on the capacity, premises suitability, the longer term sustainability of services and availability of suitable providers.</p>	
Procurement	<p>A number Alternative Provider Medical Services (APMS) contracts are in place across the City which are time limited contracts with specific providers. A number of these APMS contract will require re-procuring as the contract term ends.</p>	<p>Significant engagement has taken place regarding New Cross Surgery, Middleton Park Surgery and Swillington Health Practice which has informed the decision to procure.</p> <p>The CCG has supported an option to develop Swillington as a branch surgery site to maintain services for this population.</p> <p>An APMS contract is also in place for the surgery at The Light, which the contract ends in May 2019. The CCG has approved the re-procurement and therefore this process will now commence.</p> <p>An interim APMS contract has also been issued in respect of Cottingley Community Practice (list 1800c) following the retirement of single handed GP. In January 2018, the CCG confirmed its intention to retain Cottingley as a branch surgery site and a local process of awarding the site to local practices has commenced.</p>

4.0 PRIMARY CARE AT SCALE

- 4.1 Nationally many general practices are choosing to be part of collaborative arrangements bringing practices together in 'networks', 'federations' or 'alliances', with the aim of supporting and improving resilience and sustainability.
- 4.2 These collaborative arrangements can support the delivery of general practice services across a larger geographical footprint by sharing resources or costs.
- 4.3 In Leeds, 3 collaborative organisations have formed around general practice: South East Leeds General Practice Group; Calibre Care; and Leeds West Primary Care Network. Nearly all 102 practices in the city are members of their local federation / network.
- 4.4 Increasingly the 3 general practice organisations are seeing the benefits that collaborating together can bring to patients, their member practices and to the health and care system as a whole.
- 4.5 A single city-wide General Practice Confederation has been agreed and is currently being formed. It is proposed that the Confederation will represent all practices in the city, the main purpose of which is to:

- Enable primary care to play a full and active role in service integration and pathway development, aligned with the local care partnership vision, coupled with developing Integrated Care Systems and the Leeds Plan & Health & Wellbeing Strategy.
- Support the implementation of the General Practice Forward View (GPFV) at practice level as well as city wide.
- Help primary care be sustainable, reduce variation and support the delivery of the GPFV via transformation work including developing new roles and greater integration of primary care provider roles, for example nursing.
- Create a governance system and way of working that enables primary care be active in contributing to locality work right the way through to citywide strategy. This includes the ability to engage with elected members, for example at community committees.
- Included in the governance is the ability to hold contracts and deliver services across primary care in Leeds working in partnership with other providers in the city.

5.0 LOCAL CARE PARTNERSHIPS

- 5.1 The term 'local care partnership' (LCP) has been adopted in Leeds to describe the model for integrated health and care for local people, recognising general practice and the registered list as the cornerstone of community planned and urgent care provision.
- 5.2 It has been adapted from the national 'primary care home' model which describes care being delivered across footprints of 30,000-70,000 populations. LCPs provide an infrastructure for the integration and collaboration of a number of providers (statutory and third sector) in understanding and responding to strategic commissioner outcomes and local health needs – designing, developing and shaping the delivery of integrated services.
- 5.3 The key feature is a range of people working together, regardless of who employs them, to deliver integrated care that meets the needs of the identified population.
- 5.4 Currently we have a number of geographies including the natural communities which the people of Leeds would describe. There is a recognised geography of 13 neighbourhoods – within which Leeds Community Healthcare and Leeds City Council adult social care services are organised and delivered.
- 5.5 We have 102 general practices collaborating to varying degrees across 15 localities, which in some cases are different to the current neighbourhood team geographies. Leeds has 33 electoral wards covered by 10 Community Committees – each with an elected member as Health Champion. This provides us with a firm foundation and history of integration and collaboration across our city from which the local care partnerships will emerge to deliver services and support people to live well in their local communities.
- 5.6 Appendix C provides a map showing the emerging 18 Local Care Partnerships in Leeds.

6.0 QUALITY

- 6.1 All practices in Leeds have now received an inspection from the Care Quality Commission (CQC), the regulator for health and social care in England. CQC ensures that practices are providing services that are safe, effective, caring, responsive and well-led.

- 6.2 The findings of inspections of general practices nationally have recently been published and an overview of how these compare to the Leeds pictures can be found below:

	National	Leeds October 2017	Leeds February 2018
Outstanding	4%	6% (6)	6% (6)
Good	86%	91% (93)	92% (94)
Requires improvement	8%	3% (3)	1%(1)
Inadequate	2%	0%	1% (1)

- 6.3 Since the October report, we are pleased to report that one practice that was previously reported as “requires improvement” has now been rated as “good”. Unfortunately, one practice that was previously rated as “requires improvement” has been re-inspected with an overall rating of “inadequate”.
- 6.4 Since the publication of the CQC report, the CCG has been seeking assurance on the immediate actions and contractual breaches identified through the report including implementing a full Quality Risk Profile to review all aspects of service delivery.
- 6.5 The practice has implemented a formal change in partnership and the CCG is supporting the new partners to implement their turnaround plan which the CCG is confident they can deliver.
- 6.6 An interim CQC inspection has taken place to address some specific contractual breaches identified through the original inspections and improvements have been documented. A full CQC inspection will take place in the near future.
- 6.7 A formal quality review process has been implemented and is monitored through our Quality Surveillance Group and the CCG can report demonstrable improvements and the practice has plans to engage patients and wider stakeholders as they develop their service plans.

7.0 PATIENT AND PUBLIC ENGAGEMENT

- 7.1 Patient Participation Groups (PPGs) play an important role within the healthcare system and help ensure that patients and carers are involved the decisions about the range, shape and quality of the services provided by the practices. It embodies the importance of working with individuals and communities to collectively coproduce solutions to tackle key issues.
- 7.2 The requirements of the GP contract specify that the practice must engage with the PPG throughout each year, at a frequency and in a manner as agreed with its PPG, including to review patient feedback (whether from the PPG or other sources) and feedback from carers of registered patients, who themselves are not registered patients. The purpose of this engagement is to identify improvements that may be made in the delivery of services by the practice. Where the practice and PPG agree, the practice must act on suggestions for improvement using reasonable endeavors to implement these.
- 7.3 From an assurance perspective, practices are required to declare in the annual electronic practice self-declaration (eDEC) that they have fulfilled the contractual requirements regarding the PPGs.
- The practice can evidence that they have **acted on suggestions** for improvement.

- The practice is able to show that the PPG is properly **representative of its practice population**
- 7.4 The practices should develop their PPG in the most appropriate way to effectively reach the broadest cross section of its patient population and meet the contractual requirements. PPG activities may include virtual meetings, emails, surveys and face to face meetings.
- 7.5 After analysis of the e-declaration submissions made in 16/17 by the 103 GP Practices in Leeds:
- **93.3%** have declared themselves compliant with the first element of the contract regarding evidencing engagement with their PPG.
 - **93.3%** have declared themselves compliant with the second contractual element regarding a representative PPG.
- 7.6 The practices who have stated that they are not compliant with the contractual elements will be contacted by the contracting and commissioning teams to follow up the contractual position. Following a discussion with those practices it may be that an offer of developmental support can be made to those practices to support them to establish PPGs either within their practice or across the locality/neighbourhood.
- 7.7 Although there is much variation in Leeds, there are some excellent PPGs that display best practice.
- A PPG in Leeds South and East CCG have acquired an allotment which allows the practice to address social isolation, healthy eating and physical activity.
 - In Leeds North CCG a PPG has developed the Caring Hands project. This a user involvement initiative run by patients for patients, invests in health literacy, gives people more information about coping with daily living activities and provides opportunities to become involved in practice and community support groups.
 - In Leeds West CCG a PPG has set up a range of patient activities including a diabetes support group and chair aerobics for older people.
- 7.8 In October 2017, the first PPG Conference was established was a fantastic way to share some of the excellent work that our practices and PPGs are undertaking and provide useful information to support the development of other groups.

8.0 GP DELIVERY PLAN (GPFV) – PROGRESS

- 8.1 The following section identifies some of the key actions and progress from the GP Forward View that supports the sustainability of practices and patients to have access to a broader range of services.

Workforce

- 8.2 Over recent months, partners in the City have been developing a Vision and Strategic Aims for the Primary Care Workforce in the City. A stakeholder event was held on 5 September 2017 at which participants reviewed and discussed the emerging Vision and Priorities and what we need to do to get from where we are now to where we need and want to be in the future.
- 8.3 The Leeds Primary Care Workforce Vision is that:
- The health and care workforce in Leeds will operate as multi-disciplinary teams designed and delivered at a locality level, working with people within the local population to improve their physical, mental, and well-being outcomes
 - The workforce will be valued, well trained and supported. Through better conversations and recognising the assets within the local population, the

workforce will enable and support people to live healthy lifestyles and manage their own long-term conditions.

- The locality workforce will be designed and planned around the needs of the local population, including all ages, through a full range of health and care services currently described as general practice, community services and other independent and voluntary sector organisations.

8.4 Leeds CCGs have been supporting an STP proposal to participate in the NHS England international recruitment programme. We have recently heard that the proposal has been successful and we are currently awaiting further details on the next steps for the programme.

8.5 There are a number of initiatives to help retain the workforce with a mindfulness programme running across the City and we are currently exploring with NHS England schemes around mentoring and coaching.

Online Consultations

8.6 NHS England issued guidance on 30 October 2017 regarding the deployment of online consultations which was followed up by a communication strongly encouraging CCGs to work through their Sustainability and Transformation Plans (STP) to agree a high-level approach to procurement and implementation.

8.7 A proposal was produced on behalf of the STP, submitted for consideration by NHS England and subsequently approved. It was agreed that a regional procurement would be run through the national procurement hub for a first wave of practices ready now. The procurement would be divided into Lots which put “like minded” CCGs working together. This also allowed for each Lots to undertake its own evaluation and award locally.

8.8 The WYH CCGs have all agreed to procure a 2 year contract with a possible 1 year extension and a 1 year break clause if the service does not deliver as agreed. The total value of the contract for the 3 year period is £158,581.

8.9 In Leeds, there are 24 practices included in wave 1 along with 3 from Harrogate CCG. There are another 11 practices ready to go in wave 2 in addition to the 23 practices already using and existing online consultation system. A wave 2 procurement is currently being planned.

8.10 Engagement with member practices is continuing with strong support from the 23 Leeds West practices who have expressed confirmation of their wish to use the system that has been developed through the GP Access Fund. The supplier is currently in the process of becoming approved through the NHS England Dynamic Purchasing System.

8.11 The project includes some evaluation measures to assess the impact of the online consultation system on practice workload. These will be reviewed and compared through the regional project steering group being established. This regional steering group will also report to the STP Primary and Community Care and Digital Technology Workstream Groups

Access

8.12 Leeds has a positive history of being one of the early implementers of access models and having early access to the national funding available. This funding will be rolled out (proportionately) to the rest of the City during 2018 and patients should start to see additional hub locations from mid-March 2018.

- 8.13 The planning guidance issued in February 2018 has revised the trajectories in relation to access as being:
- ensure that 100% of the population has extended access to GP services, including at evenings and weekends by 1 October 2018. This must include ensuring access is available during peak times of demand, including bank holidays and across the Easter, Christmas and New Year periods.
- 8.14 The CCG through the work undertaken to date had already aspired to ensure that 100% of the population would be able to access extended services in advance of the original March 2019 deadline through working with the evolving confederation to ensure equity of approach.
- 8.15 Currently we are still working on the three CCG footprint in terms of reporting however our trajectory for the City is:

	March 2018	October 2018	March 2019
Leeds Overall	70%	100%	100%

- 8.16 Models of testing are currently underway with practices in Leeds North currently testing a virtual model of access with hub locations in each locality being implemented from March 2018. Practices in the South have identified two locations for hubs, the first of which will be integrated into the development of an urgent treatment centre located at St Georges in Middleton.

9.0 ESTATES DEVELOPMENTS

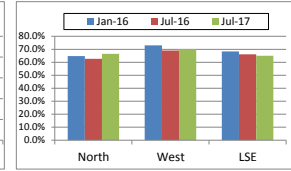
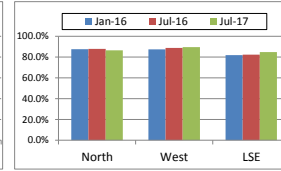
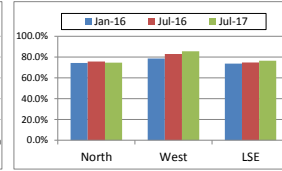
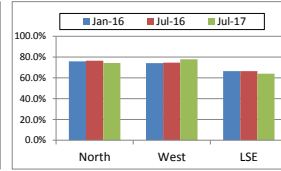
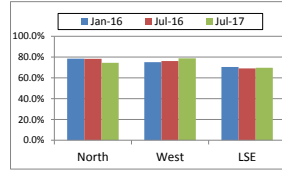
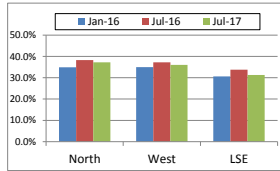
- 9.1 One of the commitments of the GPFV nationally was to ensure that capital investment is made available to support estate (and technology) developments to support transformation of care.
- 9.2 A number of proposals have been submitted for funding as part of the Estates and Technology Transformation Fund (ETTF) which is being managed by NHS England.
- 9.3 A total of 10 schemes were put forward for Leeds which are all at various stages of approval with at least two schemes expected to proceed imminently. Whilst the ETTF supports the capital costs of developments, the CCG is responsible for securing the ongoing revenue for developments such as the notional rent costs. A policy to support these increased costs has recently been approved by the CCG which in some cases will help support the progression of these schemes.

10.0 SUMMARY

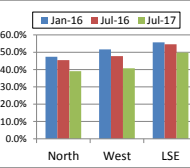
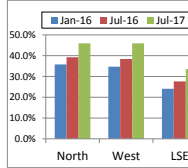
- 10.1 There is recognition that the provision of general practice services needs to transform to ensure sustainability for the future. We will continue to focus on the key areas of workforce, workload, estates and technology whilst supporting practices and wider primary care services to redesign the way services are provided. Increasingly, we will work with the evolving GP networks and federations to look at how services can be provided innovatively and at scale whilst securing the quality of service offered to the patients of Leeds.

GP Survey Results - January 16 to July 17

	Response rate (%)			Overall experience of making an appointment (Good)			Ease of getting through to someone at GP surgery on the phone (Easy)			Satisfaction with opening hours (Satisfied)			Overall experience of GP surgery (Good)			Overall experience of NHS service when GP surgery was closed (Good)		
	Jan-16	Jul-16	Jul-17	Jan-16	Jul-16	Jul-17	Jan-16	Jul-16	Jul-17	Jan-16	Jul-16	Jul-17	Jan-16	Jul-16	Jul-17	Jan-16	Jul-16	Jul-17
NHS LEEDS NORTH CCG	34.9%	38.3%	37.2%	78.5%	78.3%	74.5%	75.9%	76.5%	74.3%	74.3%	75.7%	74.7%	87.5%	87.8%	86.5%	64.7%	62.7%	66.5%
NHS LEEDS WEST CCG	35.0%	37.3%	36.1%	75.1%	76.2%	78.7%	74.2%	74.6%	77.8%	78.6%	83.0%	85.6%	87.4%	88.7%	89.6%	73.1%	69.1%	70.1%
NHS LEEDS SOUTH AND EAST CCG	30.6%	33.8%	31.3%	70.5%	69.1%	69.6%	66.4%	66.4%	64.0%	73.8%	74.7%	76.5%	81.9%	82.4%	84.7%	68.3%	66.2%	65.0%
ENGLAND	36.0%	39.0%	37.5%	73.3%	74.0%	72.7%	70.4%	69.9%	68.0%	74.8%	77.3%	76.2%	84.9%	85.7%	84.8%	67.0%	67.4%	66.2%



Awareness of online services offered by GP surgery									
% Booking appointments online			% Ordering repeat prescriptions online			% Don't know			
Jan-16	Jul-16	#	Jan-16	Jul-16	Jul-17	#	Jul-16	Jul-17	
35.8%	39.3%	#	32.7%	35.2%	39.7%	#	45.4%	39.0%	
34.7%	38.4%	#	28.1%	31.7%	37.4%	#	47.8%	40.7%	
24.0%	27.6%	#	19.9%	23.4%	26.2%	#	54.6%	49.7%	
29.3%	31.3%	#	29.6%	30.9%	34.1%	#	49.8%	46.3%	



Jan-16 - Fieldwork -Jan-Mar 2015 and Jul-Sept 2014
 Jul-16 - Fieldwork -July-Sept 2015 and Jan-March 2016
 Jul-17 - Fieldwork - January - March 2017

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Case Study: Radshan Medical Centre

Radshan Medical Centre is a Personal Medical Services (PMS) practice located in Kippax in the Leeds South and East CCG boundary. The practice has a list size of approximately 1900.

The CCG is responsible for commissioning primary medical services from GP practices who are the provider of services. In this instance, Radshan Medical Centre is provided by The Practice Plc which is a national organisation who have a number of practice across the Country.

The practice as a PMS contract has a duty to provide 6 months notice in issuing a termination notice. The CCG works within the NHS England Policy and Guidance Manual when making decisions in relating to primary care matters.

The practice is provided from a terrace house, which has been highlighted through the 6 facet survey and estates strategy to have limited functional capacity to offer a wide range of services now and in the longer term due to its size. Kippax has two larger sized practices providing services to the local population, from purpose built premises. As part of the strategic review of estates published in January 2017, a suggested recommendation coming out of the review was for Radshan and Kippax Hall to consolidate to provide a locality hub recognising that Radshan was not fit for purpose for modern day healthcare.

<https://www.leedswestccg.nhs.uk/content/uploads/2017/03/62-Appendix-1-PCCC-Estates-Strategy.compressed.pdf>

The nearest Practices are identified below, initial work suggests the following practice boundaries encompass the Kippax area:

Kippax Hall Surgery	0.2 miles away
Gibson Lane Surgery	0.5 miles away
Nova Scotia Medical Centre	1.2 miles away
Hazlewood Ave Garforth (Branch of Gibson Lane)	1.4 miles away
Moorfield House Surgery, Garforth	2.2 miles away

All practices in Kippax have a CQC rating of Good, across all domains of safe, effective, caring, responsive and well-done.

Formal decisions relating to general practice need to be considered by the Primary Care Commissioning Committee, which is a committee held in public and meets every 2 months. The papers are on the CCG website prior to the meeting and therefore can be viewed by public and press. As part of the governance arrangements, an internal Primary Care Operational Group considers and debates matters and formally makes recommendations to the Primary Care Commissioning Committee.

In the instance of a practice tendering their recommendation, there are potentially a number of options available such as:

- A new provider is sought through an identified procurement exercise
- The list is dispersed to surrounding practices
- The practice is able to be operated as a branch surgery site and look to local practices to manage as a branch surgery (again through an identified process)

In making the decision, the CCG will consider a number of factors including:

- registered list size and patient demographics;
- condition, accessibility and compliance to required standards of the premises;
- the Commissioner's strategic plans for the area;
- other primary health care provision within the locality (including other providers and their current list provision, accessibility, dispensaries and rural issues);
- financial viability

As part of the recommendation an assessment of the opinion of local stakeholders should be included to support the decision making process and on this occasion pre-engagement opinions were sought.

There have not been any other examples in Leeds where the provider has tendered their resignation resulting in closure and this is deemed to be an exceptional circumstance. The CCG can provide assurance that the CCG actively seeks to maintain provision and the recent decisions in relation to Cottingley and Swillington can support that approach.

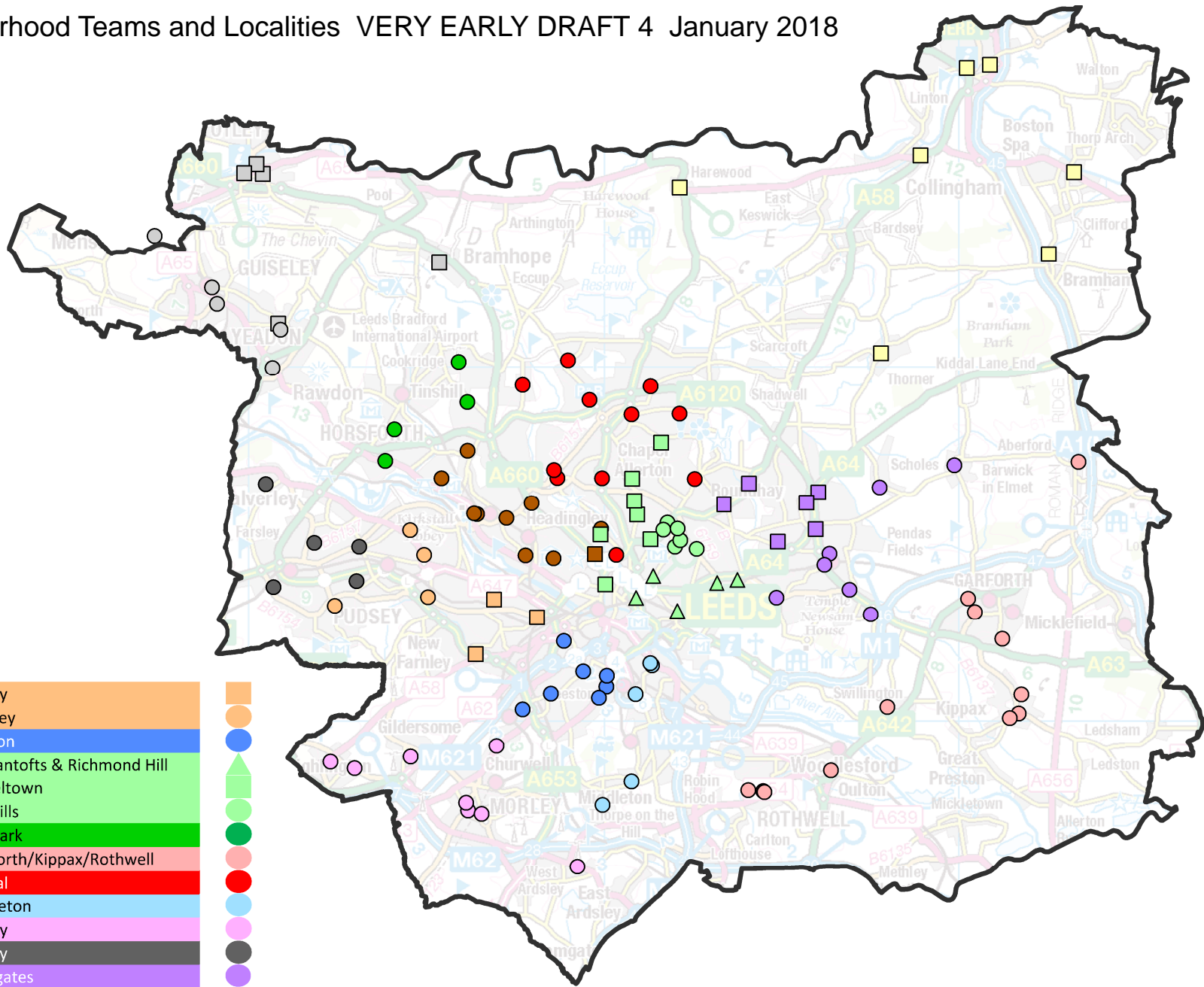
In considering this case study the Board may wish to make recommendations to the CCG on future engagement processes to support decision making.

Integrated Neighbourhood Teams and Localities VERY EARLY DRAFT 4 January 2018

INTs - colours
Localities - shapes

Page 29

INT	LCP
Armley	Armley
Beeston	Beeston
Chapelton	Burmantofts & Richmond Hill Chapelton Harehills
Holt Park	Holt Park
Kippax	Gathforth/Kippax/Rothwell
Meanwood/Chapelton	Central
Middleton	Middleton
Morley	Morley
Pudsey	Pudsey
Seacroft	Crossgates Seacroft
Wetherby	Wetherby
Woodsley	LSMP Woodsley
Yeadon	Aire Valley Otley



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Report author: Mark Phillott
Tel: (0113) 37 83923

Report of the Director of Adults and Health

Report to Scrutiny Board (Adults and Health)

Date: 13 March 2018

Subject: Care Quality Commission (CQC) – Adult Social Care Providers Inspection Outcomes November 2017 to January 2018

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

1 Purpose of this report

1.1 The purpose of this report is to provide members of the Scrutiny Board with details of recently reported Care Quality Commission inspection outcomes for social care providers across Leeds and to provide general information on the CQC ratings for providers in the city.

2 Background

2.1 Established in 2009, the Care Quality Commission (CQC) regulates all health and social care services in England and ensures the quality and safety of care in hospitals, dentists, ambulances, and care homes, and the care given in people’s own homes. The CQC routinely inspects health and social care service providers: publishing its inspection reports, findings and judgments.

2.2 To help ensure the Scrutiny Board maintains a focus on the quality of social care services across the City, the purpose of this report is provide an overview of recently reported CQC inspection outcomes for social care providers across Leeds.

2.3 During the previous municipal year (2015/16), a system of routinely presenting and reporting CQC inspection outcomes to the Scrutiny Board was established. The processes involved continue to be developed and refined in order to help the Scrutiny Board maintain an overview of quality across local health and social care service providers.

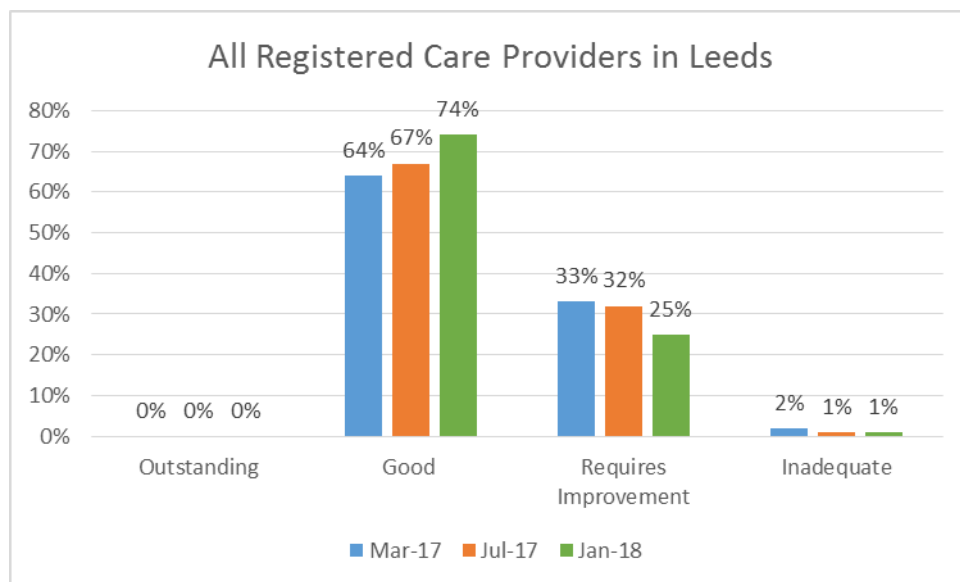
- 2.4 This report covers Adult Social Care providers, with a separate report being produced for regulated health care services. The report now outlines further detail on the CQC reports to include the outcome across all the five CQC domains of:
- Are they safe?
 - Are they effective?
 - Are they caring?
 - Are they responsive to people's needs?
 - Are they well-led?

3 Summary of main issues

CQC Inspection reports

- 3.1 Appendix 1 provides a summary of the inspection outcomes across Leeds published between November 2017 and January 2018.
- 3.2 It should be noted that the purpose of this report is only to provide a summary of inspection outcomes across health and social care providers in Leeds. As such, full inspection reports are not routinely provided as part of this report: However, these are available from the CQC website. Links to individual inspection reports are highlighted in Appendix 1.
- 3.3 During the November 2017 to January 2018 period CQC published 34 inspections. Of these services:
- 16 are rated Good.
 - 16 rated as Requires Improvement.
 - 2 were rated Inadequate.
 - 9 organisations have improved their rating since their last inspection, with 7 moving from Requires Improvement to Good and 2 from Inadequate to Requires Improvement.
 - 18 have remained at the same rating since their last inspection with 10 organisations receiving a Requires Improvement rating and 8 receiving a Good.
 - 3 organisations have received a lower rating with 2 moving from Good to Requires Improvement and 1 from Requires Improvement to Inadequate.
 - For 4 organisations it is their first inspection.
- 3.4 CQC supplies data to each Association of Directors of Adult Social Services regional forums on a quarterly basis. Whilst the information supplied for the Yorkshire and Humber region shows figures on a regional basis, it also shows that 8 Local Authorities have evidenced improvements in the CQC ratings in services rated Requires Improvement since July 2017 with Leeds seeing an improvement of 7%.

3.5 The following graph shows the ratings for all adults social care registered services in the city as stated by CQC over the last financial year. The graph shows that overall, the regulated services in the city have continued to improve with the number of providers obtaining a Good rating increasing by 10%, from 64% to 74% over this period and the number of providers receiving a Requires Improvement rating falling from 33% to 25%. The city does not currently have any providers who have achieved an overall rating of outstanding however, a number of providers have achieved ratings of outstanding in one of the domains that make up the overall rating.



3.6 The following figures show the ratings for older people's care homes in the city as at 31st January 2018:

All Older People's Care Homes

- 88 homes in total
- 53 rated Good – 60%
- 32 rated RI – 37%
- 2 rated Inadequate – 2%
- 1 not yet rated – 1%

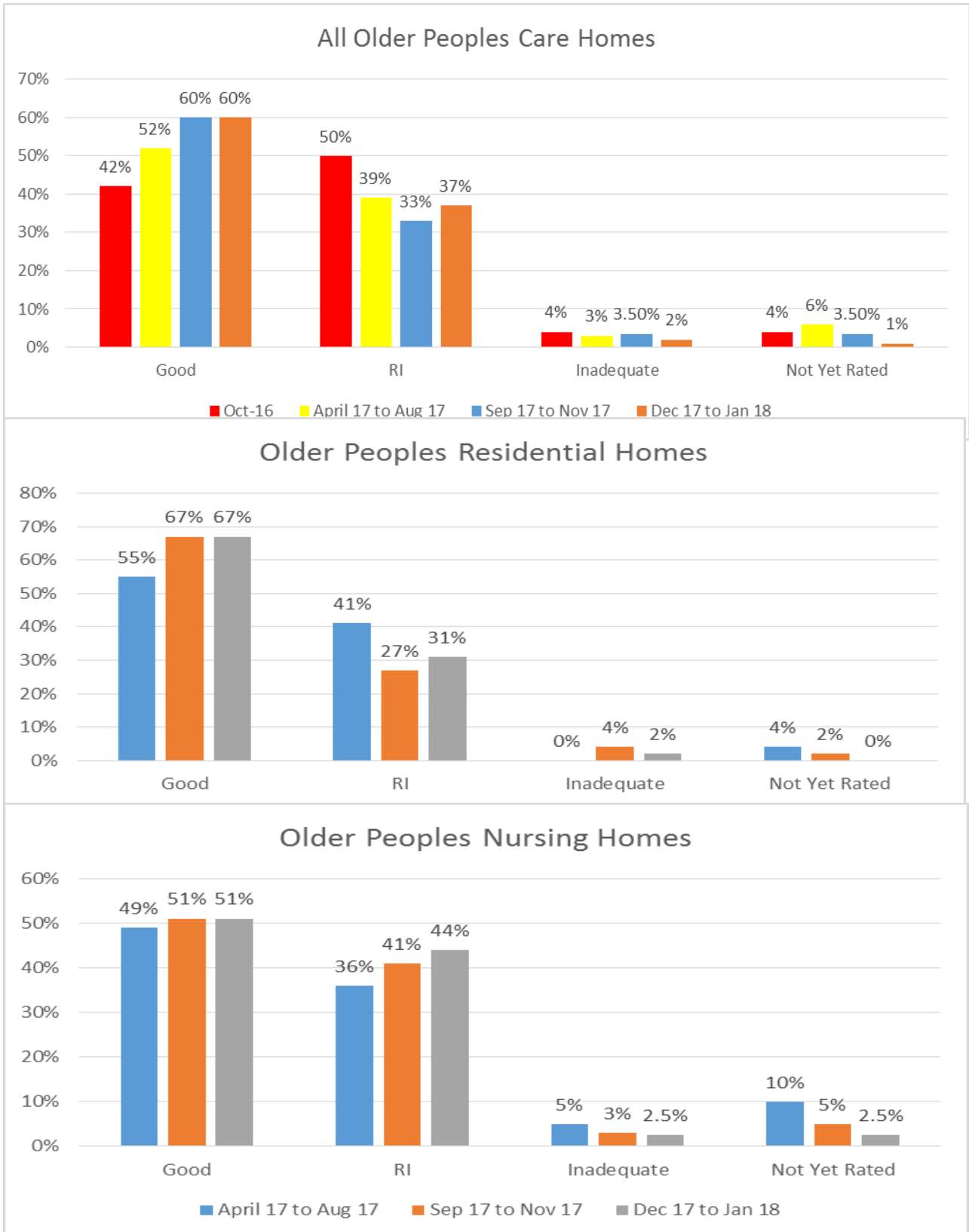
Residential Homes

- 49 homes in total
- 33 rated Good – 67%
- 15 rated RI – 31%
- 1 rated Inadequate – 2%

Nursing Homes

- 39 homes in total
- 20 rated Good – 51%
- 17 rated RI – 44%
- 1 rated as Inadequate – 2.5%
- 1 not yet rated – 2.5%

The following 3 graphs show the improved ratings for all care homes over the course of the last financial year. The “All Older People’s Care Homes” graph also shows the position as at October 2016 and shows the percentage of older people’s care homes receiving a rating of Good has risen from 42% in October 2016 to 60% to January 2018. Older people’s residential homes have shown the highest percentage increase in providers receiving a Good rating from CQC during 2017.



- 3.7 The Adults and Health Commissioning and Contracts Team continues to work with providers it contracts with to improve quality, including those who require improvement and detailed improvement plans are in place for any providers who are rated inadequate. The Directorate is currently in the process of appointing to the posts in the new Care Quality Team which will enable targeted support to assist care home manager to improve and sustain good quality care services.
- 3.8 At any one time during a year, Adults and Health will have approximately 2 to 3 care home providers where the local authority has suspended placements at a home. The period of suspension will vary, depending on the nature of the concerns and the actions taken by the home in addressing and rectifying the concerns. The suspension will remain in place until the Council is satisfied that the improvements have been sustained.
- 3.9 The main reasons why Adults and Health may suspend a contract with a provider are:
- An independent safeguarding investigation has commenced that indicates a current risk of harm to residents or a large scale safeguarding enquiry has commenced in relation to a particular service.
 - The CQC has confirmed they have either agreed a voluntary suspension of all admissions with the provider or issued any breach or enforcement orders to the provider or put the home into special measures.
 - The CQC has deemed the home to be 'Inadequate' overall.
 - The provider is in breach of any of the conditions of their contract with the Council or has caused the Council to issue a default notice or termination notice under the contract.
 - The provider has failed to comply with the monitoring process stated in the contract.
 - Any other circumstance that would give reasonable cause for the Deputy Director of Integrated Commissioning to decide to suspend the placement.
- 3.10 Currently, Adults and Health has a suspension in place with 3 care home providers which means that no new residents funded by the Council are being placed at these homes. Having identified the areas where the provider has failed to meet its contractual requirements, the Contracts Team in Adults and Health will ensure that the provider produces a Quality Improvement Plan. The team will actively monitor the progress made by the provider in implementing the required actions. With the introduction of the new Care Quality Team, Adults and Health will be able to provide further guidance and assistance to that care home to assist the home with their improvement journey.

4. Recommendations

- 4.1 That the Scrutiny Board considers the details presented in this report and determines any further scrutiny activity and/or actions as appropriate.

5. Background papers¹

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

None.



Report author: Paul Bollom

Tel: 0113 3783878

Report of the Chief Officer Health Partnerships

Report to Scrutiny Board (Adults & Health)

Date: 13 March 2018

Subject: Leeds Health and Care Plan: Inspiring Change through Better Conversations with Communities

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for call-in?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary of main issues

1. The Leeds Health and Care Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021.

2. In Leeds, we have a commitment to progressing the Leeds Health and Care Plan through meaningful conversations and engagement with the public and communities. An ongoing conversation with Community Committees is key to this reflecting a bottom up community led approach as the basis for integrating services and integrated working in Leeds. As a result, building on previous conversations, the Leeds Health and Care Plan was discussed in further detail at the each of the Community Committees in Nov/Dec 2017 led by a local GP representative alongside a senior health and care leader with a focus on our progress and engage on emerging model of Local Care Partnerships.

3. Each of the Community Committees:
 - Supported the updated Leeds Health and Care Plan as a basis for conversation with citizens on the future of health and care.
 - Supported widespread conversation and discussion of the Leeds Health and Care Plan to encourage feedback and comment.

- Supported the emerging model of Local Care Partnerships as the model for a system of integrated care and to actively engage with its development in their communities.
4. A number of themes came out from our conversations with Community Committees as outlined in report and our actions taken as a result.

Recommendations

Scrutiny Board (Adults & Health) are asked to:

- Note the feedback received from Community Committees in relation to the Leeds Health and Care Plan and Local Care Partnerships.

1. Purpose of this report

- 1.1 The purpose of this paper is to provide the Scrutiny Board (Adults & Health) with an overview of the progress made in shaping the Leeds Health and Care Plan following the previous conversation at each Community Committee in November / December 2017.

2. Background information

Leeds Health and Care Plan

- 2.1 The Leeds Health and Care Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021.
- 2.2 The Leeds Health and Care Plan is the city's approach to closing the three gaps that have been nationally identified by health, care and civic leaders. These are gaps in health inequalities, quality of services and financial sustainability. It provides an opportunity for the city to shape the future direction of health and to transition towards a community-focused approach, which understands that good health is a function of wider factors such as housing, employment, environment, family and community.
- 2.3 Perhaps most importantly, the Leeds Health and Care Plan provides the content for a conversation with citizens to help develop a person-centred approach to delivering the desired health improvements for Leeds to be the Best City in the UK by 2030. It is firmly rooted in the 'strong economy, compassionate city' approach outlined in the Best Council Plan 2017-18.
- 2.4 The Leeds Health and Wellbeing Board (HWB) has a strong role as owner and challenger of the Leeds Health and Care Plan championing an approach of 'working with' citizens throughout engaging communities and shaping it through a number of formal board meetings and workshops since 2016. This role has been complimented through regular engagement with Scrutiny Board(Adults and Health) acting as an independant critical friend to the development of the plan.
- 2.5 The Leeds Health and Care Plan recognises and references the collaborative work done by partners across the region to develop the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP – previously the STP), but is primarily a Leeds based approach to transformation, building on the existing strategies that promote health and inclusive growth in the city. Whilst the financial challenge is a genuine one, the Leeds approach remains one based on long term planning including demand management, behaviour change and transition from acute-based services towards community based approaches that are both popular with residents and financially sustainable.

Improving Health and Care within Communities: Local Care Partnerships

- 2.6 The Leeds Health and Care Plan is an ambitious set of actions to improve health and care in Leeds. It requires a new approach to working with people, inspiring change through better conversations and a move towards much more community

based care. To achieve this it includes a significant change to the way our health and care services work, particularly those based in the community.

- 2.7 The starting point to changes in Leeds is the already established pioneering integrated health and social care teams linked to thirteen neighbourhoods (“Neighbourhood Teams”). This means that the basis of joint working between community nursing and social workers and other professionals as one team for people in a locality is already in place.
- 2.8 We have an opportunity to build on this way of working and increase the number of services offered in a neighbourhood team. In order to make this happen we are agreeing with partners what this team may look like and then ensure the organisations that plan and buy health and care services align or join their planning and budgets so that we both create these teams and avoid duplication and gaps in care. This will ensure resources are all focused on making health and care better, simpler and better value.
- 2.9 The plan is therefore for the number of services based around neighbourhoods to increase and jointly work together as what are called ‘Local Care Partnerships’. Building on the current neighbourhood teams Local Care Partnerships will include community based health and care services and possibly some services that are currently provided in hospital such as some outpatient appointments. People will still be registered with their GP practice and the vision is that a much wider range of health and care services will ‘wrap-around’ in a new way of working that emphasises team working to offer greater capacity than the GP alone. It will mean services no longer operating as entirely separate teams as they often do now.
- 2.10 Professionals working within Local Care Partnerships will work as one team avoiding the need for traditional referrals between services and include wide local representation (e.g. GP, nurse, LCH, Adult Social Care, LYPFT, Third sector, LCC and elected members). The approach will be locally tailored to acknowledge how health and care needs vary significantly across Leeds. Working with local people, professionals within Local Care Partnerships will have more opportunities to respond to the needs of local populations and focus on what matters most for local communities.
- 2.11 The ambition is for the majority of peoples’ needs will be met by a single team in their local area in the future making services easier to access and coordinate. If people do need to go into hospital the services will work together to make sure this happens smoothly.
- 2.12 This is the major change locally and will touch the lives of all people in Leeds. These changes will take a number of years to work towards and people are unlikely to start to see any changes until 2019-20 at the earliest. Before this point we will work with local people and stakeholders to make sure the model will deliver what people need.

3. Main issues

- 3.1 During February and March 2017 we engaged with all 10 Community Committees on the development of the Leeds Health and Care Plan and local health issues with

local conversations supported by a local GP alongside a senior health and care leader. These sessions have been held up as a good practice example across the region of the value of working ‘with’ elected members and our local communities. These conversations played a significant role in shaping the future of health and care in the city through the development of the Leeds Health and Care Plan.

3.2 In Leeds, we have a commitment to progressing the Leeds Health and Care Plan through meaningful conversations and engagement with the public and communities. An ongoing conversation with Community Committees is key to this. As a result, building on previous conversations, the Leeds Health and Care Plan was discussed in further detail at the each of the Community Committees in November and December 2017 led by a local GP representative alongside a senior health and care leader with a focus on our progress and engage on emerging model of Local Care Partnerships.

3.3 Each of the Community Committees:

- Supported the updated Leeds Health and Care Plan as a basis for conversation with citizens on the future of health and care.
- Supported widespread conversation and discussion of the Leeds Health and Care Plan.
- Supported the emerging model of Local Care Partnerships and to actively engage with its development in their communities.

3.4 A number of themes came out from our conversations with Community Committees as outlined below and our actions taken as a result.

Community Committee Feedback (Nov/Dec 17):	Action Taken / To be taken:
<p>Promoting Inclusive Growth</p> <ul style="list-style-type: none"> • Tackling poverty and employment to improving health and wellbeing • Housing growth needs to be matched by health and care services (in particular medical and GP services). 	<ul style="list-style-type: none"> • Leeds Inclusive Growth Strategy and input into the recently published UK Industrial Strategy has much stronger alignment to health outcomes. • Steps are well underway with health organisations to recognise their “anchor role” as major employers and economic forces in the city. • Apprenticeship routes to health careers are being expanded and organised better as a city through a coordinated approach. • Greater focus has been given to ensure there are sufficient Local Care Partnership teams in high need areas of the city. • Evidence is being taken from other leading local authorities on linking housing growth to health. • Housing growth will be a specific element of the refreshed Joint Strategic Needs Assessment being undertaken for Leeds. • Health and Wellbeing Board are reviewing their links to housing in their forward planning. • CCGs are sharing with elected members locally how housing growth, GP demand and GP availability is being accounted for. • Revised population estimates for Leeds has meant £11m growth in money allocated to Leeds Clinical Commissioning Groups (CCGs)

	for primary care.
<p>Digital and Informatics</p> <ul style="list-style-type: none"> • The role of technology and connectivity in future health & care services with considerations around security, choice and recognising different people's familiarity with technology. • Promoting the use of systems that can interface with each other across organisations. 	<ul style="list-style-type: none"> • Trust is being built through approaches that are based on the principles of "working with" citizens and "better conversations". Examples of this include the Activage project working with "Internet of Things" technologies and older adults (with Samsung as a partner). • Leeds Integrated Care Record is our approach to the managed sharing of information between professionals involved in an individuals health and care reducing duplication and improving services. The approach will be developing further to allow 'write' access across agencies (the approach currently allows read access). This will be a further enabling step for professionals to work more holistically together around citizens because systems that interface between organisations. • "Person Held Records" are being developed which will allow individuals to access and increasingly own their own medical records. The approach will have strong emphasis on co-design with citizens, ensuring full regard is given to issues of consent, security and good data governance.
<p>Finances</p> <ul style="list-style-type: none"> • Importance of delivering on the "Leeds Left Shift" to maintain funding levels and further invest in preventative services including the Third Sector. • Being transparent about funding arrangements and where there are reductions to services and the rationale for this. 	<ul style="list-style-type: none"> • The concept of a "Left Shift" towards increasing prevention and early intervention is embodied into leadership conversations across the city. Financial balance will be needed across sectors to create confidence to invest upstream. This is improving with clear progress on coherent financial plans across hospitals/ CCG/ community and council. • Increasingly funding and savings schemes such as Better Care Fund and CCG Quality Innovation Productivity Prevention (QIPP) programmes are increasingly aligned to the Leeds Plan and a Leeds Left Shift. • A review of commissioning approaches across the Leeds partnership has been mandated by the HWB. This is currently underway and is being led through our Integrated Commissioning Executive (ICE). One of the ambitions is to help address improving transparency of commissioning and the service changes that result from it. • The role of Scrutiny Board(Adults and Health) is being promoted and the statutory role it holds in public transparency for health and care service change is being reinforced with each Leeds Plan programme.
<p>Developing relationships locally</p> <ul style="list-style-type: none"> • Promoting better connections between elected members with GPs. • Better connecting health and community networks, particularly in relation to hard to reach groups. • Opportunity for further workshops to discuss and promote local actions around improving health and 	<ul style="list-style-type: none"> • Work is underway to develop elected member relationships with GPs and Local Care Partnerships. A programme of work for the coming year is being developed which will include consideration of how links to local democratic structures are reinforced. This will

<p>wellbeing.</p>	<p>need to be refined and actioned as the outcome of local government elections is clear.</p> <ul style="list-style-type: none"> • Further work is planned with harder to reach groups using Voluntary Community Sector (VSC) colleagues as effective brokers of conversations. There is ongoing dialogue with Healthwatch to continue the public and patient conversation. • Workshops will continue to be developed at both city and locality level to continue momentum. • Resources are being recruited to support this work more effectively in future.
<p><i>Making best use of our community assets</i></p> <ul style="list-style-type: none"> • Opportunity to make better use of local assets to create local health and wellbeing hubs. • The need for more medical centres and GPs in some localities (e.g. Burmantofts & Richmond Hill). • Engaging with local people on changes in their localities in relation to assets. • Ensuring that health and wellbeing is considered during the development planning stages. • Importance of maintaining open spaces to promote health and wellbeing. 	<ul style="list-style-type: none"> • Local physical and other assets are being considered for the potential creation of health and wellbeing hubs building on the successful models already in the city. • Local members and local GPs are being brought together to consider how to stimulate better practice particularly in areas which are underserved. • CCGs and LCC working more closely on joint ventures to improve buildings and infrastructure. • CCGs are consulting widely with the public and with elected members on GP changes where they occur. • Public Health colleagues are promoting health considerations throughout city planning processes.
<p><i>Communication and Engagement</i></p> <ul style="list-style-type: none"> • Promoting and increasing awareness around prevention and self-management to the public and wider workforce. • Building confidence in the use of preventative services (e.g. social prescribing, etc.) • Promoting a key message that would have the most impact on health and wellbeing rather than giving too much information to communities. • Greater engagement with the public (in particular hard to reach areas) on the Leeds Plan in a consistent way across the health and care system and in plain English. • The important role of elected members in communicating the changes to the public and encouraging them to participate in the consultation and future services. 	<ul style="list-style-type: none"> • Significant development required of the partnership communication approach. Plans for sharing the Left Shift are initial and need development. Resources are in recruitment to support this. Communication colleagues across city are working to ensure that more consistent communication offer is in place across the Leeds Plan. • HWB has asked for consideration of how physical activity may be a useful common and unifying message. The review of the Active Leeds programme is also considering this. Planned further discussion at HWB will consider this. • Elected members are increasingly recognised as critical partners in the communication and engagement approach across the partners.
<p><i>Workforce & Partnership Working</i></p> <ul style="list-style-type: none"> • Ensuring the health and care wider workforce are engaged and supportive of the changes. • Consistency of communication across health and care system with frontline staff. • Opportunities for 'making every contact count'. • Developing the skillset of the workforce to meet the changes ahead. • Ensuring frontline are aware of services/provisions in localities • Recognising and addressing the pressures faced by the workforce, in particular, GPs. 	<ul style="list-style-type: none"> • Workforce communications require significant development. • The Leeds partnership has agreed to invest a proportion of the iBCF funding in a significant three year staff skills and culture programme 'Better Conversations' which will join key aspects of Making Every Contact Count and Health Coaching to ensure a segmented offer of training in place for up 7000 staff. • A system leadership development offer is being coordinated for the city by the Leeds

	<p>Organisational Development (OD) Hub. This will provide support for GPs and local health professionals and managers and key frontline staff across the city to work increasingly 'as if we were one organisation'.</p> <ul style="list-style-type: none"> The Leeds Plan Urgent Care work will increase the local knowledge and information given by the NHS '111' service. This will include not only better urgent appointments where needed in GPs but information on pharmacies, VCS and council services where appropriate.
<p>Mental Health</p> <ul style="list-style-type: none"> Recognising that mental health continues to be a big challenge in localities with significant impact on health outcomes. 	<ul style="list-style-type: none"> Mental health runs through all the ambitions in the Leeds Health and Care Plan. The partnership has agreed that it maintains an audit of how mental health needs are reflected in Leeds Plan programmes. The H&C Academy will provide the opportunity to increase the skill base across the workforce in addressing mental health needs. The Leeds Plan is sponsoring joint WY working in key areas such as better MH support for Adopted Children and their families.
<p>Local Care Partnerships (LCPs)</p> <ul style="list-style-type: none"> Importance of ensuring LCPs are closely linked to local democracy. Importance of GP practices working in partnership and working together to provide services that they may struggle to provide individually. Opportunity for close working between Community Hubs and LCPs (e.g. learning from Reginald Centre). Ensuring the geographies align with the Integrated Neighbourhood Teams, link to clusters, services and is a geography that makes sense to communities. Structured to meet the needs of local people. 	<ul style="list-style-type: none"> Work will be undertaken to ensure appropriate links between members and LCPs. This will include consideration of how LCPs link to democratic structures. There is a significant investment by the CCGs into supporting collaborative working between GPs. Leeds has recently agreed that the local federations of GPs will work as one 'confederation' to support GP development and partnership development. There is ongoing work to ensure that developing LCPs are linked to local Children's Services clusters. There remains an unmet challenge of meeting the health needs of children looked after and birth parents who have had children removed. 50% of children looked after are registered in only 10% of our practices. There is now an approach for alignment between our 13 Neighbourhood Teams and the emerging footprints of LCPs. There is ongoing development of LCPs with community consultation events and staff discussions in localities. The Leeds model of bottom up neighbourhood approaches has been promoted in West Yorkshire and Humber NHS planning and is a key part of the recently published 'Next Steps' planning document.
<p>Role of pharmacies</p> <ul style="list-style-type: none"> Greater understanding of the role pharmacies can have in community healthcare and encouraging uptake. Build on the relationships between pharmacies and GP practices. 	<ul style="list-style-type: none"> In response to the request to involve pharmacies meetings have been held with the WY pharmacy network and key priorities within the Leeds Plan will be used for discussion across pharmacy networks to provide practical routes for pharmacies to support the Leeds HC Plan and Left Shift.

- | | |
|--|---|
| | <ul style="list-style-type: none">• There is an ongoing programme of supporting GPs to work closer with pharmacies. |
|--|---|

Next Steps

- 3.5 In order to progress the thinking and partnership working that has been done to help inform the Leeds Health and Care Plan to date, we are in a process of having a broader conversation with citizens in communities. The conversation will be focussed on the ideas and direction of travel outlined in the Leeds Health and Care Plan and the changes proposed to integrate our system of community services. Citizens and communities will be engaged on what community strengths already exist for health and care, what they think about the plan and ideas to change community services and how they wish to continue to be involved.
- 3.6 Using the feedback received work is ongoing to develop the Local Care Partnership model through partnership wide engagement. As mentioned, this is a major change locally and will touch the lives of all people in Leeds. As a major change this will merit further ongoing and focused consideration by the Board. These changes will take a number of years to work towards and people are unlikely to start to see any changes until 2019-20 at the earliest. Before this point we will work with local people and stakeholders to make sure the model will deliver what people need.

4. Corporate considerations

4.1 Consultation and engagement

- 4.1.1 A key component of the development and delivery of the Leeds Health and Care Plan is ensuring consultation, engagement and hearing citizen voice as outlined above.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 Any future changes in service provision arising from this work will be subject to an equality impact assessment.
- 4.2.2 Consultations on the Leeds Health and Care Plan have included diverse localities and user groups including those with a disability.

4.3 Council policies and best council plan

- 4.3.1 The Joint Strategic Needs Assessment (JSNA) and the Leeds Health and Wellbeing Strategy 2016-2021 have been used to inform the development of the Leeds Health and Care Plan. The Leeds Health and Wellbeing Strategy 2016-2021 remains the primary document that describes how we improve health in Leeds. It is rooted in an understanding that good health is generated by factors such as economic growth, social mobility, housing, income, parenting, family and community. This paper outlines how the emerging Plan will deliver significant parts of the Leeds Health and Wellbeing Strategy 2016-2021 as they relate to health and care services and access to these services.

4.3.2 The Leeds Health and Care Plan will directly contribute towards achieving the breakthrough projects: 'Early intervention and reducing health inequalities' and 'Making Leeds the best place to grow old in'.

4.3.3 The Leeds Health and Care Plan will also contribute to achieving the following Best Council Plan Priorities: 'Supporting children to have the best start in life'; 'preventing people dying early'; 'promoting physical activity'; 'building capacity for individuals to withstand or recover from illness', and 'supporting healthy ageing'.

4.4 Resources and value for money

4.4.1 There are significant financial challenges for health and social care both locally and nationally. The Leeds Health and Care Plan is designed to address this gap and is a significant step towards meeting this challenge and ensuring a financially sustainable model of health and care.

4.5 Legal implications, access to information, and call-in

4.5.1 There are no access to information and call-in implications arising from this report.

4.6 Risk management

4.6.1 Failure to have robust plans in place to address the gaps identified as part of the Leeds Health and Care Plan development will impact the sustainability of the health and care in the city.

4.6.2 The proposed model of health based on local health and care partnerships requires support both from communities and the complex picture of local and regional health and social care systems and their interdependencies. Each of the partners has their own internal pressures and governance processes they need to follow.

4.6.3 Ability to release expenditure from existing commitments without de-stabilising the system in the short-term will be extremely challenging as well as the risk that any proposals to address the gaps do not deliver the sustainability required over the longer-term.

4.6.4 The effective management of these risks can only be achieved through the full commitment of all system leaders within the city to focus their full energies on developing and delivering a robust Leeds Health and Care Plan within an effective governance framework.

5. Conclusions

5.1 In Leeds, we have a commitment to progressing the Leeds Health and Care Plan through meaningful conversations and engagement with the public and communities. The feedback received from our conversations with Community Committees has allowed us to continue to further refine and develop the Leeds Health and Care Plan and the development of the LCP model.

5.2 Our next steps are to continue to build on the positive local conversations that have taken place and engage further with citizens on the future of health and care on the Leeds Health and Care Plan and the emerging model of Local Care Partnerships in

their communities. This is a major change locally and will touch the lives of all people in Leeds. These changes will take a number of years to work towards and people are unlikely to start to see any changes until 2019-20 at the earliest. Before this point we will work with local people and stakeholders to make sure the model will deliver what people need.

6. Recommendations

6.1 Scrutiny Board (Adults & Health) are asked to:

- Note the feedback received from Community Committees in relation to the Leeds Health and Care Plan and Local Care Partnerships.

7. Background documents¹

7.1 N/A

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

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Report author: Steven Courtney
Tel: (0113) 37 88666

Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult and Health)

Date: 13 March 2018

Subject: Chairs Update – March 2018

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

1 Purpose of this report

1.1 The purpose of this report is to provide an opportunity to formally outline some of the areas of work and activity of the Chair of the Scrutiny Board since the previous Scrutiny Board meeting in February 2018.

2 Main issues

- 2.1 Invariably, scrutiny activity can often occur outside of the formal monthly Scrutiny Board meetings. Such activity may involve a variety of activities and can require specific actions of the Chair of the Scrutiny Board.
- 2.2 The purpose of this report is, therefore, to provide an opportunity to formally update the Scrutiny Board on the Chair’s activity and actions, including any specific outcomes, since the previous Scrutiny Board meeting held in December 2017. It also provides an opportunity for members of the Scrutiny Board to identify and agree any further scrutiny activity that may be necessary.
- 2.3 The Chair and Principal Scrutiny Adviser will provide a verbal update on other activity at the meeting, as required.

3. Recommendations

- 3.1 Members are asked to:
 - a) Note the content of this report and the verbal update provided at the meeting.
 - b) Identify any specific matters that may require further scrutiny input/ activity.

4. Background papers¹

4.1 None used

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

Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adults and Health)

Date: 13 March 2018

Subject: Work Schedule – March 2018

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

1 Purpose of this report

1.1 The purpose of this report is to consider the Scrutiny Board’s work schedule for the remainder of the current municipal year (2017/18).

2 Main issues

2.1 During discussions at the initial meeting in June 2017, the Scrutiny Board discussed and identified a broad range of matters for possible inclusion within the overall work schedule for 2017/18. However, it was acknowledged that, due to the resources directly available to support the Board’s work, there would be limitations on the work schedule; and that the Scrutiny Board would need to prioritise its main areas of focus for 2017/18.

2.2 The latest iteration of the work schedule is attached at Appendix 1 for consideration and agreement of the Scrutiny Board – subject to any identified and agreed amendments.

2.3 Executive Board minutes are routinely provided to the Scrutiny Board for consideration in order to help identify any matter where specific scrutiny activity may subsequently be warranted. The draft minutes from the Executive Board meeting held on 7 February 2018 are appended to this report for consideration by the Scrutiny Board.

2.4 Draft minutes from the Health and Wellbeing Board meeting held on 19 February 2018 are also appended to this report for information and consideration by the Scrutiny Board.

Developing the work schedule

- 2.5 The work schedule should not be considered to be a fixed and rigid programme, it should be recognised as something that can be adapted and changed to reflect any new and emerging issues throughout the year; and also reflect any timetabling issues that might occur from time to time.
- 2.6 However, when considering any developments and/or modifications to the work schedule, effort should be undertaken to:
- Avoid unnecessary duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue.
 - Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.
 - Avoid pure “information items” except where that information is being received as part of a policy/scrutiny review
 - Seek advice about available resources and relevant timings taking into consideration the workload across the Scrutiny Boards and the type of Scrutiny taking place
 - Build in sufficient flexibility to enable the consideration of urgent matters that may arise during the year
- 2.7 In addition, in order to deliver the work schedule, the Board may need to take a flexible approach and undertake activities outside the formal schedule of meetings – such as working groups and site visits, where deemed appropriate. This flexible approach may also require additional formal meetings of the Scrutiny Board.

Developments since the previous Scrutiny Board meeting

- 2.8 Given the nature of the Scrutiny Board’s broad remit, which is reflected in the overall work schedule, it is perhaps useful to consider specific updates and proposals to particular aspects of the work schedule going forward – and building on details previously presented to the Board. Further details are presented below.

Health and Care Needs of Offenders

- 2.9 Since the previous Scrutiny Board meeting in February 2018, members of the Board have met the health care representatives from the Independent Monitoring Boards (IMBs) from HMP Leeds and HMP Wealstun. As part of this, members consider the most recent IMB annual reports relating to both prisons, alongside the National Monitoring Framework for IMBs, launched in March 2016.
- 2.10 Further work being progressed on behalf of the Scrutiny Board includes:
- Performance details relating to dental care at HMP Leeds, including issues associated with the major disruption to services due to a broken dental chair in April / May 2017.
 - Details regarding the attendance of emergency ambulances at both HMP Leeds and HMP Wealstun.
 - The assessment of mental health needs and access to appropriate services.
- 2.11 It remains the intention to produce a draft report for consideration at a future meeting of the Scrutiny Board. This is currently planned for an additional Board meeting on

10 April 2018. However, it should be noted that with a range of follow-up information remaining outstanding and the necessary processes for completing a draft report, this target date remains ambitious.

Current provision of GP services

- 2.12 A report on the delivery of GP services across Leeds is presented elsewhere on the agenda.
- 2.13 Any specific outcomes will need to be reflected in the overall work schedule of the Board and/or for consideration in the new municipal year (2018/19).

Care at Home: Contract performance and CQC outcomes / actions

- 2.14 Following the Board's meeting in December 2017, it is proposed to present a specific report addressing the concerns identified at that meeting relating to Care at Home provision and performance.

Director of Public Health Annual Report

- 2.15 Arrangements are being put in place to present the Director of Public Health Annual Report before the end of the municipal year.

Annual Assurance report on Customer Contact and Satisfaction – as it relates to Adult Social Care

- 2.16 As agreed at the meeting in February 2018, following receipt of concerns raised by the Chair of the Council's Corporate Governance and Audit Committee, the Board agreed to consider the specific issues at a working group meeting before the end of the municipal year. Suitable arrangements are being progressed in this regard, which may form part of the planned working group for 6 April 2018 (detailed below).

Health Service Developments Working Group

- 2.17 Performance information across the three main NHS Trusts (providers) is planned to take place on 6 April 2018. The intention is to provide the following and most recent details to that meeting:
- Integrated finance report (prepared by Leeds CCG Partnership)
 - Integrated quality and performance report (prepared by Leeds CCG Partnership)
 - Chief Executive reports from:
 - Leeds Teaching Hospitals NHS Trust
 - Leeds Community Healthcare NHS Trust
 - Leeds and York Partnership MHS Foundation Trust
- 2.18 During the current municipal year, arrangements have been put in place to hold separate performance discussions covering Adult Social Care and Public Health. However, given the time available during the remainder of the current municipal year, alongside other commitments of Board members, it may be more appropriate to hold a single meeting for the remaining performance cycle – focusing on any specific matter previously identified by the Scrutiny Board.
- 2.19 The Scrutiny Board is asked to give specific consideration to this matter.

3 Recommendations

3.1 The Scrutiny Board is asked to:

- (a) Consider the details in this report, in particular the details set out in paragraphs 2.8 – 2.19 of this report and agree/ amend an updated work schedule.
- (b) Note the draft minutes of the Executive Board and Health and Wellbeing Board meeting held on 7 February 2018 and 19 February 2018, respectively.

4 Background papers¹

4.1 None used

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

SCRUTINY BOARD (ADULTS AND HEALTH) – 13 MARCH 2018

Scrutiny Board (Adults and Health) Work Schedule for 2017/2018 Municipal Year

December	January	February
Meeting Agenda for 19/12/17 2017 at 1.30 pm.	Meeting Agenda for 16/01/18 at 1.30 pm.	Meeting Agenda for 13/02/18 at 1.30 pm.
CQC Inspection Outcomes – Adult Social Care (PM) Shared Lives Service (DB) Financial Health Monitoring (PSR) 2018/19 Initial Budget Proposals (PDS) Best Council Plan Refresh for 2018/19-2020/21 – Initial Proposals (PDS)	Delayed Transfers of Care (PSR) Leeds Health Academic Partnership Strategy (DB) NHS Integrated Performance and Quality / Finance Reports (PM) Leeds Community Healthcare NHS Trust – Chief Executive’s Update (PM)	Health and Social Care Needs of Offenders – Health Care provider (Care UK) (PSR) Health and Social Care Needs of Offenders – HealthWatch Leeds Report: People’s experience of Healthcare in prison (HMP Leeds) (PSR)
Working Group Meetings		
Health and Social Care Needs of Offenders – service commissioners (7 December 2017) Health Service Developments WG – Service Change Proposals (13 December 2017)	Health Service Developments WG – NHS Trust Performance and Chief Executives Updates (5 January 2018) (PM) Working Group (Adults and Health) – Adult Social Care/ Public Health – budget and performance monitoring (8 January 2018) (PM)	
Site Visits		
	HMP Leeds Visit – 29 January 2018 (PSR)	HMP Wealstun Visit – 6 February 2018 (PSR)

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response

SCRUTINY BOARD (ADULTS AND HEALTH) – 13 MARCH 2018

Scrutiny Board (Adults and Health) Work Schedule for 2017/2018 Municipal Year

March	April	May
Meeting Agenda for 13/03/18 at 1.30 pm	Meeting Agenda for 10/04/18 at 2.30 pm	No Scrutiny Board meeting currently scheduled.
<p>CQC Inspection Outcomes – Adult Social Care (PM)</p> <p>Delivery of GP services across the City (PSR):</p> <ul style="list-style-type: none"> • Progress against Primary Care Forward View • CQC Inspection Outcomes – Primary Care / GP Services • Role and implications for the Third Sector Public • Patient involvement and engagement in GP services across the City <p>Leeds Health and Care Plan – Update report (PDS)</p>	<p>Health and Social Care Needs of Offenders – draft statement/ report (PSR).</p> <p>Children’s Epilepsy Surgery Services - update (PM)</p> <p>Director of Public Health – Annual Report (PM)</p> <p>Care at Home: Contract performance and CQC outcomes / actions (PM) – TBC</p> <p><i>Quality of Health and Social Care in Leeds – draft statement (if required).</i></p>	
Working Group Meetings		
<p>Health and Social Care Needs of Offenders – Independent Monitoring Boards Reps (5 March 2018)</p> <p><i>Health and Social Care Needs of Offenders – outstanding issues (TBC)</i></p>	<p>Health Service Developments WG – NHS Trust Performance and Chief Executives Updates (6 April 2018) to include Adults and Health matters raised by the Corporate Governance and Audit Committee (PM)</p>	
Site Visits		

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response

EXECUTIVE BOARD

WEDNESDAY, 7TH FEBRUARY, 2018

PRESENT: Councillor J Blake in the Chair

Councillors A Carter, R Charlwood,
D Coupar, S Golton, J Lewis, R Lewis,
L Mulherin, M Rafique and L Yeadon

127 Exempt Information - Possible Exclusion of the Press and Public

RESOLVED – That, in accordance with Regulation 4 of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the public be excluded from the meeting during consideration of the following parts of the agenda designated as exempt from publication on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present there would be disclosure to them of exempt information so designated as follows:-

- (a) Appendix 3 to the report entitled, 'City Centre Park Delivery', referred to in Minute No. 132 is designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information). It is therefore considered that the public interest in maintaining the content of the appendix as exempt from publication outweighs the public interest in disclosing the information;
- (b) Appendix 3 to the report entitled, 'Land at East Leeds Extension and Thorpe Park, Leeds', referred to in Minute No. 133 is designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that it contains information relating to the financial or business affairs of particular people, and of the Council. It is considered that the release of such information would or would be likely to prejudice the Council's commercial interests in relation to potential transactions, and as such it is considered that it is in the public interest to maintain the content of the appendix as exempt from publication;
- (c) Appendix 2 to the report entitled, 'Acquisition of Land for Vehicle Fleet Alternative Fuel Filling Station', referred to in Minute No. 134 is designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that it contains information relating to the financial or business affairs of a particular person, and of the Council. This information is not publicly available from the statutory registers of information kept in

Draft minutes to be approved at the meeting
to be held on Wednesday, 21st March, 2018

respect of certain companies and charities. It is considered that since this information was obtained through one to one discussions for the acquisition of the property/land, then it is not in the public interest to disclose this information at this point in time. Also, it is considered that the release of such information would or would be likely to prejudice the Council's commercial interests in relation to other similar transactions in that prospective purchasers of other similar properties would have access to information about the nature and level of consideration which may prove acceptable to the Council. It is considered that whilst there may be a public interest in disclosure, much of this information will be publicly available from the Land Registry following completion of this transaction and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.

- (d) Appendix 2 to the report entitled, 'Investment into the New Supply of Affordable and Supported Housing', referred to in Minute No. 140 is designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that it contains information relating to the financial or business affairs of a particular organisation and of the Council. This information is not publicly available from the statutory registers of information kept in respect of certain companies and charities and it is therefore considered to be in the public interest for this element of the report to be treated as exempt from publication;
- (e) Appendix 1 to the report entitled, 'Grants to Arts and Cultural Organisations', referred to in Minute No. 145 is designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information). Specifically, it lists the unsuccessful applicants to the arts@leeds scheme, many of whom are likely to apply to other sources for funding. It is considered that the public interest in maintaining the content of this appendix as exempt from publication outweighs the public interest in disclosing the information.

128 Late Items

No formal late items of business were added to the agenda, however, prior to the meeting, with the agreement of the Chair, Board Members were in receipt of a supplementary addendum together with associated revised recommendations in respect of agenda item 19(A) (2018/2019 Revenue Budget and Council Tax) arising from the late receipt of information regarding the level of resources available to the Authority. (Minute No. 144 refers).

In addition, again with the agreement of the Chair, Board Members were in receipt of correspondence from the 'Save Moor Allerton Hall Primary School' Group which related to agenda item 13 (Outcome of Consultation to join Moor

Allerton Hall Primary School with Allerton Grange School as a Through-School and to Increase Primary Learning Places). (Minute No. 138 refers).

129 Declaration of Disclosable Pecuniary Interests

There were no Disclosable Pecuniary Interests declared at the meeting, however, in relation to the agenda item entitled, 'Grants to Arts and Cultural Organisations', Councillor Yeadon drew the Board's attention to her respective roles as a member of the Yorkshire Dance Board of Management and also as a member of the Leeds Grand Theatre and Opera House Board of Management. (Minute No. 145 refers).

In addition, again, although no Disclosable Pecuniary Interests were declared, in relation to the agenda item entitled, 'Improving Standards in the Private Rented Sector – Consideration for Selective Licensing', Councillors Coupar and Rafique drew the Board's attention to the fact that they had respective interests in properties that they did not live in and were not located within the proposed areas for potential introduction of the scheme. Similarly, Councillor Andrew Carter drew the Board's attention to the fact that his wife (Councillor Amanda Carter) had an interest in property in which they did not reside and which were not located within the proposed areas for potential introduction of the scheme. (Minute No. 141 refers).

130 Minutes

RESOLVED – That the minutes of the previous meeting held on the 13th December 2017 be approved as a correct record.

REGENERATION, TRANSPORT AND PLANNING

131 Core Strategy Selective Review (Publication Draft)

Further to Minute No. 147, 8th February 2017, the Director of City Development submitted a report which sought approval to publish detailed revisions to the policies which were the subject of the Core Strategy Selective Review (CSSR) for the purposes of a six week of consultation exercise.

In presenting the report to the Board it was clarified that Members were being recommended to refer the Publication Draft to Scrutiny Board (Infrastructure and Investment), and not Scrutiny Board (City Development), as detailed within the submitted report.

Responding to a Member's enquiry, the Board noted that in terms of approximate timescales, it was expected that a revised housing requirement figure for Leeds would be adopted into the Core Strategy by Spring 2019.

Also in response to a Member's enquiry, the Board was provided with further information on the actions being taken to maximise the delivery of affordable housing in Leeds, with specific reference to Leeds' performance when compared to the data within a report published by Shelter in November 2017.

In addition, regarding a Member's reference to the potential provision of more accommodation for older people in the city centre, it was noted that the

ambition was to deliver a wider mix of accommodation in the city centre, which included provision for older people.

The Board extended its thanks to Development Plan Panel for the work it had undertaken to help progress the development of the CSSR to its current position.

RESOLVED –

- (a) That the proposed revised Publication Draft policies and supporting paragraphs of the Core Strategy Selective Review, as set out within Appendix 1 and the Sustainability Appraisal as set out in Appendix 3 to the submitted report, be endorsed;
- (b) That a 6 week consultation exercise on the proposed revised Publication Draft policies and supporting paragraphs of the Core Strategy Selective Review, as set out within Appendix 1 and the Sustainability Appraisal as set out in Appendix 3 to the submitted report, be approved;
- (c) That the additional draft supporting documents listed in paragraph 7.0 of the submitted report, including background evidence on the Council's website, be noted;
- (d) That the necessary authority be delegated to the Chief Planning Officer in consultation with the relevant Executive Member to make factual and other minor changes to the proposed consultation material;
- (e) That further to the correction to the report, as referenced above, the Publication Draft Plan be referred to the Scrutiny Board (Infrastructure and Investment) in line with the Budget and Policy Framework Procedure Rules, following the public consultation;
- (f) That it be noted that the responsible officer for the delivery of the resolutions (above) is the Head of Strategic Planning.

(Under the provisions of Council Procedure Rule 16.5, Councillors A Carter and Golton both required it to be recorded that they respectively abstained from voting on the decisions referred to within this minute)

(The matters referred to within this minute, given that they were decisions being made in accordance with the Budget and Policy Framework Procedure Rules, were not eligible for Call In, as Executive and Decision Making Procedure Rule 5.1.2 states that the power to Call In decisions does not extend to those decisions being made in accordance with the Budget and Policy Framework Procedure Rules)

132 City Centre Park Delivery

Further to Minute No. 83, 18th October 2017, the Director of City Development and the Director of Communities and Environment submitted a joint report

seeking approval of the proposed next steps to facilitate the delivery of the long term ambition for a City Centre Park.

Members welcomed the proposals detailed within the submitted report and highlighted how the establishment of the park would look to improve the connectivity with the South Bank area and promote a more family-friendly environment. Members also noted how the progression of this project during the earlier stages of the South Bank's development had enabled local communities residing in and around the area to be involved in the associated engagement process.

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

RESOLVED –

- (a) That agreement be given for the Council to take steps, as set out at section 3.2 of the submitted report, to support the delivery of a City Centre Park in the South Bank;
- (b) That the Heads of Terms as detailed within exempt Appendix 3 to the report be agreed, with it being requested that legal agreements are developed and finalised between the Council and Vastint, using the principles as set out within the Heads of Terms and as at section 3.8 of the submitted report, in order to guide the development of legal agreements;
- (c) That the principles contained within section 3.14 of the submitted report for the redevelopment of Council land at Meadow Lane be agreed, and it be requested that further work takes place in order to develop proposals for new development and green space at this site;
- (d) That the City Centre Park design principles, as contained within appendix 2 to the submitted report be approved as the basis for the development of the detailed design;
- (e) That a report be submitted to a future Executive Board meeting in order to consider the detailed design that is developed and also to receive an update on the progress being made on such matters;
- (f) That the following be noted:-
 - (i) The Director of City Development and the Director of Communities and Environment are responsible for implementing resolutions (a), (b), (d) and (e), in consultation with the Director of Resources and Housing, the Executive Member for 'Regeneration, Transport and Planning', and the Executive Member for 'Environment and Sustainability';
 - (ii) The Director of City Development is responsible for the implementation of resolution (c).

133 Land at East Leeds Extension and Thorpe Park, Leeds

Further to Minute No. 19, 21st June 2017, the Director of City Development submitted a report which sought approval to assemble land in order to facilitate the delivery of the East Leeds Orbital Road (ELOR) in respect of the property interests held by Scarborough Group International (SGI) / Thorpe Park Developments Limited (TPDL). In addition, the report also sought the necessary approvals of the terms, as set out within the exempt Appendix 3.

Responding to a Member's enquiry, assurance was provided that the currently envisaged timescale for completing the ELOR scheme by 2021 remained on track.

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

RESOLVED –

- (a) That the terms, as set out in the exempt Appendix 3 to the submitted report, in respect of the Land Agreement with Scarborough Group International / Thorpe Park Developments Limited, be agreed;
- (b) That agreement be given for the costs associated with the financial settlement are injected into the Council's Capital Programme with funding in part to come from the West Yorkshire Transport Fund Grant; and that following the injection of funds into the Capital Programme by the Executive Board, the necessary 'Authority to Spend' be delegated to the Director of City Development, in consultation with the Chief Officer Financial Services in order to complete the transaction;
- (c) That in the event that there are any variations to the terms as set out within the exempt Appendix 3 to the submitted report, agreement be given for the necessary authority to be delegated to the Director of City Development, in consultation with the Chief Officer Financial Services and the Executive Member for 'Regeneration, Transport and Planning' to approve them;
- (d) That when a proposed agreement with relevant parties had been finalised in respect of the required land assembly proposals, the terms for which were detailed within exempt Appendix 3 to the submitted report, Group Leaders be briefed on the terms of that proposed agreement.

134 Acquisition of Land for Vehicle Fleet Alternative Fuel Filling Station

The Director of City Development and the Director of Resources and Housing submitted a joint report on the proposed acquisition of land to facilitate the delivery of an alternative fuelling station to serve the Council's and the city's vehicle fleets.

Members welcomed the proposals detailed within the submitted report. In noting the strategic location of the site, the Board acknowledged the significant potential that the project had in terms of being an alternative fuel filling station not solely for the Council's fleet, but also for other vehicle fleets.

Members also highlighted how the proposals would positively contribute towards the improvement of the city's air quality.

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

RESOLVED –

- (a) That the draft Heads of Terms, as set out within the exempt Appendix 2 to the submitted report, be agreed, and that the necessary authority be delegated to the Director of City Development to enable the acquisition of the site to be progressed on these or amended terms, should it be commercially acceptable and to protect the Council's interest, in order to facilitate the delivery of the Compressed Natural Gas (CNG) project;
- (b) That should the CNG project not proceed for any reason, it be noted that the site acquisition will have strategic value in the future reconfiguration and use of Council assets within the area;
- (c) That the necessary authority be delegated to the Director of City Development in consultation with the Director of Resources and Housing to enable the Director to sign off the lease or alternative arrangement negotiated with the selected station provider through the competitive process, in order to ensure that it provides value for money to the Council;
- (d) That the injection of funding into the Capital Programme and the related 'Authority to Spend' as set out in Appendix 2 to the submitted report, be agreed;
- (e) That the necessary authority be delegated to the Director of City Development in consultation with the Director of Resources and Housing in order to enable the Director to inject and approve 'Authority to Spend' for any additional funding required to acquire the site, so long as this can be demonstrated to be commercially acceptable.

HEALTH, WELLBEING AND ADULTS

135 Developing Digital Support and Approaches to Health and Wellbeing

The Director of Adults and Health submitted a report providing an update on the progress being made in maximising the use of digital solutions that promote the health and wellbeing of Leeds citizens. In addition, the report illustrated what had been achieved through innovative partnerships, but also

provided details on some of the challenges being faced in taking this agenda forward.

Members welcomed the content of the submitted report and the further health and wellbeing benefits that could potentially be realised by the continued development of the digital support agenda. However, a Member highlighted the need to ensure that as the agenda developed, users of the new technology, particularly older people, were provided with appropriate guidance to help them make safe choices.

In conclusion, it was requested that a demonstration of the new developments in this area was provided to Board Members for their information.

RESOLVED –

- (a) That the progress being made in embracing digital opportunities in order to improve the health and wellbeing of Leeds citizens, be noted;
- (b) That the areas for future development, as detailed within the submitted report, together with the comments made by the Board on such matters, be noted.

CHILDREN AND FAMILIES

136 Learning Places Programme - Capital Programme Update

Further to Minute No. 8, 21st June 2017, the Director of Resources and Housing, the Director of Children and Families and the Director of City Development submitted a joint report providing an update on the Learning Places Capital Programme and Social, Emotional and Mental Health (SEMH) Programme, presenting the progress made on the projects currently forming part of the Programmes, and seeking relevant approvals to increase the budget for three specific schemes.

Responding to a Member's enquiry, the Board noted the current balance of the programme's Capital Risk Fund, and was advised that the Risk Fund balance was expected to increase as well as decrease during the life of the programme, as schemes were completed.

In addition, it was noted that officers were confident that the further 16 schemes which were programmed to be delivered in 2018 would be delivered in line with scheme estimates, as detailed within the submitted report.

RESOLVED –

- (a) That the following be approved:-
 - (i) an increase in the capital spending approval of **£3.75m** to reset the budget envelopes on completion of robust feasibility studies for the Beecroft, Greenside and Iveson schemes; and
 - (ii) a reduction in the total held in the programme risk fund, seeing **£3.003m** being returned to support the Council's capital programme commitments elsewhere, with the revised Programme Capital Risk Fund total being reset at **£7.540m**.

- (b) That the following be noted:-
- (i) The good progress made on this challenging programme of work, which is currently valued at **£97.899m**;
 - (ii) That the following benefits have been delivered from the Projects commissioned via the programme from 2014 onwards. These have been called off through either the YORbuild arrangements and/or in conjunction with the Leeds Local Education Partnership (LLEP):
The programme has in total supported **76 new and or existing apprentices in their training as well as successfully assisting 116 people into permanent employment**. These figures relate to employees of both main contractors and their supply chains. These schemes have also **recycled or reused a minimum of 95% of the waste generated during the construction process**;
 - (iii) That the projected funding deficit which currently stands at £71.7m is primarily based on Education Funding Agency rates, and that with this in mind, Executive Board support be given to the arrangement of a meeting between the Executive Member for Children's and Families and the Education and Skills Funding Agency (ESFA).

137 Determination of school admissions arrangements 2019/20

The Director of Children and Families submitted a report which sought approval of the Local Authority admissions policy and admissions arrangements for entry to school in 2019. The report described the changes to the policy, described changes to the published admission number for two all-through schools in line with their previously published statutory notices, and invited the Board to note the co-ordination arrangements.

RESOLVED – That the school admission arrangements for 2019 be determined as follows:

- (a) That the Admissions Policy, as detailed within the submitted report, be approved, with the following being noted:-
 - the wording in relation to Children Looked After will be amended to reflect current legislation and practice;
 - PAF (Postcode Address File) will no longer be the main source of data for our measuring system, being replaced by LLPG (Local Land and Property Gazetteer);
 - The policy will include clarity that the Local Authority may withdraw an offer if it is found that a family have used a false address on their application;
- (b) That the changes to the admission number for 2 all-through schools at their secondary phase of admission, be noted;
- (c) That the co-ordinated scheme for admissions arrangements for entry in September 2019 be noted, with it also being noted that there are no

changes to the 2018 arrangements other than the updating of timelines;

- (d) That it be noted that the officer responsible for such matters is the Lead for Admissions and Family Information Service, and that the date for implementation (ie determination of any revised policy) is by no later than 28 February 2018;
- (e) That it be noted that the officer responsible for the publication of the determined arrangements is the Lead for Admissions and Family Information Service, and that the date for implementation (ie publication) is by no later than 15 March 2018.

138 Outcome of consultation to join Moor Allerton Hall Primary School with Allerton Grange School as a Through-School and to increase primary learning places

The Director of Children and Families submitted a report describing the outcome of the consultation undertaken regarding proposals to join together Moor Allerton Hall Primary School with Allerton Grange School as a through-school, and to expand primary school provision within the through-school. In addition, the report sought permission to publish a statutory notice in respect of revised proposals following the large number of responses made during the consultation period.

With the agreement of the Chair, Board Members were in receipt of correspondence from the 'Save Moor Allerton Hall Primary School' Group regarding the proposals detailed within the submitted report. In response, the Chair thanked all relevant parties who had contributed towards the related consultation process to date.

The Executive Member for Children and Families advised the Board that since the publication of the submitted report, further discussions had taken place with relevant parties including Roundhay and Moortown local Ward Councillors and the School Council, Governors and the Senior Leadership Team of Moor Allerton Hall Primary School, and in response to the feedback received, it was proposed that the report's recommendations, as submitted, be withdrawn, with a proposal to commence a further round of consultation in order to gain the views of a wider range of stakeholders on the proposed expansion of Moor Allerton Hall Primary School as a stand-alone three form entry school (rather than a through-school), prior to any final decisions being made.

Members welcomed the revised proposal, as set out by the Executive Member.

RESOLVED - That a further round of consultation be undertaken in order to gain the views of a wider range of stakeholders on the proposed expansion of Moor Allerton Hall Primary School as a stand-alone three form entry school (rather than a through-school), prior to any final decisions being made.

(Under the provisions of Council Procedure Rule 16.5, Councillors A Carter and Golton both required it to be recorded that they respectively abstained from voting on the decisions referred to within this minute)

139 Outcome of the consultation on the Strategic Review of provision for children and young people with Special Education Needs and Disabilities (SEND)

The Director of Children and Families submitted a report which provided an overview of the main findings from the public consultation undertaken on the Strategic Review of Special Education Needs and Disability (SEND) provision available to young people (0-25) in Leeds. In addition, the report set out proposals and specific priorities for the allocation of the Department for Education (DfE) capital grant.

Responding to a Member's enquiry, the Board received further detail on the assessment procedures which were in place to deliver SEND provision to children and young people across the city, with assurances being provided around the robustness of those procedures. However, it was highlighted that additional funding for the High Needs Block of the Designated Schools Grant had recently been announced, which, when received would be used to assist with the delivery of related provision.

RESOLVED –

- (a) That the details of the consultation and the final version of the Strategic Review of provision for children and young people with Special Education Needs and Disabilities, as detailed within Appendix A to the submitted report, be noted;
- (b) That it be noted that the DfE capital grant of £3,237,000 will be utilised over the next three years, following the five priorities as detailed within the submitted report;
- (c) That the proposed allocation of the DfE capital grant of £1,079,000 for the financial year 2018/19, as detailed within Section 4.4 of the submitted report, be approved;
- (d) That it be noted that the overall responsible officer for the implementation of the Strategic Review and the publishing of the plan is the Head of Complex Needs.

COMMUNITIES

140 Investment into New Supply of Affordable and Supported Housing

The Director of Resources and Housing submitted a report regarding proposals for a collaborative approach between the Council, St. George's Crypt and LATCH (Leeds Action to Create Homes) in order to seek loan funding of £3.03m from the Council for the provision and development of a new supply of affordable and supported housing.

Responding to a Member's enquiry, the Board received further information on the Council's delivery programme for the provision of affordable housing via the Housing Revenue Account, and how the Council continued to explore other approaches to contribute towards the future delivery of that provision.

In addition, the Board received further details of the types of accommodation which were being proposed as part of this scheme, and the ways in which they would benefit vulnerable people in Leeds.

In conclusion, on behalf of the Board the Chair extended her thanks to St. George's Crypt and LATCH for the crucial work they continued to undertake in this area.

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

RESOLVED –

- (a) That support be given to the proposals as outlined within the submitted report and exempt Appendix 2 for the Council to provide total loan funding of £3.03m split as follows:
 - loan funding of £2.354m to St George's Crypt; and
 - loan funding of £0.676m to LATCH;
- (b) That agreement be given for the Council to enter into legal agreements with St George's Crypt and LATCH for the provision of new supply affordable housing;
- (c) That the approval of the detailed terms and conditions be delegated to the Director of Resources and Housing in conjunction with the Council's Chief Finance Officer and the Council's Chief Legal Officer.

141 Improving standards in the private rented sector - consideration for selective licensing

The Director of Resources and Housing submitted a report regarding the development of business case(s) for the selective licensing initiative, with the report noting that any business case would need to be considered in the future by the Council on its merits based on the criteria as detailed within in Government guidance prior to any designation. The report also noted that the proposed areas for the potential introduction of any scheme were based upon the Council's priority locality agenda in Harehills and Beeston Hill.

A concern was raised that the proposals detailed within the report were not for the establishment of a citywide scheme, however it was noted that although the submitted report had identified Harehills and Beeston Hill as proposed areas for the potential introduction of any scheme, at this stage it was only recommending the development of potential business cases, with the matter intended to be re-submitted to the Board once the final business cases had been drawn up.

RESOLVED –

- (a) That the development of potential business cases under Part 3 of the Housing Act 2004 for selective licensing schemes for Harehills and Beeston Hill for the purposes of future consideration by the Council, be approved;
- (b) That agreement be given for the Executive Board to consider the matter again at a future date once the final business case(s) have been fully developed and agreed, in order to assist with the long term development of such business case(s);
- (c) That it be noted that the business case(s) will be developed in line with the timescales as detailed at section 3.8 of the submitted report and will be the responsibility of the Service Managers in Private Sector Housing, Housing Leeds.

(Under the provisions of Council Procedure Rule 16.5, Councillor S Golton required it to be recorded that he abstained from voting on the decisions referred to within this minute)

142 Community Hubs - Phase 3 (Year 1) Business Case

Further to Minute No. 15, 22nd June 2016, the Director of Communities and Environment submitted a report providing an update on the progress made to date on the Community Hub programme and specifically the delivery of Phase 2. In addition, the report sought approval of proposals regarding the Phase 3 Community Hub programme to form Community Hubs in a number of key local buildings, mainly existing Libraries and One Stop Centres to support the delivery of integrated and accessible services.

In introducing the report, the Executive Member for Communities extended her thanks to the significant role that Scrutiny had played in the development of this project to date.

Responding to a Member's concerns regarding the programme and including a specific design issues in respect of an existing hub, emphasis was placed upon the overarching aim of the programme which was to benefit the community by providing integration across a wide range of services and partners, with it being noted that should there be any design issues in respect of a specific project, then these could be brought to the attention of the Executive Member or relevant officers for consideration.

RESOLVED –

- (a) That the contents of the submitted report, specifically the progress made on delivering the Community Hubs as part of Phase 1 and Phase 2, together with the Mobile Community Hub approach, be noted;
- (b) That the delivery of the Phase 3 Community Hub schemes over the next 3 years, be supported;

- (c) That an injection into the capital programme of £3.03m for Phase 3 - Year 1 (2018/19) schemes of the Community Hub programme be authorised, with it being noted that updated business cases for individual Hub schemes will require 'authority to spend' in line with the current capital approvals process;
- (d) That it be noted that further Phase 3 business cases will be submitted to request further injections of funding, with Phase 3 Projects included in Year 2 (2019/20) and 3 (2020/21);
- (e) That it be noted that the two proposed Community Hub schemes in Crossgates and Burmantofts, which are being developed jointly with the NHS, will be subject to a separate report;
- (f) That approval be given for the properties released as part of the Phase 3 (Year 1 2018/19) programme, to be declared as surplus to Council requirements and passed to the Capital receipts programme.

ENVIRONMENT AND SUSTAINABILITY

143 Potential Heritage Lottery Fund Bid for Temple Newsam Estate

The Director of Communities and Environment submitted a report outlining the prospect of a Heritage Lottery Fund (HLF) led bid to restore key features at Temple Newsam Estate, which was aimed at enabling visitors to better engage with how the site had developed over many hundreds of years, as well as securing the heritage features for future generations.

Members welcome the proposals detailed within the submitted report.

RESOLVED –

- (a) That the following be approved:-
 - (i) The submission of a bid to the Heritage Lottery Fund (HLF) 'Heritage Grants' programme;
 - (ii) The injection of £100k into Capital Scheme No. 32890, together with associated 'authority to spend' in order to support the bid submission;
- (b) That it be noted that the Chief Officer (Parks and Countryside) is responsible for the implementation of such matters, with the initial deadline of August 2018 to consider round 1 submissions also being noted;
- (c) That agreement be given to a future report being brought to Executive Board outlining detailed arrangements and match funding proposals, should the bid be successful.

ECONOMY AND CULTURE

144 Revenue Budget Proposals and Capital Programme for 2018/19

Further to Minute No.124, 13th December 2017, the Chief Officer, Financial Services submitted a report regarding the proposals for the City Council's Revenue Budget for 2018/2019 and the Leeds element of the Council Tax to be levied in 2018/2019.

With the agreement of the Chair, Board Members were in receipt of a supplementary addendum together with associated revised recommendations arising from the late receipt of information regarding the level of resources available to the Authority.

The updated information highlighted that the level of additional resource available to the City Council in respect of the 2018/19 revenue budget was £2,825k, and due to the short notice at which this information had become available, it was proposed for the purposes of recognising this additional resource in the 2018/19 budget, that £756k of it should be placed within the Council's General Reserve (which would increase the overall budgeted contribution to £1,756k in 2018/19) and £2,069k should be placed within an earmarked reserve for Adult Social Care, with proposals to use the additional resource being developed as appropriate.

Responding to a Member's enquiry, the Board received further detail on the total sum of Business Rates Retention monies that the Council would receive in 2018/19.

(A) 2018/2019 Revenue Budget and Council Tax

RESOLVED –

- (a) That Executive Board recommends to Council the adoption of the following, subject to the inclusion of the proposed changes to the submitted 2018/19 Revenue Budget as set out within the addendum:-
- i) That the revenue budget for 2018/19 totalling £510.9m be approved. This means that the Leeds element of the Council Tax for 2018/19 will increase by 2.99% plus the Adult Social Care precept of 2%. This excludes the Police and Fire precepts which will be incorporated into the report to be submitted to Council on the 21st February 2018. The proposed changes to the submitted 2018/19 Revenue Budget, as set out within the addendum will also be incorporated into the report to be submitted to Council;
 - ii) That approval be given for grants totalling £70k to be allocated to parishes;
 - iii) That approval be given to the strategy at Appendix 9 of the submitted report in respect of the flexible use of capital receipts;

- iv) That, in respect of the Housing Revenue Account Council be recommended to approve the budget with:-
- A reduction of 1% in dwelling rents in non-Private Finance Initiative areas.
 - An increase of 3% in dwelling rents in PFI areas.
 - A 3.9% increase in district heating charges.
 - That service charges for multi-story flats are increased by £2 per week.
 - That service charges for low/medium rise properties are increased by 3.9%.
 - That the charge for tenants who benefit from the sheltered support service currently paying £4 a week be increased to £6 per week.
 - That any overall increase to tenants in respect of rents, service and sheltered support charges will be no more than £5 per week.
- (b) That officers be authorised to begin consultations without delay on the proposals to increase existing fees and charges;
- (c) That agreement be given to the proposals for the local Business Rates discount scheme for 2018/19, namely:-
- i) to limit the increase faced by small and medium businesses with a rateable value between £20,000 and £100,000 to 11% above the gross rates that would have been payable in 2017/18.
 - ii) to freeze the increase faced by businesses who solely provide childcare to the gross level of rates payable in 2017/18, where this increase is as a result of the revaluation.
- (d) That agreement be given for any savings in the budget for 'looked after children' should be transferred to an earmarked reserve so that it can be used to deal with any future variations in demand;
- (e) That Executive Board's thanks be extended to Scrutiny Boards for their comments and observations in consideration of the Council's initial budget proposals.

(B) Capital Programme Update 2018 – 2021

The Chief Officer Financial Services submitted a report setting out the proposed Capital Programme for the period 2018-2021.

RESOLVED –

- (a) That Executive Board recommends to Council:-
- (i) the approval of the Capital Programme for 2018-21 totalling £1,472.3m, including the revised projected position for 2017/18, as presented in **Appendix F** to the submitted report;
 - (ii) the approval of the revised MRP policy for 2018/19 as set out in **Appendix D** to the submitted report.

- (b) That Executive Board approval be given to the list of land and property sites shown in **Appendix B** to the submitted report, to be disposed of in order to generate capital receipts for use in accordance with the MRP policy;
- (c) That Executive Board approval be given to the following injections into the capital programme:-
- £136.6m, of annual programmes as set out in Appendix A(iii) to the submitted report, to be funded by £41.7m LCC borrowing, £73.1m of HRA specific resources and £21.8m of general fund specific resources;
 - £104.6m, of pressures as set out in Appendix A(iii) to the submitted report, to be funded by £80.4m of net borrowing and £24.2m of general fund specific resources.

(With it being noted that the above decisions to inject funding of £241.2m will be implemented by the Chief Officer (Financial Services)).

(C) Treasury Management Strategy 2018/2019

The Chief Officer Financial Services submitted a report setting out the Treasury Management Strategy for 2018/2019 and the revised affordable borrowing limits under the prudential framework. The report also provided a review of strategy and operations in 2017/18.

Responding to a Member's comments, the Board received further information on the Council's approach towards the cost of borrowing and how the overall approach taken aimed to maintain the correct balance between long and short term loans in order ensure that such costs remained affordable. Assurance was also provided on how such matters continued to be monitored and how the costs associated with the Council's borrowing were factored into the budget and the longer term financial strategy.

RESOLVED –

- (a) That the Treasury Strategy for 2018/19, as set out in Section 3.3 of the submitted report be approved, and that the review of the 2017/18 strategy and operations, as set out in Sections 3.1 and 3.2 of the submitted report, be noted;
- (b) That it be noted that the revised CIPFA Codes and Practice and DCLG guidance will be adopted and reported to full Council when fully issued, and that it also be noted that the Council has implemented the European Union Market in Financial Instruments Directive (MiFIDII) legislation, with effect from 3rd January 2018;
- (c) That full Council be recommended to set the borrowing limits for 2017/18, 2018/19, 2019/20 and 2020/21 as detailed in Section 3.4 of the submitted report, with Council being recommended to note the changes to both the Operational Boundary and the Authorised limits;

- (d) That full Council be recommended to set the treasury management indicators for 2017/18, 2018/19, 2019/20 and 2020/21, as detailed in Section 3.5 of the submitted report;
- (e) That full Council be recommended to set the investment limits for 2017/18, 2018/19, 2019/20 and 2020/21 as detailed in Section 3.6 of the submitted report;
- (f) That full Council be recommended to adopt the revised Treasury Management Policy Statement.

(The matters referred to in Minute Nos. 144(A)(a)(i)-(iv)(Revenue Budget and Council Tax); 144(B)(a)(i)-(ii)(Capital Programme) and 144(C)(c)-(f)(Treasury Management Strategy), given that they were decisions being made in accordance with the Budget and Policy Framework Procedure Rules, were not eligible for Call In)

(Under the provisions of Council Procedure Rule 16.5, Councillors A Carter and Golton both required it to be recorded that they respectively abstained from voting on the decisions referred to within this minute)

145 Grants to Arts and Cultural Organisations

The Director of City Development submitted a report which sought approval of the allocation of the 4 year arts@leeds grants for the period 2018 - 2022.

Responding to a Member's enquiry, the Board received an update regarding the current position in respect of the discussions currently taking place with Leeds Community Arts Network (LCAN) and the organisation's use of facilities within the Carriageworks.

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

RESOLVED –

- (a) That the level of support for individual organisations over the 4-year arts@leeds programme, as listed at section 3.4 of the submitted report, be approved;
- (b) That it be noted that the Chief Officer, Culture and Sport is responsible for the implementation of resolution (a) above.

EMPLOYMENT, SKILLS AND OPPORTUNITY

146 Establishment of a Skills Academy - the Centre of Excellence for Retail and Hospitality

Further to Minute No. 159, 8th February 2017, the Director of City Development submitted a report which presented the operational plan for a skills academy, the Centre for Retail and Hospitality Excellence (CORHE),

which was an employer-led initiative sponsored by the Council, LeedsBID and a consortia of providers which aimed to deliver a range of bespoke services to attract, retain and develop employees and foster and develop skills training that kept pace with innovations in these sectors and looked to maximise their relevance for Leeds businesses.

Responding to a Member's enquiry, the Board received further information on the balance of representation on the board of management from both large and smaller independent businesses in the target sectors, which was aimed at ensuring that provision met a wide range of needs and that all would have the opportunity to access the services offered.

RESOLVED –

- (a) That the partnership proposals to establish the employer-led skills academy, the Centre for Retail and Hospitality Excellence, be endorsed;
- (b) That expenditure of £195,000 to support the establishment and operation of the skills academy, be authorised;
- (c) That it be noted that the Chief Officer, Employment and Skills will be responsible for the implementation of the resolutions above.

RESOURCES AND STRATEGY

147 Best Council Plan: 2018/19 to 2020/21

Further to Minute No. 109, 13th December 2017, the Director of Resources and Housing submitted a report which presented the Best Council Plan 2018/19 to 2020/21 for the purposes of consideration, and which sought approval that it be recommended for adoption by Council on 21 February 2018.

Members welcomed the proposal that 'Child Friendly City' remained as a 'Best City Priority' in the 2018/19 – 2020/21 Plan.

RESOLVED –

- (a) That full Council be recommended to adopt the Best Council Plan 2018/19 to 2020/21, as detailed at Annexe 1 to the submitted report;
- (b) That the Board's thanks be extended to Scrutiny Boards and others for their comments throughout the consultation process which have informed the proposed Best Council Plan 2018/19 to 2020/21;
- (c) That it be noted that further development and graphic design work will take place prior to the publication of the updated Best Council Plan in March 2018.

(The matters referred to within this minute, given that they were decisions being made in accordance with the Budget and Policy Framework Procedure Rules, were not eligible for Call In)

148 Financial Health Monitoring 2017/18 - Month 9

The Chief Officer, Financial Services submitted a report which set out the Council's projected financial health position for 2017/18, as at month 9 of the financial year.

Emphasis was placed upon the extent of the impact that variations in the total rateable value of business properties in Leeds could have upon the Council, when considering the potential levels of income that the Council received from Business Rates. It was highlighted that this needed to be an area which continued to be monitored.

RESOLVED – That the projected financial health position of the Authority, as at month 9 of the financial year, be noted.

149 'Cycling Starts Here' Strategy: Progress and Key Initiatives

Further to Minute No. 16, 21st June 2017, the Director of City Development submitted a report which provided an update on key developments and progress made on the Leeds 'Cycling Starts Here' Strategy. The report also identified and sought endorsement to make further progress in two key areas: (i) a new partnership agreement with British Cycling; and (ii) progressing the current opportunity to establish a public bike share scheme in the city.

Members welcomed the proposals detailed within the submitted report and highlighted how this was further evidence of the cycling legacy being built in Leeds following the 2014 Tour de France Grand Depart.

Regarding the proposed establishment of a bike share scheme, it was noted that the Council was not procuring the bike share scheme and it was also recommended that should such a scheme be implemented by Ofo, then any issues arising be monitored, with lessons being learned from other areas where such schemes were operational.

Also, responding to an enquiry, the Board received an update on the current position regarding the development of a new partnership between the Council and British Cycling, with Members being encouraged to provide any suggestions they had in terms of potential community activity that the partnership with British Cycling could be involved in.

RESOLVED –

- (a) That the progress made in respect of delivering the Leeds 'Cycling Starts Here' Strategy be noted, and that:-
 - (i) the offer of a new formal partnership between British Cycling (BC) and Leeds City Council be welcomed; and that the heads of terms, as expressed in Table 1 of the submitted report, be agreed;
 - (ii) the Chief Officer Culture and Sport be authorised to oversee the final negotiations with British Cycling, based on the terms agreed (above), and upon their satisfactory conclusion consent be provided to enter into the final Agreement;

- (b) That in relation to the proposed bike share scheme for Leeds:-
 - (i) The Board's endorsement be given to the establishment of a bike share scheme in Leeds and the proposal to work towards reaching an early agreement with an operator for a scheme to commence in Leeds;
 - (ii) That agreement be given for officers to initiate further discussions with the preferred operator (of) with a view to them becoming the city's bike share partner, starting on a trial basis for 12 months from spring 2018;
 - (iii) That authority be provided to the Chief Officer, Highways and Transportation, to oversee the establishment, monitoring and review of a partnership arrangement, and to enter into agreements for a bike share scheme with the operator (of), in accordance with the principles as set out in section 3.15 of the submitted report.

150 Leeds Health and Care Partnership - City Digital Governance - Memorandum of Agreement and Public Co-operation Agreement

The Director of Resources and Housing submitted a report which sought support to commit the Council to a Memorandum of Agreement with Health partners in order to make strategic digital and information decisions supporting the delivery of integrated health and care through city partnership governance. The report also sought support for the decision to enter into a public co-operation agreement, effective from 1st April 2018 with the Health partners in the city for the delivery of shared digital and information services (where appropriate).

RESOLVED –

- (a) That it be noted that the Director of Resources and Housing will commit the Council to a 'Memorandum of Agreement' in order to make strategic digital and information decisions supporting the delivery of integrated health and care through city partnership governance, with it also being noted that the Council's Officer Delegation Scheme will be updated to reflect this agreement;
- (b) That it be noted that the Director of Resources and Housing will enter into a public co-operation agreement effective from 1st April 2018 with the Health partners in the city for the delivery of shared digital and information services (where appropriate), in order to best support the delivery of integrated health and care, and/or where this is economically advantageous and it is in the interests of the Leeds pound;
- (c) That it be noted that the Director of Resources and Housing and the Chief Digital and Information Officer will take any decision to enter into any shared service schedules under the Council's existing Officer Delegation Scheme.

DATE OF PUBLICATION: FRIDAY, 9TH FEBRUARY 2018

**LAST DATE FOR CALL IN
OF ELIGIBLE DECISIONS:** 5.00 P.M., FRIDAY, 16TH FEBRUARY 2018

HEALTH AND WELLBEING BOARD

MONDAY, 19TH FEBRUARY, 2018

PRESENT: Councillor R Charlwood in the Chair

Councillors S Golton, G Latty, L Mulherin
and E Taylor

Representatives of Clinical Commissioning Groups

Alistair Walling	NHS Leeds South and East CCG
Dr Gordon Sinclair	NHS Leeds West CCG
Nigel Gray	NHS Leeds North CCG
Phil Corrigan	NHS Leeds West CCG

Directors of Leeds City Council

Dr Ian Cameron – Director of Public Health

Representative of NHS (England)

Moira Dumma - NHS England

Third Sector Representative

Heather Nelson – Black Health Initiative
Hannah Munro – Forum Central

Representative of Local Health Watch Organisation

Tanya Matilainen – Healthwatch Leeds

Representatives of NHS providers

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

Safer Leeds Representative

Superintendent Sam Millar – West Yorkshire Police

46 Welcome and introductions

The Chair welcomed all present and brief introductions were made.

47 Appeals against refusal of inspection of documents

There were no appeals against the refusal of inspection of documents.

48 Exempt Information - Possible Exclusion of the Press and Public

The agenda contained no exempt information.

49 Late Items

There were no late items of business.

50 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interest.

Draft minutes to be approved at the meeting
to be held on Thursday, 19th April, 2018

51 Apologies for Absence

Apologies for absence were received from Councillor Coupar, Jason Broch, Cath Roff and Steve Walker. Councillor E Taylor attended the meeting as a substitute.

52 Open Forum

Population Health Management Principles (PHM) - A query was raised regarding PHM and seeking support to pause the process of recognising Accountable Care systems until the outcome of two Judicial Reviews were known was raised.

In response, assurance was provided that the local Leeds Health and Care Plan had adopted a 'bottom up trajectory' approach through Local Care Partnerships and there would be no imposition of a national model. Additionally, health and care sector partners were keen to continue the Leeds integrated working approach which would allow the sector to monitor and challenge provision through collaborative practices; keeping in mind that the sector needed to understand those areas where it was required to procure services in order to provide the best service and value for money.

RESOLVED – To note the matter raised.

53 Minutes

An amendment was made to Minute No.40 'Making a Breakthrough', paragraph 2 Air Quality, to reference Chronic *Vascular* Diseases

RESOLVED – That, subject to the amendment outlined above, the minutes of the meeting held 23rd November 2017 were agreed as a correct record.

54 Leeds Health and Wellbeing Board: Reviewing the Year 2017-2018

The Chief Officer, Health Partnerships, submitted a report introducing a report on a review of the strategic direction provided by the Health and Wellbeing Board (HWB) and providing a look back over the last 12 months of HWB and partnership activity.

The Health Partnerships Manager introduced the report, which included a summary of a HWB self-assessment workshop undertaken in January 2018. This information would inform the future work planning and focus of the HWB into 2018/19. Three key issues for further focus were identified as:

- Mental health
- The workforce
- Hearing the voice of the community.

During discussions the Board considered the following:

- Previous discussions with the West Yorkshire & Harrogate Health and Care Partnership which sought to provide high support and high challenge that partners adopted the same or similar approach to health and care as Leeds as highlighted below;
- Success was predicated on building good working relationships between partners, building challenge into the process and encouraging strong, well-engaged communities within the process;

- Welcomed the sense of ‘team Leeds’ within the document which was evidenced by the well-connected approach to the health and care sector and service users;
- Acknowledged the work done by Board partners which had ensured that the HWB priorities were encompassed within their individual services and service plans.

RESOLVED

- a) To note the collated findings of the report
- b) To note the comments made during discussions intended to provide steer, commission or to clarify any future action to make further progress towards the outcomes and priorities of the Leeds Health and Wellbeing Strategy
- c) That those matters identified during discussions be included within the HWB work plan as appropriate

55 Joint Strategic Needs Assessment: More Comprehensive Approach to City-Wide Analysis

The Board considered the joint report of the Chief Officer, Health Partnerships and the Head of LCC Intelligence and Policy setting out proposals for a broader, forward-looking approach to the ownership, production and utilisation of the Joint Strategic (Needs) Assessment, which will consider the wider determinants of health and wellbeing and facilitate policy linkages across the health and care system in Leeds.

The Chief Officer, Health Partnerships, introduced the report which highlighted the HWB’s statutory responsibility to produce a JSNA to inform the direction and effectiveness of the Health and Wellbeing Strategy. The proposals sought to embed the ‘Leeds approach’ into the JSNA; be more inclusive of the Third Sector and communities; and included a name change to “Joint Strategic Assessment” (JSA).

The Board heard that officers had researched examples of good practice adopted by other areas of the country and went on to view a short video presentation entitled “Wellbeing of Future Generations (Wales) Act 2015” created by the Welsh Government to provide advice on the aims of the Act. The video was presented as the basis for discussion on a future approach to publicise the aims of the JSA and more widely - the work of the HWB; the Leeds Health & Wellbeing Strategy (HWBS) and Leeds Health and Care Plan. The Board supported the following principles around engagement and made the following comments:

- Emphasis on self-management and care
- Show what Leeds’ health and care systems could look like and provide context for the individual
- Sets out a snapshot of need and reflect more of the ‘one Leeds’ approach

Discussion identified the following matters associated with the JSA for further consideration:

- The context should reference Leeds' focus on secure and happy childhoods to ensure the best start for children and young people
- To reference using community assets within the longer term service delivery proposals
- To be a toolkit for the whole City, including businesses and residents, not just the local health and care partners
- Acknowledged the need to broaden the scope of data collection in order to better inform the Leeds Health and Wellbeing Strategy and encompass the wider determinants of health

RESOLVED -

- a) To note the contents of the report and the comments made during discussions on the Wellbeing of Future Generations (Wales) Act 2015 video and the refreshed Joint Strategic Needs Assessment;
- b) To endorse the change from a Joint Strategic Needs Assessment to a Joint Strategic Assessment (JSA), reflecting the 'working with' approach and reflecting strengths and assets based approach developed in communities and neighbourhoods;
- c) To endorse the extension of the JSA to cover the wider determinants of health in line with the refreshed Health and Wellbeing Strategy/Leeds Plan, Best Council/Best City priorities (paragraphs 3.1-3.3);
- d) To actively support and contribute to a strong partnership approach to the JSA (paragraphs 3.6-3.10);
- e) To agree the establishment of a partnership task and finish group to drive the JSA (paragraphs 3.11) and to note that the Chief Officer, Health Partnerships, will be responsible for overseeing implementation of the group.
- f) Agreement that the JSA includes focus on secure and happy childhoods to ensure the best start for children and young people
- g) Agreement that a wide breadth of information is used to inform the JSA including existing data sets where appropriate (e.g. mental health needs assessment framework)

56 Leeds Academic Health Partnership Strategy

The Chief Officer, Health Partnerships introduced a report providing an update on the progress made by the Leeds Academic Health Partnership (LAHP) to establish a Strategic Framework of priorities along with a summary of its programme of active projects to deliver these. The report acknowledged the role of the LAHP within the wider strategic context of the Leeds Health and Well Being Strategy, Leeds Health and Care Plan and the Leeds Inclusive Growth Strategy.

The report identified the strength and skills of LAHP members to drive the main strategic priorities of:

- Support the delivery of partners' own (and shared) strategies and plans –helping to simplify, not add to, complexity;
- Reflect the breadth of the partnership, for example: physical *and* mental health; care provided in *and* out of hospital; health *and* social care; discovery science to applied health research

- Build the reputation of and add value to all partner organisations and the city across the totality of the work programmes.
- Build on and bring together existing strengths across the city and also develop areas of new capability

Discussion focussed on the following key issues:

- The need to identify how the Third Sector will be further involved in the Partnership
- The need to clarify the role of digitalisation and digital innovation in the delivery of the priorities
- The 'one workforce' approach and how training will be delivered across the various partners to ensure this approach is implemented
- As part of a wider piece of work for the health and care partnership, three priorities of apprenticeships; organisational development and the long term future workforce had been identified for 2018, with focus commencing on 1st April 2018. From September, focus would include cultural working conditions and bringing together the workforce.

RESOLVED

- 1) To note the Strategic Framework priorities and progress made by the Leeds Academic Health Partnership and its programme to deliver better health outcomes, reduced health inequality and more jobs and stimulate investment in health and social care within the City's Health and Wellbeing Strategy.
- 2) To note that the Chief Officer, Health Partnerships Team will be responsible for overseeing implementation by the LAHP of its programme.

57 Pharmacy Needs Assessment 2018-21

The Director of Public Health, LCC, submitted a report on the new Pharmacy Needs Assessment (PNA) 2018-2021 which had been produced after a thorough and robust process, including a number of consultation measures.

Liz Bailey, Healthy Living and Health Improvement, introduced the summary findings of the report and provided assurance on the following key points:

- Leeds had a good spread and access to pharmaceutical services. No current gaps in provision of necessary services to meet the needs of the Leeds population had been identified;
- The PNA did not identify any future needs which could not be met by pharmacies/providers already on the pharmaceutical list; taking into account likely demographic changes during the three year life of the PNA

The following comments were noted during discussions:

- Welcomed the recognition given to pharmacies and pharmacists for their support to local communities
- Acknowledged a concern regarding access to pharmacies; given that residents were being encouraged to discuss health and wellbeing issues with their pharmacists in the first instance where appropriate

- Sought assurance that where there was no pharmacy service, there was provision of 'distance pharmacy' with 10 miles; noting the continuing residential expansion of Leeds into outlying suburbs
- Noted that the previous PNA included building "Safe Places" provision within pharmacies and this was not included in the 2018-21 document. It was agreed that the PNA 2018-21 would be reviewed to ensure "Safe Places" are incorporated
- Concern over how migrants/new residents to Leeds are enabled to access pharmacies
- Opportunity to progress the 'one healthcare records system'; including pharmacies

RESOLVED -

- a) To note the thorough processes undertaken to compile the PNA 2018-2021
- b) To note the findings and recommendations contained in the PNA 2018-2021
- c) To note that there are no current gaps in the provision of necessary services to meet the needs of the Leeds Health and Wellbeing Board area population.
- d) To note that there are no current gaps in the provision of other relevant services to meet the needs of the Leeds Health and Wellbeing Board area population.
- e) To note that the PNA has not identified any future needs which could not be met by pharmacies already on the pharmaceutical list, which would form part of related commissioning intentions.
- f) To note that as of 1st January 2018, all areas of Leeds have a reasonable choice of pharmaceutical services
- g) To notes the follow up actions that have been taken, since the submission of the update paper submitted on 23rd November 2017.
- h) To approve the PNA document ready for publication and placing on the Leeds Observatory website <http://observatory.leeds.gov.uk/> by 1st April 2018.

58 Progressing the NHS Leeds Clinical Commissioning Groups Partnership Annual Report 2017-2018

The Board considered the report of the Communications Manager, NHS Leeds Clinical Commissioning Groups Partnership, which demonstrated how the Clinical Commissioning Group Annual Report has documented its contribution to the joint health and wellbeing strategy.

The report highlighted that information was previously submitted by the Leeds CCGs Partnership to the self-assessment workshop held for the HWB in January 2018. This submission provided an overview of how the organisation had contributed to each of the 12 priorities within the Leeds Health and Wellbeing Strategy 2016-21. It was proposed that this submission would be used for the Annual Report 2017-18 to evidence the extent that the Leeds CCGs Partnership has contributed to the delivery of the Leeds Health and Wellbeing Strategy.

RESOLVED

- a) To support the process for developing the CCG annual report as outlined in para 3.6 to meet the statutory requirement outlined by NHS England.
- b) To acknowledge the extent to which the NHS Leeds CCGs have contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.
- c) To agree to the formal recording of this acknowledgement in the NHS Leeds CCGs' annual reports according to statutory requirement.

59 For Information: iBCF (Spring Budget) Q3 2017/18 Return and BCF Performance Monitoring Q3 2017/18 Return

The Board received for information, a copy of the iBCF Spring Budget and the Better Care Fund 2017/18 Quarter 3 returns.

RESOLVED -

- a) To note the contents of the report
- b) To note the contents of the Leeds iBCF Quarter 3 return to the DCLG
- c) To note the content of the Leeds HWB BCF Performance Monitoring return to NHSE for quarter 3 of 2017/18

60 For Information: Leeds Health and Care Quarterly Financial Reporting

The Board received, for information, a copy from Leeds Health and Care Partnership Executive Group (PEG) which provided an overview of the financial positions of the health & care organisations in Leeds, brought together to provide a single citywide quarterly financial report.

RESOLVED – To note the end of year forecast contained within the Leeds health & care quarterly financial report.

61 Any Other Business

No additional items of business were identified.

62 Date and Time of Next Meeting

RESOLVED – To note the following arrangements:

- a) Board workshop – Thursday 19th April 2018 at 9.30 am
- b) Formal Board meeting – Thursday 14th June 2018 at 12.30 pm

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