

## SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

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Meeting to be held in Civic Hall, Leeds, LS1 1UR on  
Tuesday, 17th July, 2018 at 1.30 pm

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

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### MEMBERSHIP

#### **Councillors**

C Anderson	-	Adel and Wharfedale;
J Elliott	-	Morley South;
B Flynn	-	Adel and Wharfedale;
J Gibson	-	Weetwood;
G Harper	-	Little London and Woodhouse;
N Harrington	-	Wetherby;
H Hayden (Chair)	-	Temple Newsam;
M Iqbal	-	Hunslet and Riverside;
S Lay	-	Otley and Yeadon;
D Ragan	-	Burmantofts and Richmond Hill;
K Wakefield	-	Kippax and Methley;
A Wenham	-	Roundhay;

#### **Co-opted Member (Non-voting)**

Dr J Beal - Healthwatch Leeds

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

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**Principal Scrutiny Adviser:**  
**Steven Courtney**  
**Tel: (0113) 37 88666**

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# A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></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><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. To consider whether or not to accept the officers recommendation in respect of the above information.</li> <li>3. If so, to formally pass the following resolution:-</li> </ol> <p><b>RESOLVED</b> – 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><b>No exempt items have been identified.</b></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 - 26TH JUNE 2018**

1 - 6

To approve as a correct record the minutes of the meeting held on 26<sup>th</sup> June 2018

(Copy attached)

7

### **NHS INTEGRATED QUALITY AND PERFORMANCE REPORT**

7 - 16

To consider the report of the Head of Governance and Scrutiny Support which presents the latest available NHS Integrated Quality and Performance Report (IQPR).

(Report attached)

8		<p><b>WEST YORKSHIRE AND HARROGATE HEALTH AND CARE PARTNERSHIP - SPECIALIST STROKE SERVICES</b></p> <p>To consider the report of the Head of Governance and Scrutiny Support as an introduction to a report from the West Yorkshire and Harrogate Health and Care Partnership regarding its work and engagement in relation to improving Specialist Stroke Services across West Yorkshire and Harrogate.</p> <p>(Report attached)</p>	17 - 22
9		<p><b>IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES</b></p> <p>To consider the report of the Head of Governance and Scrutiny Support which presents further details regarding the Improving Access to Psychological Therapies (IAPT) in Leeds.</p> <p>(Report attached)</p>	23 - 34
10		<p><b>HEALTHWATCH LEEDS ANNUAL REPORT (2017/18) AND FUTURE WORK PROGRAMME</b></p> <p>To consider the report of the Head of Governance and Scrutiny Support which presents Healthwatch Leeds' (HWL) Annual Report 2017/18 and its future work programme.</p> <p>(Report attached)</p>	35 - 68
11		<p><b>CHAIR'S UPDATE - JULY 2018</b></p> <p>To receive an update from the Chair on scrutiny activity since the previous Board meeting, on matters not specifically included elsewhere on the agenda.</p> <p>(Report attached)</p>	69 - 70

**WORK SCHEDULE**

To consider the Scrutiny Board's work schedule for the 2018/19 municipal year.

(Report attached)

**DATE AND TIME OF NEXT MEETING**

To note the date and time of the next meeting as Tuesday 18<sup>th</sup> September 2018 at 1.30 pm. (with a pre-meeting for Board members at 1.00 pm)

**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,HEALTH & ACTIVE LIFESTYLES)

**TUESDAY, 26TH JUNE, 2018**

**PRESENT:** Councillor H Hayden in the Chair

Councillors C Anderson, K Dye, J Elliott,  
B Flynn, J Gibson, G Harper, M Iqbal,  
K Wakefield and A Wenham

### **1 Appeals Against Refusal of Inspection of Documents**

There were no appeals against refusal of inspection of documents.

### **2 Exempt Information - Possible Exclusion of the Press and Public**

**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 that would be disclosure to them of exempt information as follows:

- Item 11 – Care Quality Commission- Adult Social Care Providers Inspection Outcomes (February 2018 to April 2018) Pages 211 – 212 Appendix 2 be exempt under Access to Information Procedure Rule number 10.4(3).

### **3 Late Items**

There were no late items.

### **4 Declaration of Disclosable Pecuniary Interests**

No declarations of disclosable pecuniary interests were made.

### **5 Apologies for Absence and Notification of Substitutes**

Apologies had been received from Cllrs. Harrington and Lay.

Cllr. Shemilt had been due to substitute for Cllr. Harrington. However she had also sent her apologies.

It was noted that Cllr. Iqbal had informed the Chair that he would be late.

Apologies had also been received from Cllr Charlwood and Cath Roff, Director Adults and Health.

### **6 Co-opted Members**

Draft minutes to be approved at the meeting  
to be held on Tuesday, 17th July, 2018

The Head of Governance and Scrutiny Support submitted a report which sought the Board's formal consideration for the appointment of co-opted members.

The Board was informed that they could appoint the following:

- Up to five non-voting co-opted members for a term of office that does not go beyond the next Annual Meeting of the Council; and/or
- Up to two non-voting co-opted members for a term of office that relates to the duration of a particular and specific scrutiny inquiry.

**RESOLVED –**

(a) That Dr John Beal representing HealthWatch Leeds be appointed as a non-voting co-opted Member of the Board for the 2018/19 municipal year.

(b) That the Board considers the appointment of co-opted members on an ad-hoc basis for any inquiries where it was deemed appropriate.

**7 Minutes - 24 April 2018**

**RESOLVED –** That the minutes of the Scrutiny Board (Adults and Health) meeting held on 24 April 2018 be approved as a correct record.

**8 Scrutiny Board Terms of Reference**

The Head of Governance and Scrutiny Support submitted a report which presented terms of reference for the Scrutiny Board (Adults, Health and Active Lifestyles) for Members' information.

**RESOLVED –** That the Board's terms of reference be noted.

**9 Sources of work for the Scrutiny Board**

The Head of Governance and Scrutiny Support submitted a report which provided information and guidance on potential sources of work and areas of priority within the Board's terms of reference.

The following information was appended to the report:

- Vision for Scrutiny in Leeds
- Best Council Plan 2018/19 – 2020/2021: Tackling poverty and reducing inequalities
- Leeds Health and Wellbeing Strategy (2016-2021)
- The Annual Report of the Director of Public Health – Nobody Left Behind: Good Health and Strong Economy and Improving the Health Status for Leeds beyond 2018
- Budget Reports: Adults and Health and City Development
- Scrutiny Statement Enabling Active Lifestyles – Scrutiny Board (Inclusive Growth, Culture and Sport) April 2018

Draft minutes to be approved at the meeting  
to be held on Tuesday, 17th July, 2018



The following were in attendance:

- Shona McFarlane (Chief Officer Access and inclusion, Adults and Health)
- Steve Hume (Chief Officer Resources and Strategy, Adults and Health)
- Dr Ian Cameron (Director of Public Health, Adults and Health)
- Tony Cooke (Chief Officer Health Partnerships, Adults and Health)
- Cluny Macpherson (Chief Officer Culture and Sport, City Development)

A number of work areas were put forward for consideration within the overall work schedule, including:

- Social Care Services – including discharge from hospital, funding of social care services and specialist housing;
- Mental Health with links to the following areas:-
  - Male suicides
  - Young people's transition from using Childrens mental health services to accessing Adult services
  - Dementia
  - Links to physical activity
- Digital technology for information and access
- Impact of alcohol and drugs use and the prevalence of 'Spice'
- Health protection amongst migrants

The Board were provided with performance information throughout the discussions.

As part of the discussions, the Board acknowledged there were limitations on the work schedule due to the resources directly available to support the Board's work. It was also acknowledged that the Scrutiny Board needed to prioritise the focus of its work schedule.

**RESOLVED** – To consider the information and guidance provided within this report when determining priority areas of Scrutiny work for the forthcoming municipal year.

*Cllr. Hayden vacated the Chair briefly during this item to attend to urgent business. Cllr. Wakefield was elected to the Chair.*

*Cllr. Iqbal joined the meeting at 14:30 during this item.*

## **10 Performance Update**

The report of the Director of Adults and Health and the Director of City Development provided an overview of citizen outcomes and service performance from the 2017-18 financial year relevant to the Board. The report was to help inform the start of the Scrutiny year and to ensure the visibility of key performance measures reflective of stated local and national priorities.

In attendance at the meeting were:

- Shona McFarlane (Chief Officer Access and inclusion, Adults and Health)
- Steve Hume (Chief Officer Resources and Strategy, Adults and Health)
- Dr Ian Cameron (Director of Public Health, Adults and Health)
- Tony Cooke (Chief Officer Health Partnerships, Adults and Health)
- Cluny Macpherson (Chief Officer Culture and Sport, City Development)

The Chair and the Members of the Scrutiny Board had noted the information provided within the report and were satisfied with performance information provided throughout the presentation of the previous item.

**RESOLVED** – To agree:-

- a) Assurance that 2017-18 performance is visible, understood and responded to;
- b) How this informs scrutiny work to support ongoing improvement;
- c) The nature and content of future performance updates.

## **11 Care Quality Commission (CQC) - Adult Social Care Providers Inspection Outcomes (February 2018 to April 2018)**

The report of the Director of Adults and Health advised Members of the Scrutiny Board with details of recently reported Care Quality Commission (CQC) inspection outcomes for social care providers across Leeds and to provide general information on the CQC ratings for providers in the city.

Attending the meeting was Mark Phillott (Head of Commissioning Contracts and Business Development, Adults and Health).

The report including the structure for the Care Quality Team and a copy of CQC –Inspection Outcomes February 2018 to April 2018 part of which was noted as confidential under Access to Information Rule number 10.4(3)

Members were informed of the following points:

- CQC inspections and ratings;
- How care homes in city had rated including older people's care home, residential homes and nursing homes;
- Vacancies in care homes;
- Ongoing work to improve those care homes that were currently rated inadequate; and
- The establishment of the Care Quality Team and how they planned to become a 'critical friend' to care homes to help address poor CQC ratings, provide preventative work across all services and develop a culture of continuous improvement.

Members discussed the points raised.

**RESOLVED** – That the Scrutiny Board note the details presented in the report.

## **12 Work schedule 2018/19**

The report of the Head of Governance and Scrutiny Support requested consideration of the Scrutiny Board's work schedule and working arrangements for the forthcoming municipal year.

Members considered the draft work schedule which was attached at Appendix 1 of the submitted report. The draft work schedule included traditional items of scrutiny work. These involved recommendation tracking of work previously undertaken by the Scrutiny Board; performance monitoring reports and any Budget and Policy Framework Plans.

Members reflected on the information presented earlier in the meeting and the associated discussion and the following list was proposed as potential areas for Scrutiny for the forthcoming municipal year:

- Mental Health;
  - Men's mental health; drug use including Spice: and alcohol; and male suicides
  - Dementia – flow of patients through the system; implementation of a strength based approach; inequalities in the city; and care in their own homes and carers
  - Children's mental health and the transition to and links with adult's mental health.

Members noted that there would only be six formal meetings of the Board. However, working groups would be set up to look at areas of work.

Member's attention was drawn to 2.7 of the submitted report which provided information of West Yorkshire Joint Health Overview and Scrutiny Committee. Members were informed that Cllr. Hayden and Cllr. Flynn were Members of the Committee and requested to note the terms of reference set out in Appendix 2.

Members were requested to consider the draft terms of reference for the Health Service Developments Working Group and the membership arrangements of the working group for 2018/19 as set out at Appendix 3 of the submitted report.

**RESOLVED** - To:

- a) Agree on the draft work schedule presented at Appendix 1, including the work items already identified and reflected within the current draft.
- b) Draw up a list of potential areas for Scrutiny for the forthcoming municipal year.
- c) Request that the Chair and the Principal Scrutiny Officer consult with the relevant Director and Executive Board Member regarding

resources in line with the agreed Vision for Scrutiny and report back to the next meeting with a more detailed work programme.

- d) Note the current West Yorkshire Joint Health Overview and Scrutiny Committee terms of reference (presented at Appendix 2) and associated arrangements, while recognising such arrangements are currently under review and may change.
- e) Agree the draft terms of reference for the Health Service Developments Working Group (presented at Appendix 3) and confirm the membership arrangements of the working group for the current municipal year 2018/19.

*Cllr. Wenham left the meeting at 15:30 during this item.*

### **13 Date and Time of Next Meeting**

Members were advised of Scrutiny Board Development Session planned for 9<sup>th</sup> July 2018, (1:00pm – 4:00pm) covering the local NHS landscapes and organisations.

To note that the next meeting of the Scrutiny Board (Adults, Health and Active Lifestyles) would be Tuesday 17<sup>th</sup> July 2018, at 1:30pm (pre-meeting for all Scrutiny Board Members at 1:00pm)

*Cllr. Wakefield left the meeting at 15:50 during this item.*

### **CHAIRS CLOSING COMMENTS**

The Chair thanked everyone for attending.

The Chair apologised for having to leave the meeting briefly, and thanked Cllr. Wakefield for stepping in as Chair.

*The meeting concluded at 15:55.*

## Report of Head of Governance and Scrutiny Support

### Report to Scrutiny Board (Adults and Health)

**Date: 17 July 2018**

### Subject: NHS Integrated Quality and Performance Report

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

### Summary of main issues

1. The purpose of this report is to present the latest available NHS Integrated Quality and Performance Report (IQPR). Attached at Appendix 1 covers the reporting period February 2018, however the most recent report covering the period April-18 will be presented on the 17<sup>th</sup> July for discussion.
2. Maintaining oversight of quality and key performance measures is a key function of the Scrutiny Board. At its previous meeting in June 2018, the Board considered a summary of performance data relevant to the Council's internal services that fall within the remit of the Board. The details presented at Appendix 1 will help the Scrutiny Board consider quality and key performance measures across the local NHS landscape.
3. Appropriate representatives from NHS Leeds Clinical Commissioning Group and provider Trusts have been invited to attend the meeting to discuss the information appended to this report; and address any questions from the Scrutiny Board.

### Recommendations

4. The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to consider the information provided and determine any further scrutiny actions and/or activity.

### Background documents<sup>1</sup>

5. None used.

<sup>1</sup> 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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## **PURPOSE OF REPORT**

- 1.1 This report provides assurance to the organisation that we are delivering against the requirements of the NHS Mandate and Constitution which embed the priorities of our local populations. Where performance falls below the expected standards, remedial action is described.
- 1.2 The narrative provides an update by exception on key themes and current issues and should be read in conjunction with the dashboards. The dashboards provide a high-level view of how the CCG is progressing in delivering its strategic objectives. The dashboards included with this report are:
- NHS Constitution and Operational Planning
  - Quality and Safety
- 1.3 The indicators and metrics in each dashboard have been chosen to provide a balanced view for each sector. Please note that the metrics are flexible and may change depending on sustained performance.

## **2. SUMMARY OF KEY PERFORMANCE ISSUES**

### **2.1 Planned Care and Long Term Conditions**

- In February-18, the 92% Referral to Treatment standard was narrowly missed for Leeds patients (91.1%). Improvements linked to outpatients at LTHT, particularly around high volume pathways such as spinal surgery where there has been a big focus on outpatient clearance, improve the likelihood of the standard being achieved in future.
- There remain significant risks to waiting times for elective surgical patients because of the significant reductions in elective surgery from December onwards. This has led to a significant increase in over 18, over 40 and over 52 week waiters. There were 25 Leeds CCG patients over 52 weeks at the end of February and 47 at the end of March.
- In February the Leeds CCG achieved all but 2 of the cancer standards. The main 62 day GP referral to treatment time target has been achieved for the second month in a row (85.3% against a standard of 85%) The two areas of under-achievement were 62 day upgrades (5 out of 19 not treated within 62 days) and referrals from NHS screening programme (2 patients out of 12 not treated within 62 days).
- The shortage of beds has led to some patients on a cancer pathway being cancelled with the numbers still high in March. Some patients are cancelled at a diagnostic phase rather than at a treatment phase. All patients are tracked and re-dated as quickly as possible. Delays in patients being transferred into LTHT also impacts on the overall performance for LTHT and for Leeds patients as patients are treated in date order other than for clinical exceptions.

## 2.2 Unplanned Care

- The 4 hour A&E waiting time was delivered in 67.5% of cases at Leeds Teaching Hospitals NHS Trust (LTHT) during March 2018 (against the 95% standard), which is the lowest it has ever been at the Trust. LTHT continue to experience continued pressure with patient flow across the trust which has a significant impact on the achievement of the Emergency Care Standard.
- Emergency Department attendances have not experienced any significant growth in 2017/18 and the key contributors to the deterioration of this standard's performance remains to be slow patient flow and discharge volumes which are not sufficient to create the capacity required to enable optimum system flow.
- Both the average response times for category 1 and category 2 ambulance standards were not achieved by Yorkshire Ambulance Service in February-18. The target of at least 90% of category 1 calls responded to within 15 minutes was achieved. Local intelligence reports show that Yorkshire Ambulance Service had no issues to report in Leeds but experienced delays in surrounding areas due to handover and turnaround.

## 2.3 Mental Health and Learning Disabilities

- Improving Access to Psychological Therapies (IAPT) access continues to be below target. The target for 17/18 is for 16.8% of the prevalent population to be accessing IAPT support by the end of March 2018; the latest performance for Leeds is 12.2% against a year-to-date target of 15.4%. A recovery plan is in place which is monitored by monthly submissions to MH commissioners and quarterly performance meetings.

## 2.4 Children's and Maternity

- Both waiting times for referrals to the eating disorder services measures met the desired performance levels in Q3 of 2017/18 for Leeds North and Leeds South and East CCGs. Due to small numbers, performance has been suppressed for this quarter for Leeds West CCG.

## 2.5 Continuing Healthcare (CHC)

- We are currently underperforming against the two Continuing Healthcare Quality Premium measures. Q3 performance for assessments taking place in an acute hospital setting for Leeds was 21.0% against a target of 15%. Performance remains below desired levels due to the huge surge in demand that required nurses diverted from other teams to support.



**2.6 Neighbourhood Care**

- There are a total of 227 beds commissioned via the Community Care Beds contract, which is now fully mobilised. We are continuing to develop a process for the identification of delayed discharges in conjunction with the bed bureau and Leeds City Council (Adult Social Care). Patients delayed in community beds are not subject to the national delayed transfer of care definitions, therefore work is underway to develop a suite of delay indicators to assist in understanding the quality of service being provided.

**2.7 Proactive Care and Population Commissioning**

- Personal Health Budget (PHB) figure for 2017/18 was 177 against a target of 314. Whilst we have continued to make slow but steady progress in the existing cohorts, we are actively exploring extending the PHB offer to new cohort groups, including end-of-life and some mental health patients. During Q4 we have started to explore PHBs for renal dialysis transportation and have started discussions with colleagues at LCC and NHSE to explore how we can better link PHBs with the Collaborative Care & Support Planning approach to self-management which is now being delivered in over 70 GP practices across the city.
- Leeds Wheelchair Service started to offer PWBs from 1st April 2018. Once fully implemented, we anticipate the PHB numbers will significantly increase to approximately 300 new PHBs per quarter, thereby enabling us to meet our March 2019 target (540 PHBs).

**3. NEXT STEPS****3.1 The key actions which will be undertaken in relation to performance are as follows:**

- To continue to closely monitor the commissioner and provider-led actions in relation to areas of underperformance.

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# The Integrated Quality and Performance Report

Report Period: February 2018

## Contents

### Indicator Tables

NHS Constitution and Operational Planning Measures	Page 2-3
Quality and Safety	Page 4

## Report Key

### RAG Rating

Note: The RAG rating applied within this report is based upon calculating a limit of 5% higher/lower relative to the expected standard/target.




For example, if the expected Standard is a minimum of 92%...

92.5%	'Green' performance would be $\geq 92\%$
88.0%	'Amber' performance would be $87.4\% \leq x < 92\%$
85.0%	'Red' performance would be $< 87.4\%$

Performance measures shown to be 'Amber' should still be interpreted as underperforming - a RAG rating has only been applied to serve as a visual guide to understand how close performance is to the expected standard. They should not be interpreted as being currently within a tolerance level.

### Interpreting Trends

Trend analysis is currently based upon comparing the latest performance with the performance in the previous period.

-  A green arrow represents an improvement in performance
-  An amber arrow represents no change in performance
-  A red arrow represents a deterioration in performance

# NHS Constitution and Operational Planning Measures

Performance Measures (1 of 2)								
Measure	Period	Target	Leeds North	Leeds S&E	Leeds West	Leeds	Leeds (YTD)	Leeds Trend
NHS Constitution								
RTT Incomplete Pathway	Feb-18	92%	90.6%	91.3%	91.2%	91.1%		↑
Diagnostic Waiting Times	Feb-18	99%	99.9%	99.8%	99.8%	99.4%		↑
Cancer - 2 Week Wait	Feb-18	93%	94.1%	94.6%	94.6%	94.5%	95.1%	↑
Cancer - 2 Week Wait (Breast)	Feb-18	93%	91.4%	94.6%	93.8%	93.6%	95.1%	↓
Cancer - 31 Day First Treatment	Feb-18	96%	100.0%	97.8%	98.0%	98.4%	96.8%	↑
Cancer - 31 Day Surgery	Feb-18	94%	100.0%	100.0%	100.0%	100.0%	96.2%	↑
Cancer - 31 Day Drugs	Feb-18	98%	100.0%	100.0%	100.0%	100.0%	99.9%	→
Cancer - 31 Day Radiotherapy	Feb-18	94%	100.0%	100.0%	100.0%	100.0%	100.0%	→
Cancer - 62 Day GP Referral	Feb-18	85%	93.3%	82.6%	83.0%	85.3%	83.8%	↓
Cancer - 62 Day Screening	Feb-18	90%	87.5%	100.0%	66.7%	83.3%	86.0%	↓
Cancer - 62 Day Upgrade	Feb-18	90%	100.0%	81.8%	57.1%	73.7%	81.0%	↑
A&E								
A&E Waiting Times - % 4 hours or less (LTHT (LGI & SJUH Only))	Mar-18	95%				67.5%	80.5%	↓
Ambulance								
Ambulance Calls Closed by Telephone Advice (Hear & Treat - YAS Trust Total From Sept17 onwards)	Jan-18					7.2%	7.0%	↓
Incidents Managed Without Need for Transport to A&E (See & Treat - YAS Trust Total From Sept17 onwards)	Jan-18					23.5%	22.7%	↓
Mental Health								
Dementia - Estimated Diagnosis Rate	Feb-18	66.7%	68.5%	79.7%	73.1%	73.9%		↓
IAPT Access (YTD)	Feb-18	15.4%	10.6%	11.1%	14.0%		12.2%	↓
IAPT Recovery	Feb-18	50%	57.8%	53.1%	55.5%	55.5%	52.2%	↑
IAPT Waiting Times - 6 Weeks	Feb-18	75%	91.2%	93.2%	97.2%	94.6%		↓
IAPT Waiting Times - 18 Weeks	Feb-18	95%	98.3%	99.2%	99.1%	98.9%		↓
EIP - Psychosis treated within two weeks of referral	Feb-18	50%	75.0%	85.7%	50.0%	73.3%	70.4%	↑
Improve access rate to CYPMH		30%	No data available due to data quality issues					→
Waiting Times for Routine Referrals to CYP Eating Disorder Services - Within 4 Weeks (Rolling 12 Months)	2017/18 Q3	60%	95.5%	90.6%	*	*		n/a
Waiting Times for Urgent Referrals to CYP Eating Disorder Services - Within 1 Week (Rolling 12 Months)	2017/18 Q3	95%	100.0%	100.0%	*	*		n/a
Other Commitments								
e-Referral Coverage	Mar-18	80%	85.5%	74.0%	77.5%	78.2%		↑
Personal Health Budgets (per 100,000) - YTD	2017/18 Q3	30.9 (Leeds)	22.3	22.3	16.7	17.8		↑
Children Waiting no more than 18 Weeks for a Wheelchair	2017/18 Q4	92%	90.9%	93.3%	94.7%	93.7%	95.2%	↓
Extended access (evening and weekends) at GP services	Mar-17	100% by Oct 2018	70%~	69%#	100.0%	69%**		↑
LD Patient Projections								
Reliance on Inpatient Care for People with LD or Autism - CCGs	2017/18 Q3	18				22		↓
Reliance on Inpatient Care for People with LD or Autism - NHS England	2017/18 Q3	23				19		

# NHS Constitution and Operational Planning Measures

Performance Measures (2 of 2)								
Measure	Period	Target	Leeds North	Leeds S&E	Leeds West	Leeds	Leeds (YTD)	Leeds Trend
Quality Premiums (QP)								
Cancers diagnosed at early stage (detected at stage 1 and 2)	12 months to 2016/17 Q3	54.9% (Leeds)	55.7%	51.2%	54.4%	50.9%		↓
Overall experience of making a GP appointment	Jan-Mar 17	tbc	74.5%	69.6%	78.7%	74.9%		↑
NHS CHC eligibility decision made within 28 days	2017/18 Q3	>80%	48.8%	66.7%	66.2%	61.9%	56.2%	↑
Full NHS CHC assessments taking place in an acute hospital setting	2017/18 Q3	<15%	17.3%	23.9%	20.4%	21.0%	13.8%	↑
Recovery rate of people accessing IAPT services identified as BAME	Dec-17	43.1% (Leeds)	52.1%	40.9%	48.7%	47.7%	51.3%	↓
Proportion of people accessing IAPT services aged 65+	Dec-17	9.7% (Leeds)	6.4%	4.3%	1.7%	3.4%	4.4%	↓
Whole health economy - E. coli blood stream infections (12 months)	Dec-17	480 (Leeds)	130	235	248	613	453	↑
Whole health economy - collection and reporting of a core primary care data set for all E coli BSI from Q2 2017/18	Q2 2017/18	n/a	No data currently available					
Antibiotic prescribing for UTI in primary care - Trimethoprim: Nitrofurantoin prescribing ratio*	12 months to Jan 2018	0.67	0.42	0.43	0.36	0.40		↑
Antibiotic prescribing for UTI in primary care - number of trimethoprim items prescribed to patients aged ≥70 years*	12 months to Jan 2018	11,803	1,938	2,754	2,952	7,644		↑
Prescribing in primary care - items per STAR-PU*	12 months to Jan 2018	1.161	0.991	1.102	0.948	1.014		↑
Reported to estimated prevalence of hypertension (%)	Q3 2017/18	57.6% (Leeds)	58.0%	60.1%	55.0%	57.5%		↑

\* Average of CCGs

## Quality and Safety

Performance Measures										
Measure	Target / Nat Av	Period	LTHT		LCH		LYPFT		Other*	
			in period	YTD	in period	YTD	in period	YTD	in period	YTD
Patient Safety										
Serious Incidents	n/a	Feb 18 to Mar 18	17	75	14	78	3	43	2	22
Never Events	n/a	Feb 18 to Mar 18	2	7	0	0	0	0	0	1
Mortality Rate (Standardised Hospital Mortality Index)	1.00	Oct 16 to Sep 17	0.992							
MRSA Blood Stream Infection	0	Feb-18	1	6						
Clostridium difficile Infection	95	Feb-18	16	115						
Classic Safety Thermometer (Harm Free Care)	94.1%	Feb-18	94.9%		No Data		99.5%			
Mental Health Safety Thermometer (% feeling safe)	87.8%	Feb-18					85.9%			
Patient Experience										
Friends and Family Test (% recommended) - A&E	86.8%	Feb-18	82.4%	84.8%						
Friends and Family Test (% recommended) - Inpatient	95.9%	Feb-18	93.4%	94.8%						
Friends and Family Test (% recommended) - Outpatient	93.8%	Feb-18	92.7%	93.2%						
Friends and Family Test (% recommended) - Maternity Antenatal	96.2%	Feb-18	93.7%	97.3%						
Friends and Family Test (% recommended) - Maternity Birth	96.5%	Feb-18	95.5%	94.4%						
Friends and Family Test (% recommended) - Postnatal Ward	94.6%	Feb-18	93.4%	97.0%						
Friends and Family Test (% recommended) - Postnatal Ward (Community)	97.9%	Feb-18	96.6%	97.8%						
Friends and Family Test (% recommended) - Mental Health	88.2%	Feb-18			85.8%	79.3%	94.4%	82.3%		
Friends and Family Test (% recommended) - Community	95.5%	Feb-18			96.7%	96.6%				
Friends and Family Test (% recommended) - See and Treat/Non-Conveyance (YAS)	94.2%								No Data	No Data
Friends and Family Test (% recommended) - Patient Transport Service (YAS)	83.5%								No Data	No Data
Complaints - Total Received	n/a	Feb-18	62	846	22	190	18	198	107 YAS	833 YAS
Staffing										
Staff Turnover	variable		12.5% (Dec)		15.7% (Nov)		12.56%			11.8% (YAS)
Sickness	variable	Nov-17	4.55%		6.18%		4.93%			5.63%



Report author: Steven Courtney  
Tel: (0113) 378 8666

## Report of Head of Governance and Scrutiny Support

### Report to Scrutiny Board (Adults, Health and Active Lifestyles)

Date: 17 July 2018

### Subject: West Yorkshire and Harrogate Health and Care Partnership – Specialist Stroke Services

Are specific electoral Wards affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, name(s) of Ward(s):		
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, Access to Information Procedure Rule number:		
Appendix number:		

### Purpose

1. The purpose of this report is to introduce a report from the West Yorkshire and Harrogate Health and Care Partnership regarding its work and engagement in relation to improving Specialist Stroke Services across West Yorkshire and Harrogate.

### Background

2. Since early 2016 when the requirements for local NHS commissioning organisations to develop and submit place-based local Sustainability and Transformation Plans first emerged, there has been a continuous development and refinement of the arrangements – resulting in the establishment of the West Yorkshire and Harrogate Health and Care Partnership – and the associated priority area, detailed below:
3. The West Yorkshire Joint Health Overview and Scrutiny Committee (the JHOSC) maintains oversight of the overall work undertaken through the West Yorkshire and Harrogate. As previously reported, a review of the joint committee arrangements is currently underway, but it will continue to provide general oversight under its current terms of reference until that review has been completed.
4. The primacy of place has been a key consideration as part of the development of the West Yorkshire and Harrogate Health and Care Partnership. Therefore the role of the Scrutiny Board (Adults, Health and Active Lifestyles) includes maintaining an overview of the local implications and the associated local conversations arising from the wider programmes of work being undertaken across a broader, West Yorkshire and Harrogate geographical footprint.

5. A range of information regarding the review of Specialist Stroke Services has previously been provided to the JHOSC, including:
  - Context of the national review of stroke services.
  - Emerging evidence on approaches to reduce strokes resulting in death and long-term conditions.
  - Projections for an increase in the number of patients having a stroke.
  - How hyper acute stroke and acute stroke care services could be improved across the West Yorkshire and Harrogate STP footprint.
  - Plans for public and patient engagement in relation to improvements across the whole clinical pathway for stroke care, commencing in February 2017.
  - The potential impact of other stroke engagement and consultation work taking place in surrounding areas, including South Yorkshire and Bassetlaw and North Derbyshire.
6. Key drivers in relation to the review of Specialist Stroke Services have also been highlighted, including increasing demand for services; levels of morbidity for those suffering a stroke; an ageing population with complex health and social care needs; and workforce sustainability.

### **Summary of main issues**

7. As highlighted above, improving Specialist Stroke Services forms part of the overall programme of work for the West Yorkshire and Harrogate Health and Care Partnership.
8. The report from the West Yorkshire and Harrogate Health and Care Partnership summarising its work and local engagement around specialist stroke services is attached at Appendix 1, for consideration by the Scrutiny Board (Adults, Health and Active Lifestyles).
9. Appropriate NHS representatives have been invited to the meeting to discuss the details presented and address questions from members of the Joint Committee.

### **Recommendations**

10. That the Scrutiny Board (Adults, Health and Active Lifestyles) considers the details presented in this report and associated appendices, and agrees any specific scrutiny actions and/or future activity.

### **Background documents<sup>1</sup>**

11. None.

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<sup>1</sup> 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.



Friday, 06 July 2018

## West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) Specialist Stroke Care Programme Update Leeds Overview and Scrutiny Committee

### Introduction

1. Providing the best stroke services possible across West Yorkshire and Harrogate to further improve quality and stroke outcomes is a priority for us all and something we are committed to achieving through the work that has been taking place in each of our six local areas (Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield).
2. Working closely with our partners, stakeholders and communities is an essential part of our stroke work and we want to keep Leeds Overview and Scrutiny Board updated so there is the opportunity to discuss developments as they progress.

### Background

3. In 2016/17 there were approximately 3,700 strokes in West Yorkshire and Harrogate. The Partnership's ambition is to have fewer stroke across the area, more lives saved, reduced delays and improved recovery outcomes. Our aim is to improve quality outcomes for people requiring stroke care, ensuring that services are resilient and 'fit for the future'.
4. Stroke care is one of the priority areas of work highlighted in the draft [West Yorkshire and Harrogate Sustainability and Transformation Plan \(STP\)](#) published in November 2016. It is also highlighted in "[Our next steps to better health and care for everyone](#)" document published in January 2018.
5. WY&H has five hyper-acute stroke units (HASU), based in:
  - Bradford Teaching Hospitals NHS Foundation Trust – Bradford Royal Infirmary
  - Calderdale and Huddersfield NHS Foundation Trust – Calderdale Royal Hospital
  - Harrogate and District NHS Foundation Trust
  - Leeds Teaching Hospitals NHS Trust – Leeds General Infirmary; and
  - Mid Yorkshire Hospitals NHS Trusts – Pinderfields Hospital.
6. Over the past 16 months we have been looking at how we:
  - prevent strokes happening across the area
  - deliver effective care when people have a stroke
  - ensure there is good support and rehabilitation for people after a stroke
  - address the ongoing workforce challenges across the area, especially in Harrogate.

### Case for change

7. Our specialist stroke services need to deliver the 7-day standards which sets out an ambition that anyone who needs urgent or emergency hospital care will have access to the same level of assessment and review, tests and consultant-led support whatever day of the week.

8. Although our hospitals have been working hard to deliver safe, high quality care, differences in specialist stroke care exist. And we need to urgently address this.
9. We are using evidence from the stroke strategic case for change and our own engagement programme to support this work. For example, there is strong evidence that outcomes following stroke are better if people are treated in specialised centres, which treat a minimum number of strokes per year, even if this increases travelling time. This is also in line with the 7 day hospital standards specific to hyper acute stroke. In parallel, ongoing care and support should be provided at locations closer to where people live and they should be transferred to these services as soon as possible after initial treatment.
10. It's important to note that working with community care services is an important part of our work. If we are to rehabilitate people back into their communities after the first 72 hrs of specialist stroke support, as close to home as possible, having the right local care in place so people make a good recovery is essential.

### **Communication and engagement**

11. We have provided regular stroke updates to the West Yorkshire and Harrogate Joint Committee of CCGs (held in public) and the Joint Health Overview and Scrutiny Committee (JHOSC), the West Yorkshire and Harrogate Patient and Public Assurance Group and to the people of West Yorkshire and Harrogate via various communication channels.
12. We have:
  - worked collaboratively with Healthwatch and local communications and engagement leads.
  - engaged with people in 2017 to seek their views on stroke care – these findings helped lay the foundation for our work to date
  - had conversations in public to further develop our work in February, March and May 2018.
13. The Stroke Association is represented on our stroke programme board and we have discussed our work with other VCS organisations and carers. We also have a patient representative on our Stroke Programme Group.

### **Preventing strokes happening and improving stroke care across the whole care pathway**

14. Conversations across West Yorkshire and Harrogate has highlighted the importance of ensuring our stroke work also focuses on the 'whole stroke pathway'. This includes stroke prevention, community rehabilitation and after care support delivered in local places to meet the needs of people, locally planned with a consistent approach determined by clinicians and key stakeholders working together across the area to further reduce variations and improve quality and stroke outcomes. This has included:
  - rolling out best practice care for people with atrial fibrillation in every GP practice, with the aim of preventing over 190 strokes over the next three years. This includes detecting, diagnosing and treating people who are at risk of stroke so that around 9 in 10 people with atrial fibrillation are managed by GPs with the best local treatments available to save people's lives; and
  - progressing work associated with the wider cardio-vascular disease agenda to ensure there is continued focus on further reducing other risk factors linked to stroke. For example the treatment of hypertension [high blood pressure] which has the potential to reduce a further 620 strokes within three years.

## **Our work with clinicians**

15. Working with the clinical experts (and reflecting national guidance and the views of the Clinical Senate) we have:
  - developed a standardised hyper acute stroke care pathway
  - agreed a set of key clinical standards/guidelines which are being included in a service specification e.g. all patients with suspected stroke should receive a brain scan within 1hr of arrival at hospital; and
  - developing a standardised policy to ensure people return as close to home as quickly possible.

## **Workforce**

17. It is important that we continue to support our staff and make the most of their valuable skills and expertise so that we can maximise opportunities to further improve quality and outcomes for the people. We have:
  - completed a workforce baseline assessment of our current specialist stroke services
  - The Local Workforce Action Board stroke lead has also conducted a workforce survey to seek the views of our specialist stroke services staff. This information is informing discussions to re-establish the stroke clinical network and progress actions to further improve workforce engagement, retention and the sharing of best practice to improve quality outcomes.

## **What next?**

18. The next steps will be informed by discussions with local Overview and Scrutiny Committees, NHS England and the Yorkshire and Humber Clinical Senate. Further discussions with the public will take place as appropriate.

## **Contact details**

Linda Driver, West Yorkshire and Harrogate Health and Care Partnership, Stroke Programme Lead  
Email: [linda.driver@wakefieldccg.nhs.uk](mailto:linda.driver@wakefieldccg.nhs.uk)  
Tel: 01924 317565

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## Report of Head of Governance and Scrutiny Support

### Report to Scrutiny Board (Adults, Health and Active Lifestyles)

**Date: 17 July 2018**

### Subject: Improving Access to Psychological Therapies

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

### Purpose

- Following the Scrutiny Board's previous meeting in June 2018, the purpose of this report is to present the Scrutiny Board (Adults, Health and Active Lifestyles) with further details regarding the Improving Access to Psychological Therapies (IAPT) in Leeds.

### Background

- The Improving Access to Psychological Therapies (IAPT) programme began in 2008 and aimed to transform treatment of adult anxiety disorders and depression in England. Nationally, over 900,000 people now access IAPT services each year, and the NHS England Five Year Forward View for mental Health committed to expanding services further, alongside improving quality.
- Implementing guidelines from the National Institute for Health and Care Excellence (NICE), IAPT services provide evidence based treatments for people with anxiety and depression and should be characterised by:
  - Evidenced based psychological therapies:** with the therapy delivered by fully trained and accredited practitioners, matched to the mental health problem and its intensity and duration designed to optimize outcomes. From April 2018 all clinical commissioning groups were required to offer IAPT services integrated with physical healthcare pathways.
  - Routine outcome monitoring:** so that the person having therapy and the clinician offering it have up-to-date information on an individual's progress. This supports the development of a positive and shared approach to the goals of therapy and as this data is anonymized and published this promotes transparency in service performance and encouraging improvement.

- **Regular and outcomes focused supervision** so practitioners are supported to continuously improve and deliver high quality care.

4. The national (NHS England) priorities for IAPT service development are:

- **Expanding services** so that at least 1.5m adults access care each year by 2020/21. This means that IAPT services nationally will move from seeing around 15% of all people with anxiety and depression each year to 25%, and all areas will have more IAPT services.
- **Focusing on people with long term conditions.** Two thirds of people with a common mental health problem also have a long term physical health problem, greatly increasing the cost of their care by an average of 45% more than those without a mental health problem. By integrating IAPT services with physical health services the NHS can provide better support to this group of people and achieve better outcomes.
- **Supporting people to find or stay in work.** Good work contributes to good mental health, and IAPT services can better contribute to improved employment outcomes.
- **Improving quality and people's experience of services.** Improving the numbers of people who recover, reducing geographic variation between services, and reducing inequalities in access and outcomes for particular population groups are all important aspects of the development of IAPT services.

## Main Issues

5. At the Scrutiny Board's previous meeting in June 2018, members were advised of the concerns raised by Leeds Local Medical Committee (LMC) regarding access times and referrals to IAPT services in Leeds. Details of the concerns raised are set out in the Leeds LMC's letter, attached at Appendix 1.
6. At the Scrutiny Board's meeting in June 2018, members were also advised of the review and re-procurement processes being undertaken by NHS Leeds Clinical Commissioning Group (CCG), associated with IAPT service in Leeds.
7. The Scrutiny Board requested further details regarding IAPT services in Leeds and the proposed review and re-procurement processes. Further details in this regard are attached at Appendix 2.
8. Appropriate representatives from NHS Leeds CCG have been invited to attend the meeting to discuss the information appended to this report; and address any questions from the Scrutiny Board.

## Recommendations

9. The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to consider the information provided and determine any further scrutiny actions and/or activity.

## Background documents<sup>1</sup>

5. None used.

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<sup>1</sup> 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.

## Leeds Local Medical Committee Limited

Registered Office: 2 Farrar Lane, Leeds, West Yorkshire. LS16 7AA (*company Reg. No. 7287736*)  
2 Farrar Lane, Leeds, West Yorkshire. LS16 7AA  
Tel: (0113) 295 1460 email: [mail@leedslmc.org](mailto:mail@leedslmc.org) website: [www.leedslmc.org](http://www.leedslmc.org)

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12<sup>th</sup> June 2018

Cllr Helen Hayden,  
Scrutiny Chair for Adults and Health  
Templenewsam Ward, Leeds  
Leeds City Council

Sent by email only

Re: Leeds LMC IAPT service concerns

On behalf of Leeds LMC, I would like to thank both yourself and Steven Courtney for your time and input to the meeting with us on the 5<sup>th</sup> June 2018.

We are pleased to hear that the CCG are undertaking a comprehensive 12-week engagement exercise re IAPT services with patients, carers, potential providers and other stakeholders – which we believe is due to commence at the end of June 2018 until the end of September 2018.

Leeds LMC would like the opportunity to provide an input to what we feel are real problems in the IAPT service that need to be urgently addressed. This primarily appears to be due to insufficient capacity to meet increasing demand.

The Leeds LMC Committee continues to receive reports of dissatisfaction from GPs that the IAPT service is not sufficiently responsive and leaves practices trying to manage patients as effectively as they are able. They also appear to exclude a range of patients, including those with anger management issues, personality problems or those who have associated drug or alcohol use.

Long waiting times are having a huge impact on already distressed patients who are often having to wait months to attend talking therapy sessions. This can lead to the unnecessary repeat appointments in GP surgeries, longer time off work and the use of medication as GPs have few other options to treat patients with.

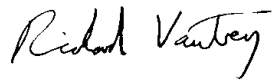
There is a disconnect between this service and the specialist service delivered by LYPFT, with many patients falling between gaps between the two services. It is not unusual for both services to refuse to accept referrals because of their referral criteria. The recently developed Mental Health Support Worker Pilot scheme, on which LYPFT are leading, has helped a little to fill this gap, but it is far from ideal. This offers a limited amount of practices in Leeds much needed support from a qualified psychiatric nurse. However, this doesn't solve the problems instead it provides liaison between LYPFT and primary care which we think is beneficial and we would like to see this service rolled out to the city as a

whole. Many patients with longstanding mental health problems are still not given the care they need.

I look forward to hearing back from you on how the engagement exercise is progressing.

Kind regards.

Yours sincerely

A handwritten signature in black ink, reading 'Richard Vautrey'.

**DR RICHARD VAUTREY**  
**Assistant Medical Secretary**



## **Developing a primary care mental health and wellbeing offer: Briefing for Scrutiny**

### **1. Context**

The 12 priority areas in the Leeds Health and Wellbeing Strategy 2016 – 2021 include the promotion of mental and physical health equally and for people to receive the best care, in the right place and at the right time. Indicators that we are making progress in these areas are that:

- people are supported to manage their health condition
- reduction in early death for people with a mental illness
- employment of people with a mental illness

The Joint Strategic Needs Assessment (JSNA) found that although the health and wellbeing of the city continues to improve, there are still huge challenges and inequalities across the city:

- Leeds is a growing city; however the make-up of the population has striking changes at local levels, particularly in the most deprived communities, driven by immigration and local housing tenure.
- There are growing numbers of older people, requiring more services.
- Over 163,000 people in Leeds live in areas that are ranked amongst the most deprived 10% nationally, with the clear impact of worklessness, financial exclusion and poor housing on health, educational attainment and broader life changes concentrated in these communities
- Levels of poor mental health and wellbeing are inextricably linked with deprivation within the city. There is evidence that some mental health problems are becoming more prevalent, particularly amongst older people, and in people with a physical illness.

NHS Leeds CCG became a statutory body on 1st April 2018. It is responsible for commissioning the majority of health services for the 820, 000 people registered with the 101 GP practices in Leeds, with a budget of £1.2bn per year. The CCG will lead a transformation of commissioning with a strategic approach to improving health outcomes within the overall goal of improving the health of the poorest the fastest.

The Mental Health Needs Assessment 'Leeds in Mind 2017' recommended that '*Mental health commissioners/providers of mental health service to address the current gap in provision between Community Mental Health Teams (LYPFT) and IAPT services, by developing community based mental health provision that meets the bio-psycho-social needs of people including those with complex psychological or social needs.*'

### **2. Leeds IAPT**

Improving Access to Psychological Therapies (IAPT) is a means of enabling people with common mental health problems, such as depression and anxiety disorders, to access evidence based psychological

therapies recommended by the National Institute for Health and Care Excellence (NICE). In other words it is about providing people with accessible and appropriate psychological support to help address and overcome mental illness. IAPT is unique in reporting clinical outcomes and service outcomes by recording symptom scores before and after treatment through a session-by-session outcome monitoring system.

A person accessing IAPT will be assessed and provided with a level of support appropriate to their needs. This may be in a group, online, or 1:1 face to face. The type of support given is dependent on the person's needs at the time of assessment, and a range of different therapies are available. Leeds IAPT follows a stepped care model, with Step 2 Therapists (Psychological Wellbeing Practitioner's - PWP's) treating patients with lower level common mental health problems and Step 3 Therapists treating patients with greater levels of acuity. See attached case study for examples of the support provided.

Treatment Interventions delivered:

Step 2 - Psychological Wellbeing Practitioners (PWP's) – carry out assessments and deliver 1:1/group/online interventions.

Step 3 – High Intensity Therapists (HITs) delivering the following 1:1 therapies and well as group based interventions: Cognitive Behavioural Therapy (CBT), Counselling for Depression (CFD), Dynamic Interpersonal Therapy (DIT), Interpersonal Therapy (IPT), and Eye Movement Desensitisation and Reprocessing (EMDR).

In Leeds, the IAPT service is provided by Leeds Community Healthcare NHS Trust (LCH), Community Links, Northpoint Wellbeing, and Touchstone. The whole service is known as the Leeds IAPT Partnership. The current contracts to provide IAPT services are due to expire on 31st March 2019. The CCG has written to them to advise them about our commissioning intentions for the IAPT service from 1 April 2019.

The CCG will conduct a tender exercise for the IAPT service as required under the Public Contracts Regulations 2015. This full procurement process is expected to be completed and the successful provider(s) mobilised by 1 October 2019. During this time, work will be completed on the redesign of the service specification, facilitating engagement events, procuring the new service and providing sufficient time for the preferred bidders to mobilise the new services. In order to accommodate this work, the current providers have been asked to consider extending their current provision for a period of six months until 30 September 2019.

### **3. Current Provision**

#### **3.1 investment and Performance**

The current overall recurrent investment in IAPT is £6.6M; 5.4M of this sits with LCH and the remaining 1.2M is invested in the voluntary sector consortium partners.

The long term priorities for Leeds IAPT reflect those within the Five Year Forward View (5YFV) – 4. Adult Mental Health: common mental health problems (see Table 1).

MHFV Objective	2016/17	2017/18	2018/19	2019/2020	2020/21
At least 25% of people with common MH conditions access psychological therapies each year.	15%	16.8% (Leeds actual: 13.2%)	19.8%	22%	25%
At least 50% of people achieve recovery across the adult age group.	50% (Leeds actual: 54%)				
Waiting times to access treatment	75% within 6 weeks (Leeds Actual: 95.3%) 95% within 18 weeks (Leeds Actual 99.3%)				

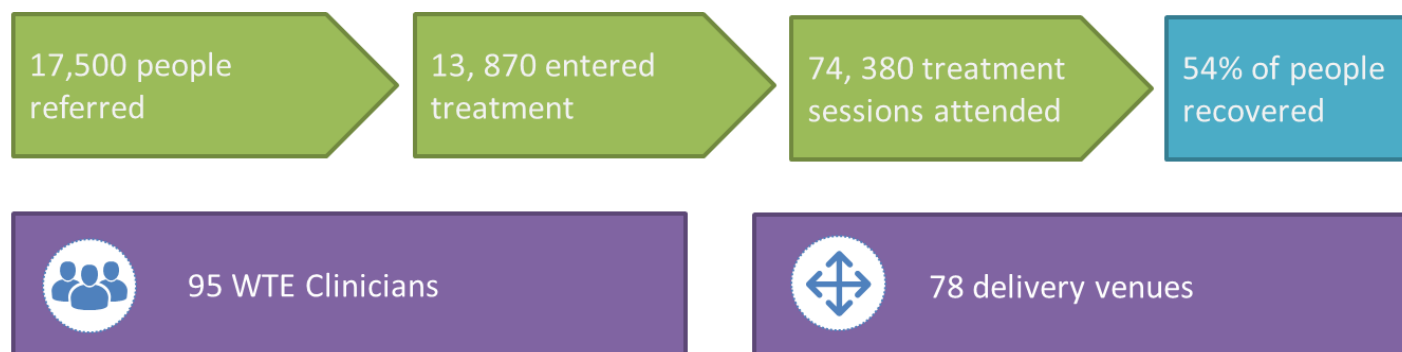
Table 1: Five Year Forward View (5YFV) targets for IAPT.

Leeds actuals are shown for 2017/18.

### 3.2 IAPT in Numbers:

The IAPT service reaches a large number of people within Leeds, see below Figure 1. However the service provision is not without challenges, a number of which are identified below.

Figure 1: IAPT in numbers from 1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018



### 3.3 Challenges

- **Productivity:** The IAPT service has been experiencing productivity issues relating to the screening hub, which is caused as a result of patients failing to respond to requests for further information and capacity issues within the service exacerbated by annual leave and sickness. In addition, the service is delivered in a large number of venues across the city.

- Recruitment of Psychological Wellbeing Practitioners (PWP): There is a national shortage of PWPs which has also been a factor in the above productivity.
- Step 3 waiting list: Although Leeds is performing well in terms of waiting times 6 weeks and 18 weeks, for patients who require subsequent therapy for Step 3 1:1 interventions, there is waiting list due to a supply and demand problem. According to Leeds Mental Health Needs Assessment (MHNA), the level of acuity in Leeds is significantly higher than in comparable cities, this in turn impacts on the need for Step 3 therapy. In order to reduce the waiting list, Leeds CCG has recently invested an additional £549K for Step 3 provision.
- There is an acknowledged 'gap' in commissioned service provision within Leeds. This can be broadly described as 2 groups of patients who fall within this gap:
  - i. Those whose needs are above the level provided for by IAPT, and that the national model of IAPT is designed to provide, but below the level provided for by LYPFT secondary care or regional services (such as eating disorders)
  - ii. Those whose needs are below the level provided for by IAPT, who may need support to access IAPT (this is termed 'stabilisation')

The Primary Care Liaison Pilot services have sought to address this gap in some areas of the city, and address what was previously unmet need.

#### 4. Scope

The decision to procure IAPT is a really good opportunity to ensure that commissioners co-design an outcomes focussed service specification and model that meets local needs and addresses some of the unmet need within primary care. This will also include using the learning from the Primary Care Liaison Pilot areas across the city. The current Primary Care Mental Health Liaison Pilot supports people whose needs cannot be met by the IAPT service. This is currently only provided at some GP practice in Leeds and is delivered by NHS Leeds and York Partnership Foundation Trust and Northpoint Wellbeing. There is also some support available to women in the perinatal period from conception to one year after birth. This service is provided by the Women's Counselling and Therapy Service and Homestart.

The procurement allows for the opportunity for commissioners to develop a new and innovative specification which takes into account local developments such as local care partnerships/primary care liaison pilots, and national directives such as integration of IAPT with physical health and primary care. It will also allow greater opportunities to test out and embed the digital offer within IAPT, and to improve the interface and joined up working with Community Mental Health Teams. It also ensures that the future IAPT model is responsive to local needs, especially at step 3. Within the context of this, it is also important that commissioners develop a model that is financially sustainable.

Commissioners are keen to develop a citywide model, which is informed by the Mental Health Needs Assessment and also acknowledges the differing demographics of each Local Care Partnership.

Alongside this, there are several other procurements taking place:

- Social Prescribing (CCG)
- Community Based Mental Health offer (Adult social care)
- Mentally Healthy Leeds (Public Health)

The above commissioning developments attempt to ensure a more integrated and preventative offer within primary care and complement the development of new Primary Care Mental Health service.

As stated above, the CCG plans for the procurement exercise to be completed with the successful provider(s) mobilised by 1<sup>st</sup> October 2019.

## **5. Service Model**

The finer details of the service model will be co-designed through a substantial engagement process (see below section 3.2).

Broadly speaking, the service model will bring together the following three areas:

- i. Nationally mandated IAPT model, including support for people with Long Term Physical Health Conditions (such as diabetes and COPD).
- ii. Provision currently delivered through the Primary Care Liaison Pilots, but up-scaled city wide, this includes but is not limited to:
  - a. Decision support to primary care colleagues, including assessment and brief intervention to ensure that patients who deteriorate are seen and signposted/referred appropriately, or managed in primary care and where needed, their care escalated to secondary care. The pilot has also included work in linking appropriate clients with IAPT and ensuring 'IAPT readiness'.
  - b. Robust transition support for a small number of more stable clients (estimated for the pilot to be at 1:1000 registered patients) to enable safe transfer of clients currently on CMHT caseloads back to primary care and recovery with an escalation plan where clients deteriorate.
- iii. Psychological support for women in the perinatal period, below the level of need provided for by LYPFT specialist community perinatal services.

## **3.2 Engagement**

CCG Commissioners aim to develop the new Primary Care Mental Health Service with members of the public, the Third sector and representatives from stakeholders across the Leeds Health and Care system. We recognise the differential impact of gender, and protected characteristics such as ethnicity, on health issues impacting on life expectancy.

The engagement for the co-design of the service specification is a Level 3 engagement lasting 12 weeks. We are running a series of engagement events, between 29<sup>th</sup> June and 29<sup>th</sup> September, and the details have been published in OJEU and Contracts Finder via a PIN. These engagement events will give stakeholders the opportunity to contribute to the service design, and the information gained at each event

will inform the development of the service specification. There is also a short survey which can be completed online or by post.

The engagement information, and a link to the online questionnaire, can be found on the CCG website at:

<https://www.leedscg.nhs.uk/get-involved/consultations/open/>

In addition to three large scale engagement events, we have also co-ordinated an expert reference group. The purpose of the expert reference group is to further help in the co-design of the future primary care mental health offer for Leeds. They will do this by providing expertise, evidence, and advice to commissioners to inform the service specification to address the bio-psycho-social needs of people in Leeds within primary care. The expert reference group is made up of a range of professionals including GP's, Primary Care Liaison Practitioners, those in current IAPT providers, and those from Voluntary Sector Providers. An equality impact assessment has identified a range of protected groups who will be consulted with through specific means such as focus groups.

We will further engage with clinicians and CCG GP Member bodies through attending the Clinical Commissioning Forum Groups and the Local Medical Committee (LMC).

Following the engagement process the CCG will share the findings across the system, and a report will be published on the CCG website.

For further information please contact: [Leedscg.comms@nhs.net](mailto:Leedscg.comms@nhs.net)

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Jess Evans and Gwyn Elias.  
4<sup>th</sup> July 2018.

# Young Persons' IAPT Service

## Client Case Study

### Background

Client self-referred in August 2016.

Wanted treatment for lifelong dog phobia. Identified goal to go to Sri Lanka on work placement at end of 2016 but did not feel able to as knew there will be a lot of dogs there.

Displaying lots of avoidance behaviours including walking in the middle of the road in case there was a dog in a garden or avoiding unfamiliar streets in general in case there was a dog.

Initially offered Guided Self Help (GSH).

### Client

Age: 26

Gender: Female.

Ethnicity: Mixed - White and Black Caribbean

Nationality: British

Sexual orientation: Heterosexual

Diagnosis: Specific (isolated) Phobias

### Interventions at Step 2 (Guided Self Help) 7 sessions

Completed work on reducing avoidance. E.g. trying to walk on unfamiliar streets where there may be dogs in the gardens.

Client had postponed trip to Sri Lanka for a year due to dog phobia, planned for September 2017.

Stepped up to CBT as client felt that she needed therapist who would be able to complete in vivo exposure with her.

### Interventions at Step 3 (Cognitive Behavioural Therapy) 20 sessions

Reviewed hierarchy (situations invoking increasing levels of anxiety, starting with the lowest and working up session by session) and agreed that client would try and walk on unfamiliar streets where there may be dogs. Agreed to go on walks with therapist to increase exposure.

After 3-4 sessions client was happy to plan further exposure and agreed to visit dog's trust with therapist where she would come into contact with dogs behind glass. Total of two visits to the dogs trust and the client's anxiety reduced with each visit.

Client now was more comfortable walking on streets and not avoiding shops when dogs were tied up outside (previous avoidance behaviour). Client wanted to come into contact with a dog in a controlled environment.

Therapist arranged for 2 small dogs to be in the office. Started by having one of the dogs in the room in a lead, working up to both in the room on leads. Client was able to stroke both dogs. In the next session a "bouncy", medium sized dog was in session, again client worked her way up to stroking the dog.

Therapist met client at different parks around Leeds to walk around when dogs were on leads / off leads etc. and to expose client to different sized dogs and less predictable situations.

Therapist arranged for the same two small dogs to be in session 14 and client was able to be around both dogs off their leads, stroking both of them.

Had a large dog in session. Client was able to stroke dog and walked the dog around the car park. Client reported that this "was surreal" for her as she never thought she would be able to walk a dog.

Therapist met client with a labradoodle and client was able to walk dog on and off the lead at park.

Had a large "bouncy" dog in session and walked to local park where client was able to walk the dog around the park. Had an extended 90 minute sessions in order for client to habituate further.

Conducted remaining sessions at Roundhay park where client was able to walk around and not move away or avoid dogs when they walked past or came near her.

## Outcomes

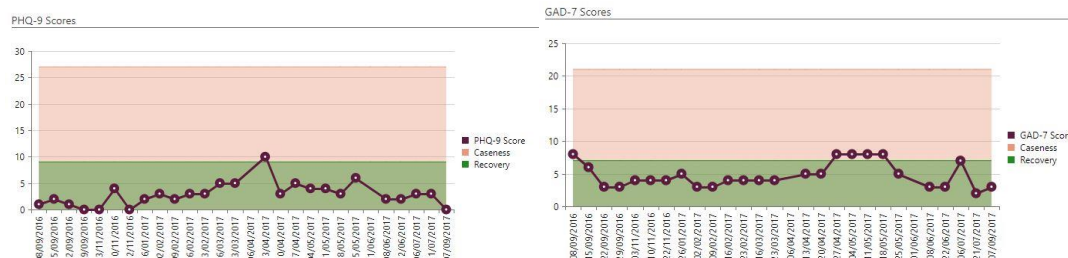
Client was discharged after 20 sessions of CBT.

Client reported that they felt they had “been cured”. Client then went travelling around Thailand and attended follow up in September 2017. Client had lived with several dogs whilst they had been travelling and they were feeling OK about going to Sri Lanka which for her was her end goal of therapy.

Since travelling in Sri Lanka has maintained contact with therapist, sending email updates and a photo of herself with a large dog!.

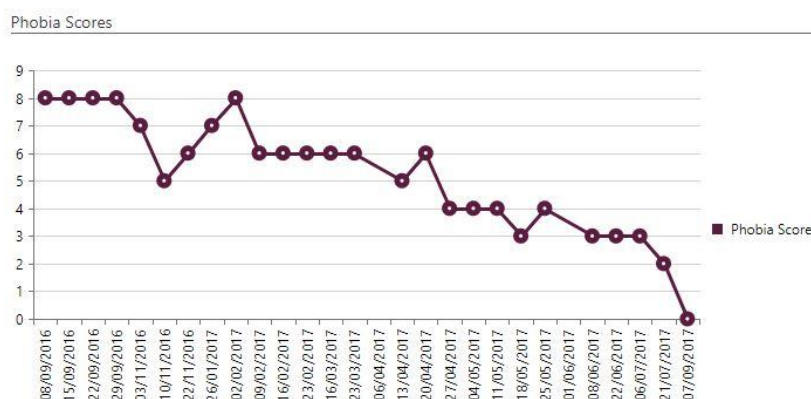
Outcome measures are shown below. PHQ-9 (depression) and GAD-7 (anxiety) low at start of treatment due to nature of diagnosis and avoidance of triggers (dogs).

“there are several dogs walking around but my anxiety is very low”



PHQ-9 and GAD-7 scores increased at start of in-vivo (real life) exposure to dogs but reduced by end of treatment

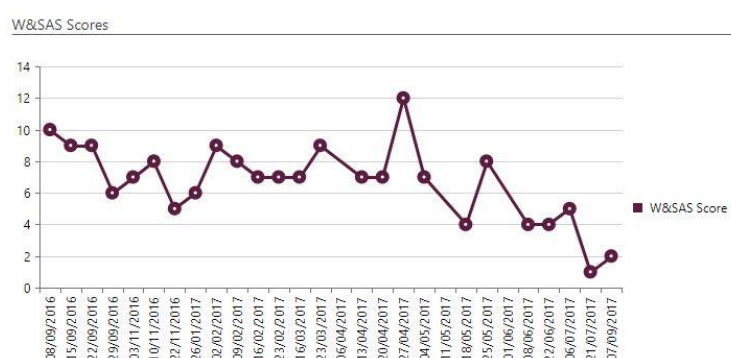
“...there are 4 dogs that live in my homestay, plus the neighbouring homestay has 1 dog that comes round most days. After about a week I was given the choice to move rooms to get away from the dogs but I decided to stay and so far it has not been too bad.”



IAPT Phobias Scale shows significant improvement throughout treatment



“...my project is at a Temple which is home to the biggest dog I have ever seen...”



Work and Social Adjustment Scale (W&SAS) shows significant improvement

## Summary

- Client self-referred to IAPT and was offered therapy at step 2 and step 3.
- Client supported to recovery using person centred, creative and evidence based interventions.



## Report of Head of Governance and Scrutiny Support

### Report to Scrutiny Board (Adults, Health and Active Lifestyles)

**Date: 17 July 2018**

**Subject: Healthwatch Leeds Annual Report (2017/18) and Future Work Programme**

Are specific electoral Wards affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, name(s) of Ward(s):		
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, Access to Information Procedure Rule number:		
Appendix number:		

## 1 Purpose of this report

- 1.1 The purpose of this report is to present Healthwatch Leeds' (HWL) Annual Work Report (2017/18) and its future work programme.

## 2 Main issues

- 2.1 Healthwatch was established to be an effective, independent consumer champion for health and social care. Healthwatch England is an umbrella organisation that provides a leadership and support role for the local Healthwatch network.
- 2.2 Given the respective roles of the Scrutiny Board and Healthwatch bodies, there is the potential for overlap and duplication in respective priority areas. In order to avoid or minimise duplication, the Scrutiny Board and Healthwatch Leeds (as the local Healthwatch body) have developed a productive relationship, which has included the appointment of a non-voting co-opted member onto the membership of the Scrutiny Board since 2014/15. The re-appointment of Healthwatch Leeds' Chair was recently confirmed for the duration of the 2018/19 municipal year.
- 2.3 To help ensure a good understanding and awareness of previous work undertaken by Healthwatch Leeds, the Annual Report for 2017/18 is appended to this report. Likewise, to help avoid or minimise areas of duplication, Healthwatch Leeds future work programme is also appended.
- 2.4 It should be noted there is a degree of flexibility in HWL's future work programme – to allow for additional, unplanned work items coming forward. This approach is also reflective of the Scrutiny Board's approach to its own work schedule.

- 2.5 HWL's Chair and non-voting co-opted member on the Scrutiny Board will be in attendance to assist the Scrutiny Board in its consideration of the details presented.

### **3. Recommendations**

- 3.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to consider the details presented in this report and appendices and agree any specific matters that may require further scrutiny action, input or activity.

### **4. Background papers<sup>1</sup>**

- 4.1 None used

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<sup>1</sup> 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.

# healthwatch

Leeds  
Annual Report 2017/18



Healthwatch Leeds is here to help local people get the best out of local health and care services by bringing their voice to those who plan and deliver services in Leeds.

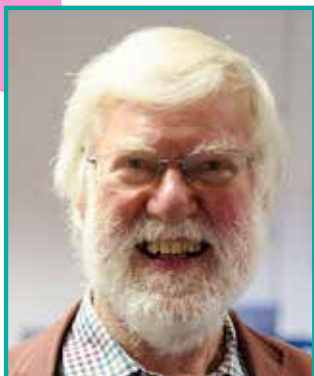


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# Message from our Chair



2017/18 has been a year of change for Healthwatch Leeds. Having formed the new Community Interest Company last year we were able to concentrate on

our core activities to represent the voice of the people of Leeds. These included looking at Health Visiting services and the provision of care to offenders in Leeds Prison.

I started the year job-sharing the role of Chair with Lesley Sterling-Baxter who had to regrettably step down for personal reasons. I am very grateful to Lesley for all the work she did during her time with us. We also had some resignations from several members of the Board, and we would like to thank them for their dedication and wish them well for the future. Whilst we were sad to lose these friends and colleagues we were very pleased by the high calibre of applicants for Board membership and we look forward to working with these new Directors of the Company.

We had been aware for a while that our CEO, Tanya Matilainen, would be retiring so it was not a complete surprise when she informed us of her intention to do so. We owe Tanya a great debt of gratitude for taking us to where we are now. She took over her role when Healthwatch Leeds was fairly new and had no historical reputation upon which to build. During the time she has been with us she has built the organisation into one

that has won several awards for the outstanding work our staff and volunteers have undertaken. For this we offer our thanks to Tanya and wish her a long and happy retirement. We are now preparing to welcome our new CEO, Hannah Davies, to build upon the strong foundation established by Tanya. Another change during the year, was our contract coming up for renewal. We had to apply for the new contract with Leeds City Council to enable the Community Interest Company to continue to provide Healthwatch services in Leeds.

We were fortunate in being awarded the contract for the next five years with the possibility of a further three years extension. This was due, in no small measure, to the endeavours of Tanya and her team.

In reading this Annual Report you will find that in spite of all the changes and challenges, Healthwatch Leeds has continued to complete high quality work making sure that peoples voices are prominent in the design of local services.

I look forward to the next year during which I am sure we will go from strength to strength.

**Dr John Beal**



## Health Visiting Services Review

We carried out a review of the health visiting service in Leeds. This provided an opportunity to speak to people who had recently been in contact with the health visiting team and get their views about the service and how it worked for them.

The health visiting service is expected to be recommissioned in 2018 and therefore the feedback that we gathered, was able to be considered in the commissioning process.

We worked in partnership with Leeds Community Healthcare NHS Trust (LCH) and spoke to over 240 people in clinics and breastfeeding groups across Leeds. The main focus of the surveys was to find out if people were aware of what the service should be providing, if they were receiving this and if there was anything that could be done better.

There was high satisfaction with the service and good levels of awareness about what the service should be providing. The key concerns were, having consistency in the service provided and the service being more flexible when required.

We worked closely with the service providers and they have produced an action plan to address the issues highlighted. The report and action are available on our website.

We have also shared our findings with Leeds City Council who commission this service. We will monitor and follow up this work to ensure that the actions are implemented and the service continues to improve and address the issues raised.

*“Health visiting is an important service that is provided to all children and families across Leeds. Here at LCH we have been very pleased that Healthwatch has undertaken a review of the service. This has provided important information about the service, the difference it makes to outcomes for children and families and how we continue to develop a responsive service”*

Marcia Perry (Executive Director of Nursing) LCH



*“Leeds City Council welcomed the decision Healthwatch took to undertake a consultation around Health Visiting services in Leeds.*

*We were pleased to see that overall, feedback was very positive - satisfaction levels with the service were rated as excellent or good by 90% of respondents, there was a good level of awareness about what the health visiting service should be providing (90%) and that most respondents (89%) told Healthwatch that they had received all the visits and contacts that they should have had.*

*We have met with Healthwatch to discuss the recommendations that came out of the report and we are committed to ensuring that areas of learning are considered as part of ongoing service development.”*

Leeds City Council



## Sexual Health Follow Up

Following the visits carried out by Healthwatch to sexual health clinics in Leeds last year an action plan was produced to address the key issues that were identified. The key concerns raised were around communication, waiting times, signage and privacy and the action plan outlined how some of these would be addressed.

We revisited the clinics at Merrion Centre, Reginald Centre, Beeston and Burmantofts. The purpose of the follow up visits was to carry out spot checks to see what had changed since our previous visit. We carried out a total of 12 visits to the clinics and spoke to 146 people. The full report and recommendations will be published and shared with the service providers and commissioners and will be made available on our website.





## Occupational Therapy (OT) Project

We took a look at how the Occupational Therapy\* workforce across Leeds could operate more flexibly. We spoke to 127 people to find out how the service could better meet their needs.



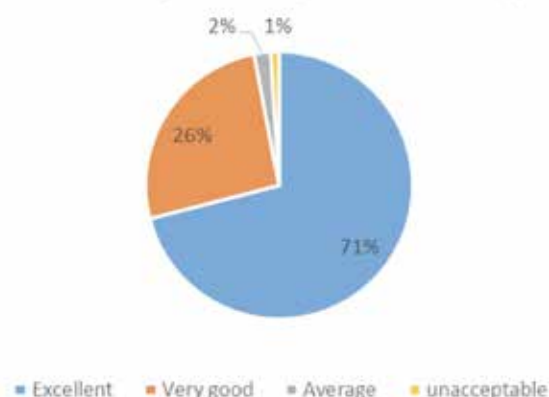
We recommended a few main areas of improvement to the Pan Leeds Occupational Therapy Board who were overseeing the citywide review:

- Keeping clients in the loop about their equipment orders
- Improving information sharing in handover process when changing an Occupational Therapist can reduce clients having to repeat themselves regularly
- Keeping GP's and other health/care professionals up to date about what OT service can provide

We received the Action Plan from the Pan Leeds Board to address our recommendations, they reported the following changes:

1. Leeds City Council therapists are now using the new Equipment Loan Managing System to request equipment and health service staff will be following suit
2. A protocol for joint visits was completed so information can be shared between professionals from different services
3. A pilot scheme implemented within a GP practice to test the New Models of Occupational Therapy delivery. This means Occupational Therapist worked closely within a GP practice, enabling more timely\ interventions being offered to patients

How would you rate your overall experience for the assessment by the Occupational Therapist?





## Snapshot of our work

### Healthcare in HMP Leeds

One of our priorities for the year was to gather more experiences of men's healthcare. We know that men in prison often have a number of health and care issues, so we worked with the prison and the healthcare team to speak to prisoners about the healthcare provided, this was a combination of focus groups and individual interviews.

What we recognised from this project is that the healthcare staff have worked well to provide a healthcare service to prisoners in an incredibly challenging and chaotic environment. Most prisoners that we spoke to were happy with the prison's healthcare service. They were satisfied with the way they were treated and spoke highly of healthcare staff. However, there were a few concerns raised by the prisoners about attending medical appointments and experience on the first night in prison.

Some of the outcomes from this work are below (for the full response to our recommendations please visit our website):

- Healthcare Reps (prisoners) will be given accredited health promotion training and will play a bigger role in giving accurate advice and support to all new prisoners
- Changes to booking appointments and how emergency appointments are dealt with
- Improvements to incident reporting (now daily reporting and discussed at the Healthcare Team Meeting)

- A full review of the first days in custody to map the prisoners journey, enabling his needs and service requirements to be met

We met with service commissioners (NHS England) who agreed that they need to put more resources into reception (first night) and that they need to be more pro-active with regards co-commissioning and working with the prison governor on some of the issues that have arisen from our report.

The work was presented to the scrutiny board as part of the Scrutiny Inquiry into The Health and Social Care Needs of Prisoners.

*"We were delighted to invite Healthwatch Leeds to HMP Leeds for the very first time. I am pleased with their view that healthcare staff are caring and will do the best job they can under difficult circumstances.*

*An opportunity to spend time exploring experiences and patient suggestions is our ongoing commitment and we will continue to value feedback and strive for continuous improvement."*

Dave Browne - Head of Healthcare (HMP Leeds),  
Care UK



# Snapshot of our work

## Extra Care Housing

Extra Care Housing is housing designed with the needs of frailer older people in mind, with varying levels of care and support available on site. We facilitated focus groups on three sites; Woodview, Cardinal Court and Rossfield Manor. Our aim was to find out peoples' experience and views of the homecare service provided on site.



The outcomes from focus groups were positive, especially about the care staff.

There were a couple of areas that we were told improvements could be made,

particularly around communication and social activities.

The Extra Care Management Team has told us how they will:

- Be providing easy read literature and discussing with people how to feedback
- Explaining the role of the key worker in more detail
- Commit to ensuring people can attend social activities by providing alternative visiting times or helping people get to and from internal events

The commissioner of the service praised the work as a great collaboration between Healthwatch Leeds and the Extra Care service.

## Spring Gardens Care Home (Enter and View)

We carried out a follow up visit to Spring Gardens. Our first visit highlighted some concerns around activities, methods to feedback and the environment.

A year and a half on from our last visit we were pleased to observe the transformation in both interior and exterior of the care home.

A sensory garden with a water feature has been created in the back yard. The home was bright, warm and smelt fresh. We also saw significant improvements in the provision of activities for residents. Almost every resident we spoke to said they were happy in the home. These comments seemed to indicate that the improvements have had a positive impact on residents' daily life in the care home. Both the residents and relatives praised the staff highly as being kind and respectful. The residents felt they were very well looked after in the home.

It is great to see our initial visit and its subsequent recommendations were acted upon by the care home and this has had a positive impact on residents' life.



## Bereaved Carers Survey

We held a “Good Endings” event to explore people’s knowledge and experience of support and services when they know their life expectancy is limited. One of the workshops looked at the bereavement survey, now undertaken by providers city wide. We recommended that the survey was shortened and made more user friendly. Following on from the event we are active members of the task group to design a more accessible and widely available survey for the coming year. We’ll keep you informed on its progress!

*“Leeds Teaching Hospitals, St Gemmas and Wheatfields Hospices and Leeds Community Health have worked with Healthwatch Leeds to develop an updated bereaved carers survey.*

*Healthwatch have helped identify the different processes to be taken forward to gain the views of more bereaved carers in Leeds in order to continue to deliver best care for dying patients and their families. They are supporting the development of a revised questionnaire, promotion of the survey, initiation of an online option and analysis of results.*

*Their support has been invaluable in seeking the views of the people of Leeds about what is important to them and how we can best seek their views at such a difficult point in their lives.”* Elizabeth Rees - Lead Nurse for End of life care, Leeds Teaching Hospitals Trust

## The Healthwatch networks

In addition to sharing all our published work with both Healthwatch England and the Care Quality Commission, we support and participate in a range of networks and projects.

In West Yorkshire the five Healthwatch organisations have a long history of working together. When the Health and Care partnerships were formed recently we were joined by our colleagues covering the Harrogate area.

Together, we have collaborated in feeding back people’s views about stroke services, urgent care access issues and continue to monitor and work to improve people’s access to NHS dentistry. We have also carried out a number of engagement activities as the Yorkshire and Humber Healthwatch network. We are planning a region wide engagement with people diagnosed with a Hypermobility Syndrome.

## Collaborate to Communicate Event

For the first time ever in Leeds, health and care commissioners and providers joined up to engage with local people.

They brought with them a range of topics for consideration in the city. The event consisted of a series of short workshops, giving local people the opportunity to engage with lots of services at one event.

**Due to the success of this event there will be further events planned in the future.**



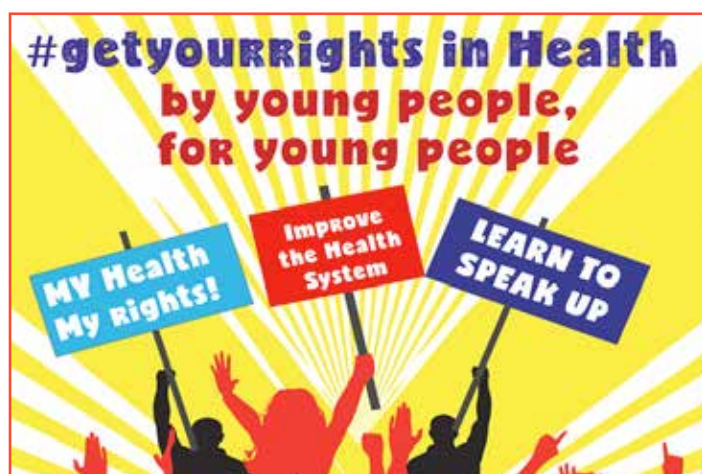


YouthWatch have had another fantastic year, involving 51 volunteers aged 14-25 over the last 12 months. We've been involved in lots of different things including making films, taking over the Future in Mind: Leeds Board and lots more.

The highlight of the year however, was our **#getyourrights in health work**.

Following on from our 'rights in the NHS' sessions in schools and youth groups last year, YouthWatch decided it wanted to organise an event to raise awareness about young people's rights on a bigger scale.

We worked on a plan with Leeds Youth Council and Leeds Hospitals Youth Forum. The result was the **#getyourrights in Health** event in February 2018, attended by 53 young people and 13 workers. YouthWatch volunteers took ownership of the whole event, from planning the workshops to jointly hosting the event and taking photos.



The event was based around people's rights as outlined in the NHS

Constitution and there were three main workshops:

## 1. How to speak up

This aimed to give young people the confidence to speak up and feed-back about services. It focused on the NHS 'right to complain' and pledges to 'encourage feedback' and 'set things right'.

## 2. Sharing experiences

Young people shared their personal experiences of using health services in relation to their rights, and encouraged others in the workshop to share theirs.

## 3. Rights in reality

We used a filmed scenario to get young people to think about how they could use their rights to have a better experience.

During the event, we also asked young people to vote on which three rights were most important to them and might stop them from accessing a health service if they weren't met.

Young people told us that the most important rights for them were:

### 1. Privacy

### 2. Clear information

### 3. To not be discriminated against

160 (91%) out of 175 children and young people attending the event or one of our 'rights in the NHS' sessions said that they would be more likely to take action after our session if they thought their rights hadn't been met.

*“I would definitely act and encourage other people to do so as well. There are lots of organisations that I could go to too”*

*“I am more likely to take action as no-one should get their rights taken away.”*



The most common themes for young people when sharing their experiences about health services were:

- Communication between staff and patients
- Quality of care or treatment
- Staff attitudes.

## What happened next

We produced a report, which has been shared locally and nationally with providers and commissioners asking that they take into account the above themes when planning and delivering children and young people’s health services.

One of our YouthWatch volunteers produced a brilliant video about the ‘three most important rights’. This, along with the report was shared at a Leeds Health and Wellbeing Board workshop about ‘barriers to access’.

You can find the ‘#getyourrights in health’ report and the link to the video on our website.

*“The event was a big success - a great example of bringing different groups of young people together to work on a shared interest. It was well planned, youth-friendly and most importantly, a great way of letting young people know how to speak out to make sure their rights are met when accessing health services.”*

**Richard Cracknell, Voice, Influence and Change Co-ordinator, Children and Families Directorate, Leeds City Council**

*“we have rights and that some things we don’t need to tell our parents” (young person)*

*“I have learnt about the importance of giving feedback about services I get.” (young person)*

*“no matter how old or who you are everyone has rights” (young person)*



## Primary Care

In the past we have worked alongside GP practices to review extended opening hours and Patient Participation Groups. We are continuing to build a strong relationship with GP practices across Leeds.

As a pilot project, we visited East Leeds Medical Centre and Halton Medical Practice and spoke to people attending the surgeries. There were some consistent themes that emerged at both surgeries: including shortage of appointments, staff attitude and self-check-in machines not working.

Both surgeries have made significant improvements since our visit. We will continue to work with colleagues at GP practices to support any outstanding actions on the plan.

**This year we will be rolling out an ongoing programme of visits to GP surgeries across Leeds.**



## HIV and Dentistry

Following recommendations we made about HIV awareness, education and training for dental staff, a factsheet on HIV and blood borne viruses was published by Public Health England. This was circulated to all Yorkshire & the Humber Dental Teams, undergraduate Dental and Hygiene and therapy students and Foundation Dentists.

Public Health England secured funding to develop e-learning resources for dental staff. We facilitated continuous dialogue between service users, voluntary and health organisations on developing training content and materials including case studies, stories and short films for the e-learning resources. This will be available as a national resource once published.

Our work has also led to continuing professional development sessions across Yorkshire and Humber, agreement to include the factsheet in the CQC inspector learning package and an article in the national British Dental Journal. Hopefully this will all go some way to improving dental care for people with HIV and other Blood Borne Virus'.





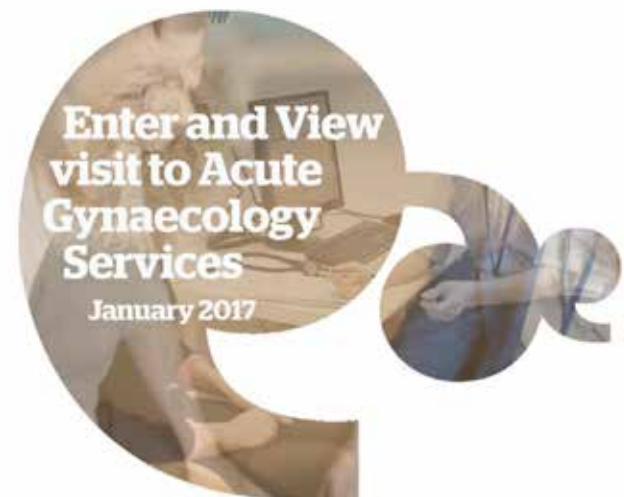
*“Healthwatch have listened to our service users who are a stigmatised, marginalised group and taken their concerns seriously especially the main issue of lack of positive dental care for people living with HIV.*

*Your passion and strengths have brought key decision makers together to start a local and national change in the provision of dental care for people living with HIV. On behalf of the HIV positive people in Leeds Thank you Healthwatch.”* Robert Houlgate - Service Development & Delivery Manager, BHA Skyline

## Women's Services

In 2016, we visited acute gynaecology services as part of our planned programme of enter and view visits. We are happy to report since that visit the hospital have made these changes:

- Reviewing information and communication methods
- Offering hot food to patients that remain on the unit overnight



# Volunteers

With every piece of work we do, volunteers are at the heart of it. Our volunteer team contributed a staggering 2700 hours this year undertaking a wide range of roles for us.

People volunteer for lots of reasons, to gain experience in health and care, or maybe they have retired and still want to give something back. Learning and developing new skills whilst volunteering with us has helped some go on to do great things.

**Community Research Assistant**  
with the Born in Bradford  
project, based at Bradford  
Royal Infirmary.

**Biomedical Sciences degree**

**Locality Manager** at Leeds  
Student Medical Practice  
promotion

**Clinical Support Worker**, Leeds  
Teaching Hospitals Trust

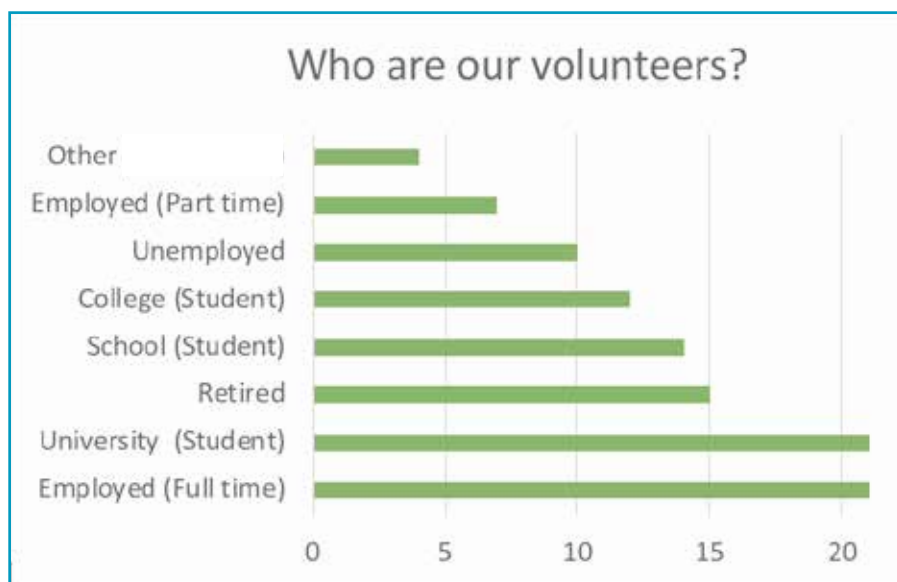


Our volunteers range from 14 to 88 years old, with many who are working age and already working or studying in health and care. They all bring valuable skills and experience to their role.

*“Through volunteering, I have constantly felt like I’m doing something positive, and making a difference to health and social care, volunteers at*

*Healthwatch are truly valued by the staff, and a lot of effort is made to ensure that projects and roles are suitable to our skills and interests.”*

**Helen Dannat,**  
**Healthwatch Volunteer**





# Volunteers

We offer training for volunteers in all areas of our work and we try to make sure it is made accessible to all.

Our training is always rated highly by our volunteers with 100% stating it as excellent or good.

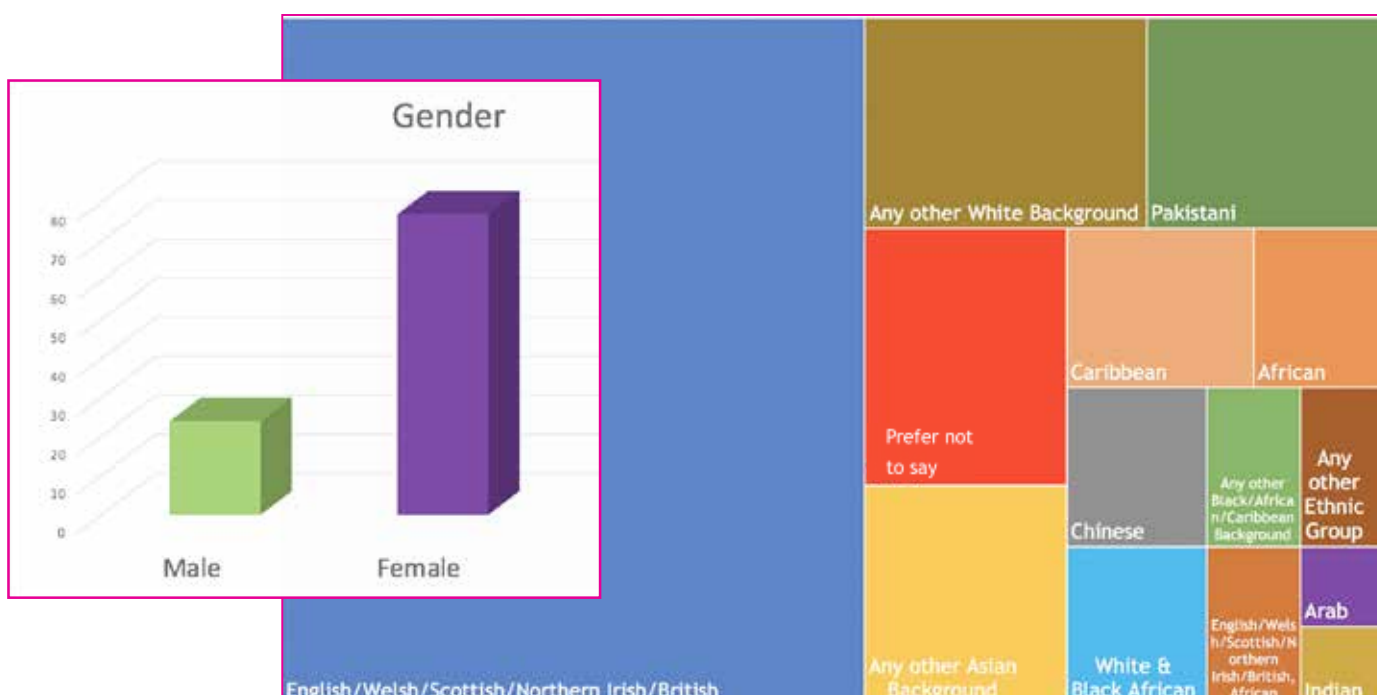
*“It was an interactive and engaging way of training volunteers to make sure they have a good understanding of Healthwatch”.*

*“the training was informative. Lots of time for discussion and reflection. I feel better informed and more confident about my responsibilities. It exceeded my expectations!”*

*“It was a very practical and informative session with good discussions around equality and diversity when acting as a volunteer in a Social Care setting”*



If you would like to find out how to volunteer with us contact Craig on 0113 898 0035 or text 07909254605 [craig@healthwatchleeds.co.uk](mailto:craig@healthwatchleeds.co.uk)



Healthwatch Leeds provides an Information, Advice and Signposting service. We know that the health and care system can be complicated and hard to navigate, so we do our best to help people who often don't know where to start looking, or feel like they have been through the system and have nowhere else to go.

This year we've received 276 direct enquiries and also set up a way to capture feedback on the information we provide. From the feedback we've received:

- Over 95% of people have said that information we've provided has been either very useful or useful
- Over 95% of people clearly understood the information
- 89% said that the information provided will help them take the next steps
- Over 95% of people have been satisfied with our service

*"Healthwatch was very helpful and gave considered useful answers to my concerns and queries - discussing a possible outcome and pathway."*

*"My questions were answered in plain English and without rushing."*

*"There was absolutely nothing you could have done better, your advice and support was invaluable, thank you!"*

*"I think the information and help I received was very useful and also bought a new perspective to my questions - my concerns were addressed in full."*

*"I couldn't have got the help I did without Healthwatch at a very stressful time for me."*

We regularly receive requests from the Care Quality Commission (CQC) for information about a service they will be visiting.

We have often been able to share feedback which can influence areas of CQC inspection.



## Socially Speaking

**healthwatch**  
Leeds



**8389**

combined team followers  
average 40,000 impressions per month

**YouthWatch**  
our voice counts  
Leeds

**healthwatch**  
Leeds



**658**  
page likes

**YouthWatch**  
our voice counts  
Leeds

**195**  
page likes



**3837**  
video views



**1565**  
Friends

**healthwatch**  
Leeds

**230**  
followers

**YouthWatch**  
our voice counts  
Leeds



**209**  
followers

in the past year our website has had ...

**8,421 page views compared to  
last year's of 4,450**



**923**

people signed up to newsletter, pdf available on the website.  
Audio version available quarterly.

## Health and Well-Being Board (HWB)

Through our seat on the HWB we have enjoyed frequent opportunities to influence. We were lucky to have the Chair of the HWB, Cllr Rebecca Charlwood, open a collaborative conversational event - this was the first event of its kind, where Leeds City Council and all NHS providers and commissioners came together to engage with citizens, and to seek views on a range of plans and projects in the city.

A summary of this can be found on our website. We continue to be active members of the HWB, taking part in all meetings, including Board to Board sessions which are used to overcome system-wide challenges that will make a difference for our local population.

*“Healthwatch shows unwavering commitment to involving people in the design and delivery of strategies and services and acts as a vital connection between local people and those that lead health and care services. Our city benefits from their volunteer base, a broad range of engagement programmes, right through to their representation on the HWB.*

*Most recently, they ran a HWB workshop focused on hearing the voices of some of our most marginalised communities, leading to a range of actions to support people who experience some of the poorest health outcomes. This is just one example of how they support the Board to really listen to what matters to people in Leeds and maintain our focus on improving the health of the poorest the fastest.”* Cllr Rebecca Charlwood, Chair of the HWB



## People's Voices Group (PVG)

Healthwatch Leeds co-ordinate a city wide group of patient and public engagement leads from Leeds City Council, NHS commissioners and providers, and Advonet, the advocacy provider in Leeds. The PVG provides a forum for sharing expertise and best practice around engagement exercises and events, as well as some of the important messages that people are sharing about their health and care in the city.

*“Leeds is committed to working in partnership and Healthwatch plays a key part in this approach. The PVG has developed greatly over the last year and saw our first joint event in a series of conversations between health and care partners and citizens. This couldn't have happened without Healthwatch Leeds bringing partners together to seek citizen views and involvement on a range health and care issues, based on our shared principle of ‘working with’ people in Leeds”*

Holly Dannhauser  
Health Partnerships Manager  
Health Partnerships Team



## Complaints Sub-Group

The combined city wide Complaints Leads' group continues to thrive, with an annual work plan and representation from all our statutory partners (NHS and Adult Social Care), health advocacy and Healthwatch Leeds. During the year we have refined our “no wrong door approach” with the first organisation contacted co-ordinating issues that cross organisational boundaries, developed a briefing pack for MPs on complaints, and presented our work to regional



Adult Social Care complaints managers, resulting in some areas planning to engage with their local Healthwatch.

*“Healthwatch Leeds has continued to chair the city wide Complaints Leads meeting which has become a pivotal meeting for the complaint teams within Leeds, enabling us to address patient concerns together and make system wide improvements. Healthwatch provides an independent patient perspective which continues to help us improve our processes which ultimately improves the experience for our service users.”*

Joanna Howard - Head of Clinical Governance and Patient Experience, Leeds Clinical Commissioning Group

## Working with the Oversight and Scrutiny Committee

For the third year we have a co-opted place in the Leeds City Council Scrutiny Board for Health, Public health and Social Care. As well as taking part in meetings we have been able to share our reports on Urgent Care and prison healthcare which have fed into the reports and recommendations made by the Scrutiny Board.

*“Healthwatch Leeds has been represented on the Scrutiny Board for a number of years. During that time, those representing Healthwatch Leeds have been recognised as valued contributors - always bringing a service user perspective into the various discussions of the Scrutiny Board. This continued during 2017/18 - my first year as Chair of the Scrutiny Board - and I am extremely grateful to John (Beal) for his enthusiasm,*

*commitment and contribution to the work of the Scrutiny Board and, with the Board’s approval, I look forward to welcoming him back onto the Scrutiny Board for 2018/19, where he will continue to provide a strong and independent voice on behalf of local patients and service users.”*

Councillor Helen Hayden,  
Chair, Scrutiny Board  
(Adults and Health)



## Leeds Plan

*“Healthwatch have been fundamental in helping ‘change the conversation’ around our plans for health and care in Leeds. They have championed a bottom up community led approach which has become important to the Leeds Plan way of working. Along the way they have challenged and improved, helping to keep us focused on patient and public voice at the centre of what we do. I have valued their feedback and support throughout”*

Paul Bollom  
- Chief Officer Health Partnerships Leeds City Council



## Better Lives Leeds Board

Our Healthwatch volunteer, Martin, continues to have input into the Better Lives Leeds Board and provides our own Board with regular updates. The Better Lives Board is an Adult Social Care consultative body to which policy proposals, updates on existing work etc can be brought.

Between May 2016 and February 2018, we worked in partnership with Leeds Teaching Hospitals NHS Trust (LTHT) to gather people's views and experiences of attending outpatients' appointments.

This has been the biggest piece of work we have carried out, and possibly the largest joint piece of work between a local Healthwatch and a Trust in the country.

The partnership work between Healthwatch Leeds and LTHT is being used in the LTHT's Patient Experience video for their AGM.

During the project we looked at the:

- quality of information and communication patients received before and during their appointment
- waiting time concerns, and
- physical access including parking

In total we visited 17 outpatient clinics and spoke with 1427 patients. Over 55 sessions, volunteers contributed 615 hours of volunteer time.

Patients valued and were largely satisfied with the majority of the clinics and departments. However some areas for improvement were

Outpatient Department/Clinic visited	No of patients
1.SJUH, Eye Clinic	148
2.SHUH, Outpatient 7/8	42
3.SJUH, Endocrinology	86
4.SJUH, Lincoln Wing, Outpatient 1	108
5.SJUH, Gynaecology	78
6.SH , Main Outpatient	87
7.SH, Pain Management,	13
8.SJUH, Lincoln Wing, Outpatient 2	99
9.SJUH, Ear, Nose and Throat	98
10.LGI Orthopaedics	142
11.LGI Hand Unit & Plastics	60
12.CAH Dermatology	85
13.CAH Rheumatology & Orthopaedics	104
14.SJUH Bexley Wing Surgical	99
15.SJUH Multi-Speciality (Correctol)	68
16.LGI Cardiac & Neurology	103
17.LGI Surgical Outpatient	7

SJUH - St James University Hospital   LGI - Leeds General Infirmary   SH - Seacroft Hospital  
CAH - Chapel Allerton Hospital

identified including, text reminder services, self-check-in system, long waits on the phone when rearranging appointments, car parking charges and disabled parking. These have then been forwarded to the relevant departments in the Trust for action.

Each outpatient department we visited received a report with the findings and suggestions for improvements. The department was then required to respond with an action plan including timescales of implementation. We carried out follow up visits to review whether changes had been made.



## Next steps

The dialogue between Healthwatch and each individual department is ongoing in order to achieve progress on the recommendations contained in each of the reports. To access the individual reports, visit our website.

*“During the last twelve months, the Trust has continued to collaborate with Healthwatch on an outpatient feedback programme. This has provided much information from people who are not routinely included in the national patient survey programme and that otherwise might not be heard.*

*Additionally, the Trust meet regularly with Healthwatch to hear directly what patients have been saying to them in recent weeks. This provides an opportunity for the Trust to be responsive in undertaking actions to address areas of concern that relate to its services.”* Krystina Kozłowska - Head of Patient Experience, Leeds Teaching Hospitals NHS Trust

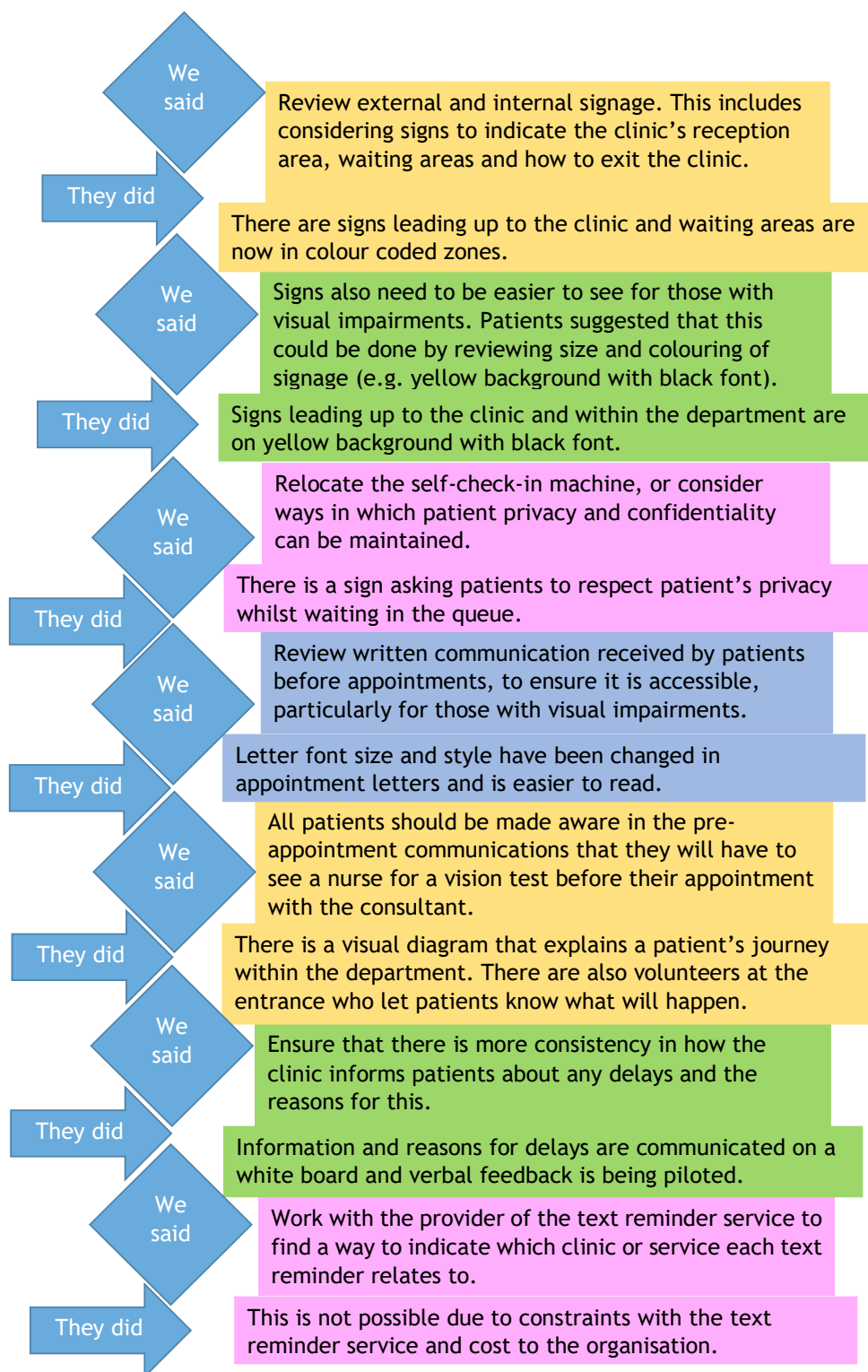




## An example of a completed piece of work with the Eye Clinic.

### St James University Hospital Eye Clinic

The initial visit to the Eye Clinic was in May 2016, we did a follow up visit in January 2018. Below are the improvements and changes that have happened in the clinic following our work.





## Volunteer Story - Alice

*"I started volunteering with Healthwatch almost 4 years ago. Since data analysis is a 'virtual volunteering' project, I could continue volunteering for Healthwatch once I started my full-time job using evenings and weekends to complete it.*

*After each outpatients visit, (roughly once a month), Parveen would send me an Excel spreadsheet containing the patients answers to questions regarding their visit to hospital (covering aspects such as communication before, during and after their visit, waiting times, staff, physical access). My task was to summarise the responses and recommend ways the service could be improved for patients.*

*Working on the outpatient's project allowed me to develop key data analysis and presentation skills which I think helped me get my job as a government statistician at the Department of Health and Social Care. This was really important for me as I enjoy volunteering with Healthwatch and feeling as if I'm helping make a difference to patients experiences of local health services. It also nicely complements my work and provides a great opportunity to apply some of the skills I've learned since starting."*



“This year is about new beginnings. Healthwatch Leeds turned 5 on 1 April 2018 and like many other local Healthwatch we went through a tender process in the autumn of 2017. We are pleased to start our new 5 year contract with Leeds City Council, continuing as partners with Touchstone Leeds Ltd.

This is my last annual report as I retire at the end of April 2018 and look forward to new and different challenges in my life. We welcome the new Chief Executive, Hannah Davies who will lead Healthwatch Leeds on the next stage of their journey.

Over the last year, we have improved the ways we monitor and record influence and impact within the system. On our website, every published report usually has a follow-up summary, within 6-12 months from the initial work.

We have learned to value and develop our connections and networks. Our shared reach is much wider than any of us would achieve on our own, we work with our fellow Healthwatch,

with other community groups and with the commissioners and providers. The big challenge is capacity, we are fortunate in being asked to join many groups, sit on a range of Boards and strategic groups and to attend many events and meetings. I would like to thank our Board Directors, volunteers and staff who have all contributed to stretch our reach further. For a small organisation the list of boards, committees, working groups and events we manage to attend or host is long and impressive.

We are seeing significant system change and challenge in health and care. The NHS Leeds CCG came into being from 1 April 2018, “winter” pressures clearly extend to round the year pressure, there are plenty of pilots and plans and perhaps letting some of the NHS targets go is realistic. Our challenge to these changes will always be:

How have you involved and engaged local people from the beginning? What did you hear? Having listened, what did you change?”

**Tanya Matilainen CEO**





# National Recognition!

We are very pleased to have won the award for Inclusion and Diversity at the Healthwatch England National Conference.

We were also 'highly commended' for our work with volunteers.

This is recognition that our volunteering programme and inclusion of volunteers is of a high standard.

There are over 150 Healthwatch organisations nationally so this was a real highlight for the great work our staff and volunteers do.

This is our third award in the past five years!





## Healthwatch Board Directors during 2017/18

Dr John Beal  
Joanna Barszcak  
Sally Morgan  
Richard Taylor  
Stuart Morrison  
Emma Corbet  
Dr Oliver Corrado  
Tanya Matilainen  
Moneer Sharif  
Chloe Rankin  
Linn Phipps  
Karen McMahon  
Niccola Swan  
Lesley Sterling-Baxter  
Dr Hassan Ahmed



You can find out more about our Board by visiting our website at [www.healthwatchleeds.co.uk](http://www.healthwatchleeds.co.uk)



## The Healthwatch Leeds Team

Dex Hannon - Communications Manager,  
Tatum Yip - Community Project Worker,  
Tanya Matilainen - CEO,  
Parveen Ayub - Community Project Worker,  
Stuart Morrison - Team Leader,  
Tay Babbage - Senior Administrator,  
Sharanjit Boughan - Community Project Worker,  
Craig McKenna - Volunteer Coordinator,  
Harriet Wright - Community Project Worker.

You can find out more about our staff by visiting our website at [www.healthwatchleeds.co.uk](http://www.healthwatchleeds.co.uk)



**Commissioning:** Planning, paying for and monitoring services. Choosing what to buy, who to buy from and checking you got a good deal.

**Provider:** An organisation directly delivering health or care services.

**Clinical Commissioning Group (CCG):** A group of medical professionals who make decisions about what is needed and what to buy in Leeds. As of 1st April 2018, the three previous CCG's changed into one citywide CCG.

**Health and Well-Being Board (HWB):** The HWB is in place to oversee improvements in health and care for the people in Leeds. It makes strategic decisions about health and care services. The Board includes: Local Councillors, representatives from Children and Adult Social Care, the Clinical Commissioning Group, Public Health, voluntary organisations and Healthwatch Leeds.

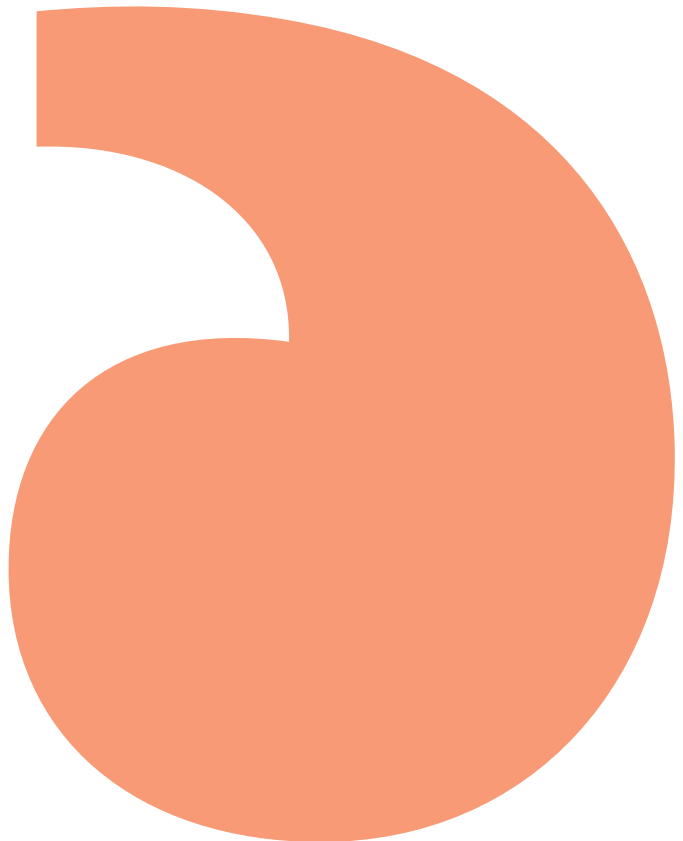
**Enter and View:** Every local Healthwatch across the country has a statutory power to carry out Enter and View visits which involve visiting publicly funded health and social care services to see what is going on

**Scrutiny Board (Adult Social Services, Public Health and NHS):** This Board reviews and scrutinises (examines in detail) the performance of local NHS, Adult Social Care and Public Health. It also scrutinises decisions made by the main decision making body of the Council (Executive Board) relating to Adult Social Care.

**STP:** Sustainability and Transformation Partnerships - Local partnerships in every part of England to improve health and care in practical ways are also known as Integrated Care Systems (ICS).

**Integrated care:** NHS organisations and local councils in England are joining forces to coordinate services around the whole needs of each person. Their aim is that people can live healthier lives and get the care and treatment they need, in the right place, at the right time.

INCOME	2016-2017	2017-2018
	£	£
Funding received from local authority to deliver local Healthwatch statutory activities	374,400	374,400
Additional income	25,000	531
Total income	399,400	374,931
<b>EXPENDITURE</b>		
Operational costs	52,458	38,200
Staffing costs	294,069	283,595
Office costs	48,879	43,626
Total expenditure	395,406	365,421





## Healthwatch Leeds Community Interest Company

The Old Fire Station, Gipton Approach, Gipton, Leeds. LS9 6NL

Telephone: 0113 898 0035

Text: 07551 122289

Email: [info@healthwatchleeds.co.uk](mailto:info@healthwatchleeds.co.uk)

Company number: 9542077

If you would like to sign up for our newsletter visit our website!

[www.healthwatchleeds.co.uk](http://www.healthwatchleeds.co.uk)



We will be making this annual report publicly available on 30 June 2018 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Groups, Overview and Scrutiny Committees, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

© Copyright Healthwatch Leeds 2018



**This year we reached out & connected to over 16,000 local people on social media.**

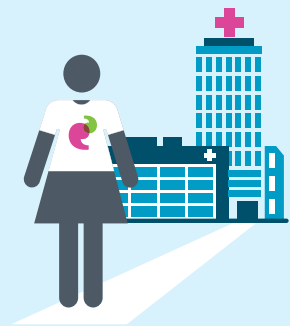


**We have 80 active volunteers**

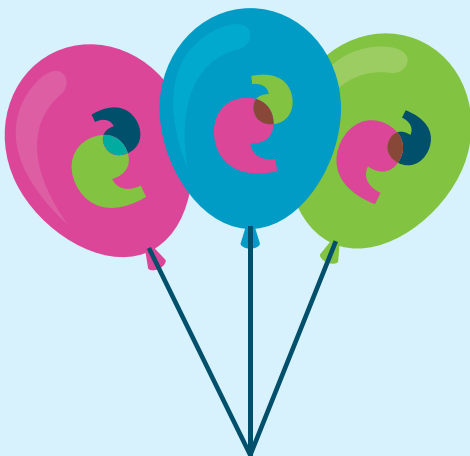


**We've visited 44 Health & Social Care premises in Leeds**

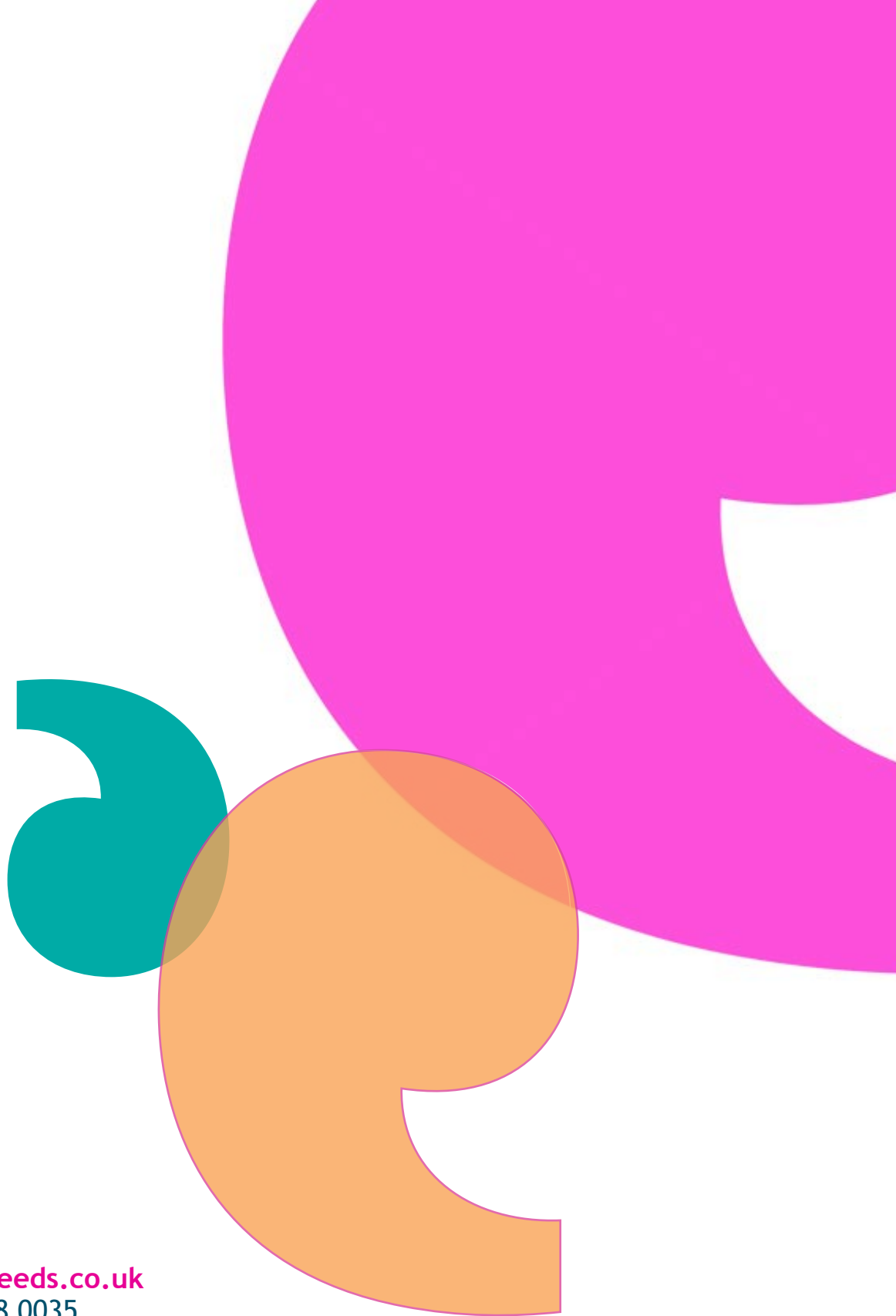
**We've spoken to 1,409 people at Health & Care premises**



**We have published 20 reports**



**We've engaged with nearly 3,000 people at events & outreach sessions & project work**



[www.healthwatchleeds.co.uk](http://www.healthwatchleeds.co.uk)

telephone: 0113 898 0035

email: [info@healthwatchleeds.co.uk](mailto:info@healthwatchleeds.co.uk)

twitter: @HWLeeds

Facebook.com/HealthwatchLeeds

Instagram: Healthwatchleeds

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**Healthwatch Leeds**  
The Old Fire Station,  
Gipton Approach,  
Gipton,  
Leeds.  
LS9 6NL

## Report of Head of Governance and Scrutiny Support

### Report to Scrutiny Board (Adults, Health and Active Lifestyles)

**Date: 17 July 2018**

**Subject: Chairs Update – July 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 June 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 June 2018. 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 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to:
- Note the content of this report and the verbal update provided at the meeting.
  - Identify any specific matters that may require further scrutiny input/ activity.

## **4. Background papers<sup>1</sup>**

### **4.1 None used**

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<sup>1</sup> 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, Health and Active Lifestyles)

**Date: 17<sup>th</sup> July 2018**

**Subject: Work Schedule**

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

## 1 Purpose of this report

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

## 2 Main issues

- 2.1 During discussions at the previous meeting on 26<sup>th</sup> June 2018, the Scrutiny Board discussed a range of matters for possible inclusion within the overall work schedule for 2018/19. The areas discussed included the following matters:
- Focus on Mental Health
    - Childrens Mental Health - including the transition between CAMHS and Adult mental health services; family mental health and the services available to support family units.
    - Dementia – including delayed transfer of care between care settings, consideration of Carers' experiences and consideration of proposed reshaping of social work/care services to a community strength-based approach.
    - Male mental health – including rates of young male suicide; access to services and drug & alcohol services.
  - Follow up on kidney transplant transport provision
  - Social Care funding and resources for Third Sector providers
  - To maintain an overview of the emerging Health and Care Partnership documents

- Infant mortality and possible response to the National Inquiry being undertaken by Public Health England into life expectancy.
- Maintaining an overview of proposed service changes.
- Digital technology for information and access
- Health protection amongst Leeds' migrant population

2.2 The Board previously 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 2018/19.

#### Developing the work schedule

2.3 The work schedule should not be considered as a fixed and rigid schedule but be recognised as something that can be adapted to respond to any new and emerging issues throughout the year; and also reflect any timetable issues that might occur from time to time.

2.4 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.

2.5 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.

#### Leeds Health and Care Plan

2.6 Maintaining an overview on the development of Leeds Health and Care Plan, including any specific service change proposals that result. There would also be a balance between the activity happening locally and any proposals being developed on a wider, West Yorkshire and Harrogate footprint.

2.7 A key consideration would be undertaking complementary work to that being undertaken through the West Yorkshire Joint Health Overview and Scrutiny Committee arrangements in place.

### Health Service Developments Working Group

- 2.8 In previous years, the Scrutiny Board has formed a working group to help discharge its health scrutiny function in relation to proposed NHS services changes and/or developments. As highlighted at the meeting in June 2018, this is an important aspect of the Scrutiny Board's remit and is not reflected in the remit of any other Scrutiny Board.
- 2.9 Previously the Board identified other areas of work / activity that it may be possible to integrate into the working group arrangements. This *could* include:
- Quarterly NHS provider updates.
  - NHS key performance reports.
  - Adults and Health 2018/19 budget performance reports.
  - 2019/20 budget proposals
- 2.10 The aim of this approach would be for the Working Group to meet at least three times during the coming year to consider some or all of the matters identified above, in addition to any specific NHS service change/development proposals at that time

### Summary

- 2.11 A draft work schedule is attached as **Appendix 1** to this report for consideration and amendment by the Board as appropriate.
- 2.12 Also attached are copies of the following which may be pertinent to the work of the Board
- Minutes of the Executive Board meeting held 27<sup>th</sup> June 2018 at **Appendix 2**
  - Minutes of the Leeds Health and Wellbeing Board meeting held 14<sup>th</sup> June 2018 at **Appendix 3**

## **3. Recommendations**

- 3.1 Members are asked to consider and agree/ amend the proposals identified in this report, specifically in relation to the overall work schedule as the basis for the Board's work for the remainder of 2018/19.

## **4. Background papers<sup>1</sup>**

- 4.1 None used

## **5. Appendices**

- 1) Draft Work Schedule 2018/19
- 2) Minutes of the Executive Board meeting held 27<sup>th</sup> June 2018
- 3) Minutes of the Leeds Health and Wellbeing Board held 14<sup>th</sup> June 2018

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<sup>1</sup> 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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## SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

### Work Schedule for 2018/19 Municipal Year (Draft)

26 June 2018	17 July 2018	August 2018
<b>Meeting Agenda for 26/06/18 at 1.30 pm.</b>	<b>Meeting Agenda for 17/07/18 at 1.30 pm.</b>	<b>No Scrutiny Board meeting scheduled</b>
Appointment of Co-opted members (DB) Scrutiny Board Terms of Reference (DB) Sources of Work (DB) Performance Report (Adults, Health & Active Lifestyles) (DB/PM) CQC Inspection Outcomes – Adult Social Care (PM)	NHS Integrated Performance Report (PM) – TBC West Yorkshire & Harrogate Health & Care Partnership – Specialist Stroke Services (DB) Improving Access to Psychological Therapies (IAPT)(DB) HealthWatch Leeds Annual Report and Future Work Programme (DB) – TBC	
<b>Working Group Meetings</b>		
	9 July 2018 – Board Development Session: Leeds NHS Landscape	
<b>Site Visits / Other</b>		
11 June 2018 – Introductory Meeting 20 June 2018 – Introductory Meeting (Repeat)		

#### 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)**

## **Work Schedule for 2018/19 Municipal Year**

18 September 2018	October 2018	6 November 2018
<b>Meeting Agenda for 18/09/18 2018 at 1.30 pm.</b>	<b>No Scrutiny Board meeting scheduled</b>	<b>Meeting Agenda for 6/11/18 at 1.30 pm.</b>
Leeds Health and Care Plan Update (PM) Enabling Active Lifestyles – Update / Response to Scrutiny Board Statement (RT)  Quality of Homecare Services in Leeds (PM)		Leeds Safeguarding Adults Board Annual Report and Strategic Plan (DB) – TBC CQC Inspection Outcomes – Adult Social Care (PM) Congenital Heart Disease Services – Implementation of National Review/Update (RT/PM) Prisoner Health – Formal Response to Recommendation (RT)
<b>Working Group Meetings</b>		
<b>Site Visits / Other</b>		

### **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)**

## **Work Schedule for 2018/19 Municipal Year**

December 2018	15 January 2019	February 2019
No Scrutiny Board meeting scheduled	Meeting Agenda for 15/01/19 at 1.30 pm.	No Scrutiny Board meeting scheduled
	Adults Health & Active Lifestyles Financial Health Monitoring (PM) Performance Report (Adults, Health & Active Lifestyles) (PM) 2019/20 Initial Budget Proposals (PDS)	
<b>Working Group Meetings</b>		
<b>Site Visits / Other</b>		

**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)**

## **Work Schedule for 2018/19 Municipal Year**

19 March 2019	April 2019	May 2019
<b>Meeting Agenda for 19/03/19 at 1.30 pm.</b>	<b>No Scrutiny Board meeting scheduled</b>	<b>No Scrutiny Board meeting scheduled</b>
CQC Inspection Outcomes – Adult Social Care (PM) Prisoner Health – Recommendation Tracking (RT)		
<b>Working Group Meetings</b>		
		Quality Accounts – joint meeting with HealthWatch Leeds to consider draft quality accounts from relevant providers TBC
<b>Site Visits / Other</b>		

### **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, 27TH JUNE, 2018**

**PRESENT:** Councillor J Blake in the Chair

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

### **1 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) That Appendices 2a and 2b to the report entitled, 'Provision of a Loan Facility to Donisthorpe Hall Nursing Home', referred to in Minute No. 19 be 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 commercial and business activities of Donisthorpe Hall and was used for the purpose of the Council undertaking its due diligence processes. The information used for such due diligence processes includes confidential information commissioned by the Charity for the purpose of restructuring its finances, and as such, it is deemed that the public interest in exempting this information from publication outweighs the public interest in disclosure.

### **2 Late Items**

No formal late items of business were added to the agenda, however, prior to the meeting, Board Members were in receipt of supplementary information in respect of agenda item 18 (Submission of the Leeds Core Strategy Selective Review (CSSR)) which provided the Board with the outcomes from the respective consideration of the CSSR by Development Plan Panel and also Scrutiny Board (Infrastructure, Investment & Inclusive Growth), both of which met to consider this matter respectively on 20<sup>th</sup> June 2018. (Minute No. 17 refers).

In addition, prior to the meeting, Board Members were in receipt of a re-circulated version of the 'Outcome of Consultation to Increase Learning Places at Moor Allerton Hall Primary School' cover report, as parts of sections 3.13-3.14 and 4.3 of the original version had been either mis-formatted or had some text missing. (Minute No. 29 refers).

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- 3 Declaration of Disclosable Pecuniary Interests**  
No declarations of disclosable pecuniary interests were made at the meeting.

- 4 Minutes**  
**RESOLVED** – That the minutes of the previous meeting held on 18<sup>th</sup> April 2018 be approved as a correct record.

## **COMMUNITIES**

- 5 Illegal Money Lending Team, Progress Report**  
Further to Minute No. 9, 21<sup>st</sup> June 2017, the Director of Communities and Environment submitted a report which provides an update on the activities of the national Illegal Money Lending Team (IMLT) within Leeds, and presented an updated version of the associated action plan.

Members highlighted the crucial work that the team were undertaking, and emphasised the key role played by Leeds Credit Union within communities.

Responding to a Member's enquiry, the Board received details on the number of prosecutions which had been secured as a result of the team's actions, and with regard to the number of individuals that had been supported by the team, it was undertaken that further information on this would be provided to the Member in question.

### **RESOLVED –**

- (a) That the contents of the submitted report together with the IMLT Action Plan, as set out within appendix 1, be noted;
- (b) That the Director of Communities and Environment be requested to monitor the progress made by the Illegal Money Lending Team against the plan;
- (c) That a further report detailing the activities of the Illegal Money Lending Team within Leeds be submitted to the Board in 12 months' time.

(Councillor R Lewis joined the meeting at the conclusion of this item)

## **ENVIRONMENT AND ACTIVE LIFESTYLES**

- 6 England and Wales Cricket Board Funding for Non Turf Pitches**  
The Director of Communities and Environment submitted a report outlining an opportunity to receive around £72k of funding from the England and Wales Cricket Board (ECB) for the provision of 6 non-turf cricket pitches in parks and green spaces.

Members welcomed the proposal detailed within the submitted report and the fact that there was no restriction from the funding criteria as to which areas of the city could potentially benefit from the pitches.



**RESOLVED –**

- (a) That approval be given to accept the ECB funding and enter into an agreement to develop non-turf cricket pitches in relevant parks, recreation grounds and playing pitches in line with the ECB offer;
- (b) That approval be given to carry out a consultation exercise in order to determine suitable site locations;
- (c) That future decisions on this project be delegated to the Chief Officer, Parks and Countryside;
- (d) That it be noted that the Chief Officer, Parks and Countryside is responsible for the implementation of these proposals, which are anticipated to be in place by summer 2019.

**ECONOMY AND CULTURE**

**7 Adoption of the Leeds Inclusive Growth Strategy 2018 - 2023**

Further to Minute No. 37, 17<sup>th</sup> July 2017, the Director of City Development submitted a report presenting the Leeds Inclusive Growth Strategy 2018 – 2023, which had been finalised following the latest round of consultation. The report sought the Board's approval to adopt and publish the finalised version of the Leeds Inclusive Growth Strategy, as appended to the covering report.

In presenting the submitted report, the Chair suggested that further update reports regarding the progress being made be submitted to the Board in due course which focussed upon each of the Strategy's 'Big Ideas' and which detailed the impact that the work behind the strategy was having.

Members welcomed the proposed strategy, highlighting the potential it had to facilitate further partnership working across sectors in order to maximise enablement for all communities throughout the city. The Board also welcomed how the strategy linked to other priority agendas such as health and wellbeing; cultural provision and children and young people.

Members received further details on the proposed convenor role amongst other partners and sectors that the Council would play in moving this agenda forward. In addition, emphasis was placed upon the 'federal' nature of the Leeds economy, highlighting the level of economic activity located outside of the city centre.

In conclusion, on behalf of the Board, the Chair extended her thanks to those officers who had developed the strategy to its current position.

**RESOLVED –**

- (a) That the finalised version of the Leeds Inclusive Growth Strategy 2018 – 2023, as appended to the submitted report, be agreed, and that approval also be given for the Strategy's publication;

- (b) That approval be given for the Director of City Development to lead on implementing the delivery of the Leeds Inclusive Growth Strategy;
- (c) That further update reports regarding the progress being made be submitted to the Board in due course which focussed upon each of the Strategy's 'Big Ideas' and detailed the impact that the work behind the strategy was having.

## **8 Workspace for Creative Businesses in Leeds City Centre**

The Director of City Development submitted a report which presented a series of recommendations on how the Council could support the provision of workspaces for small and medium sized enterprises (SMEs) and creative businesses in Leeds City Centre.

It was highlighted that the proposals detailed within the submitted report looked to achieve the ambitions as set out within the Leeds Inclusive Growth Strategy (Minute No. 7 refers), and it was noted that the Director of City Development would return to the Board with proposals regarding the redevelopment of Aire Street Workshops and the Engine House, following the expression of interest stage.

The Board highlighted the important role played by SMEs and creative businesses in the city, and in reiterating the 'federal' nature of the Leeds economy, Members highlighted the need to ensure that affordable accommodation for SMEs and creative businesses were available throughout the city.

### **RESOLVED –**

- (a) That approval be given to reaffirm the Council's commitment to a city centre that includes a diversity of uses and has affordable and accessible spaces for new, creative businesses;
- (b) That approval be given for the Director of City Development to invite Expressions of Interest for the redevelopment / refurbishment of Aire Street Workshops and the Engine House, as per the principles as contained within paragraph 3.2.1 of the submitted report;
- (c) That the Director of City Development be requested to report back with recommendations on the preferred way forward for the redevelopment of Aire Street Workshops and the Engine House upon the conclusion of the Expression of Interest stage;
- (d) That the Director of City Development be requested to work with stakeholders in order to develop longer term plans to support the delivery of workspaces for creative and start-up businesses in the city centre, which can inform the creation of a small grants programme as part of the consideration of next year's Capital Programme;
- (e) That it be noted that the Chief Asset Management and Regeneration Officer will be responsible for the implementation of such matters.

## **9 Waterfront Charter for Leeds City Centre**

The Director of City Development submitted a report which sought approval to develop work with partners in order to deliver transformation in the waterfront area of Leeds, which would look to support the city's cultural and economic aspirations.

Members welcomed the submitted report, and in noting how rivers and waterways passed through a number of communities across the city, it was suggested that a further report be submitted to the Board in due course which explored the potential and the opportunities to maximise the benefit arising from such waterways, both for local communities and the city as a whole.

### **RESOLVED –**

- (a) That the Waterfront Charter, as appended to the submitted report be supported, and that in doing so:-
  - (i) Approval be given to the formation of a Waterfront Investment Fund, as per the principles outlined at paragraph 3.3.6 of the submitted report, with approval also being given to provide authority to spend up to £100,000 from Capital Programme Scheme 32672 for this purpose; and
  - (ii) Agreement be given that the Council works with partners in order to establish an owner/occupier forum comprising parties with an interest in the waterfront to help to deliver the Charter.
- (b) That it be noted that the Director of City Development is responsible for the implementation of such matters;
- (c) That a further report be submitted to the Board in due course which explores the potential and the opportunities to maximise the benefit arising from the rivers and waterways which run throughout Leeds, both for local communities and the city as a whole.

## **10 Leeds 2023 Update**

Further to Minute No. 76, 18<sup>th</sup> October 2017, the Director of City Development submitted a report outlining the steps that the city had taken in response to the decision by the European Commission to cancel the UK competition for European Capital of Culture. In addition, the report summarised the work undertaken by officers to establish the appropriate vehicle for taking forward Leeds 2023 plans, outside of the framework of the European Commission regulations.

With regard to an enquiry regarding the Council representation on the Trust, emphasis was placed upon the value of continuing a cross-party approach towards the 2023 initiative.

Members also received an update regarding a new funding stream which had been recently announced by the Arts Council (Cultural Development Fund), which the Council intended to submit a bid for.

**RESOLVED –**

- (a) That the overall progress made in taking forward 'Leeds 2023' plans, as detailed within the submitted report, be noted;
- (b) That officers be requested to:-
  - (i) Work alongside colleagues in legal and financial services in order to develop 'Leeds Culture Trust' as the delivery vehicle for Leeds 2023, and to develop a Service Level Agreement between the Council and Leeds Culture Trust which reflects the Council as a major funder;
  - (ii) Support the Leeds Culture Trust to secure charitable status and commence the search and recruitment process for a Chair and full Board of Trustees, to be in place by early 2019;
  - (iii) Return with a report on further progress at the appropriate time, when a new Chair and Trustees are appointed and when the work of the 2023 independent steering group reaches an end.
- (c) That it be noted that the Chief Officer, Culture and Sport is responsible for the implementation of such matters.

(Councillor Rafique left the meeting at the conclusion of this item)

**RESOURCES AND SUSTAINABILITY**

**11 Financial Performance - Outturn for the Financial Year ended 31st March 2018**

The Chief Officer, Financial Services submitted a report setting out the Council's financial outturn position for 2017/18 for both revenue and capital, including the Housing Revenue Account and expenditure on schools. In addition, the report also sought approval of the creation of earmarked reserves and which looked to delegate their release to the Chief Officer, Financial Services.

In response to a Member's enquiry, the Board received further detail regarding the 2017/18 outturn in respect of schools' extended services and partnerships balances. The Board also received an update on the current position regarding proposals to implement collection route efficiencies within the refuse service.

In noting the effect that the backdated sports admission VAT receipt from HMRC had had on the outturn position and the Council's reserves, an enquiry was made regarding the priorities for the allocation of resource moving forward. In response, it was highlighted that the intention was to submit the Medium Term Financial Strategy to the 25<sup>th</sup> July Board meeting, and this would propose how the Council's General Reserve, which contained the VAT receipt, was to be used.

**RESOLVED –**

- (a) That the outturn position for 2017/18, as detailed within the submitted report, be noted;

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- (b) That the creation of earmarked reserves, as detailed in paragraphs 3.16 and 5.3 of the submitted report be approved, and that their release be delegated to the Chief Officer, Financial Services;
- (c) That it be noted that the Chief Officer, Financial Services will be responsible for the implementation of such matters, following the conclusion of the 'call in' period.

**12 Financial Health Monitoring 2018/19 - Month 2 (May 2018)**

The Chief Officer, Financial Services submitted a report setting out the Council's projected financial health position for 2018/19, as at month 2 of the financial year.

Responding to an enquiry regarding proposals to implement collection route efficiencies within the refuse service, it was highlighted that should such efficiencies not be made in 2018/19, then alternative actions would be taken with the aim of balancing the directorate budget by the end of the financial year, whilst it was also noted that further detail in respect of the Communities and Environment directorate budget would be available in forthcoming budget monitoring reports to the Board, once greater information was available in respect of specific demand led costs.

Members also received an update regarding the current position of the Children and Families directorate budget.

**RESOLVED** – That the projected financial position of the authority for 2018/19, as at month 2, and as detailed within the submitted report, be noted.

**13 Treasury Management Outturn Report 2017/18**

The Chief Officer Financial Services submitted a report which provides a final update on the Council's Treasury Management Strategy and operations for the period 2017/18.

The intention to further consider the Council's debt portfolio and debt costs in the year ahead was noted. A request for future reports to identify the value of the Council's assets which separately identified schools and Council housing was also noted.

**RESOLVED** – That the Treasury Management outturn position for 2017/18, as detailed within the submitted report be noted, together with the fact that treasury activity has remained within the Council's Treasury Management strategy and policy framework.

**14 The Leeds Community Infrastructure Levy - Investment of the Strategic Fund**

The Director of City Development and the Director of Resources and Housing submitted a joint report providing information on the sums accumulated within the Community Infrastructure Levy (CIL) strategic fund, as set out in table 1 of the submitted report, and how it was being invested.

In response to a Member's enquiry, the Board noted that based on current information, the funding gap for the Council regarding the provision of school places was currently £71.7m.

**RESOLVED –**

- (a) That the investment of the CIL strategic fund, as set out in table 1 of the submitted report, to be used to contribute towards the learning places deficit for schools, be noted;
- (b) That it be noted that the responsible officer for the implementation of such investment is the Chief Officer (Financial Services).

**15 Improving Air Quality within the City**

Further to Minute No. 122, 13<sup>th</sup> December 2017, the Director of Resources and Housing, the Director of City Development, the Director of Communities and Environment and the Director of Public Health submitted a joint report providing an overview of the consultation responses received on the Clean Air Charging Zone (CAZ) proposal; detailed how the first stage of consultation responses had been considered and how these were reflected within the updated proposal. In addition, the report outlined the funding request to central government for both the required infrastructure and the support measures to mitigate economic impact; detailed the process to reaching approval for both the Full Business Case and the Traffic Scheme; and presented the required changes to licensing conditions for taxi and private hire vehicles to align conditions with CAZ compliant engine standards.

In presenting the submitted report the Executive Member for Resources and Sustainability recommended that a further report be submitted to the 25<sup>th</sup> July 2018 Board meeting which set out a broader range of proposals not covered by the CAZ for the improvement of air quality throughout the city.

Responding to a Member's specific enquiry, the Board received further information on the process and rationale which had led to the proposal to amend the boundary for the CAZ. It was noted that the amended boundary was being proposed in response to the consultation undertaken, and that the revised boundary did not have any adverse impact upon the delivery of the required outcomes. It was also noted that the revised boundary aimed to ensure that it was clear and easily navigable and looked to avoid any unintended consequences (eg. 'rat-running').

Also, in noting the proposals affecting taxis and private hire vehicles and the need to ensure a consistency of approach for such vehicles whether they be registered with Leeds or with another Authority, Members highlighted that it was essential for the Government to establish a national register for such vehicles, with it being noted that confirmation had been received from Government that they were working to address this issue, whilst Members also highlighted that the Local Government Association were making representations to Government on such matters.

In addition, Members also noted that a substantial funding package was also being sought from Government in order to help facilitate the introduction of the related measures.

Responding to a Member's enquiry, it was undertaken that at the appropriate stage, liaison could take place with community groups in order to provide guidance around CAZ compliancy and exemption categories.

**RESOLVED –**

- (a) That approval be given to entering into a period of statutory public consultation on the proposed clean air zone and the enforcement of anti-idling;
- (b) That approval be given to entering into a period of public consultation on the introduction of the enforcement of anti-vehicle idling;
- (c) That approval be given to entering into a period of consultation with regard to the proposed changes to the licensing conditions for taxis and private hire vehicles;
- (d) That the necessary authority be delegated to the Director of City Development in order to enable the Director to procure for the required infrastructure, with the necessary 'authority to spend' also being provided to the Director, once funding from government has been secured;
- (e) That the necessary authority be delegated to the Director of Resources and Housing in order to enable the Director to procure for the administration of the taxi and private hire loan, with the necessary 'authority to spend' also being provided to the Director, once funding from government has been secured;
- (f) That approval be given to exempt the resolutions contained within this minute from the Call In process, on the grounds of urgency, as detailed in section 4.5.6 of the submitted report, in order that the Council achieves the closest legitimate date for submission in compliance with the Direction;
- (g) That a further report be submitted to the 25<sup>th</sup> July 2018 meeting of the Board which sets out a broader range of proposals not covered by the CAZ, for the improvement of air quality throughout the city;
- (h) That it be noted that a further report will be submitted to Executive Board on 19<sup>th</sup> September 2018 in order to report on the outcomes of the statutory consultation as, referenced within resolution (a) above.

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



(The Council's Executive and Decision Making Procedure Rules state that a decision may be declared as being exempt from the Call In process if it is considered that any delay would seriously prejudice the Council's, or the public's interests. In line with this, the resolutions contained within this minute were exempted from the Call In process, as per resolution (f) above, and for the reasons as detailed within section 4.5.6 of the submitted report, in order that the Council achieves the closest legitimate date for submission in compliance with the Direction)

## **REGENERATION, TRANSPORT AND PLANNING**

### **16 Design and Cost Report, Proposed Refurbishment, West Yorkshire Playhouse and Public Realm Works**

Further to Minute No. 57, 20<sup>th</sup> September 2017, the Director of City Development submitted a report which provided a summary of the progress made to date on the proposed works to the Playhouse and the public realm redevelopment and enhancement works at Gateway Court and Playhouse Square. The submitted report also sought approval to inject additional funding into existing Capital Scheme Nos. 32019 and 32804 and to authorise expenditure on the proposed works to the Playhouse and public realm works.

Members were supportive of the proposals, and highlighted the important role of the Playhouse in the cultural offer of Leeds. In discussing the redevelopment and the future role of the Playhouse, emphasis was placed upon the need to ensure that it was an inclusive and accessible asset for the whole city.

Responding to a Member's comments, clarification was provided that the Playhouse continued to produce work, whilst the redevelopment was taking place, with a briefing being offered to the Member in question.

Finally, it was noted that the theatre had recently been renamed the 'Leeds Playhouse'.

#### **RESOLVED –**

- (a) That an injection of £1.280m into the existing Capital Scheme No. 32019 towards the cost of refurbishing and reconfiguring the West Yorkshire Playhouse, be authorised;
- (b) That a fully funded injection of £550,000 from the West Yorkshire Playhouse into the existing Capital Scheme No. 32019 towards the cost of refurbishing and reconfiguring the West Yorkshire Playhouse, be authorised;
- (c) That 'Authority to Spend' of £1.830m from Capital Scheme No. 32019 towards the cost of refurbishing and reconfiguring the West Yorkshire Playhouse, be approved;
- (d) That an injection of £0.160m into existing Capital Scheme No. 32804 towards the cost of the proposed public realm redevelopment and

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enhancement works at Gateway Court and Playhouse Square, be authorised;

- (e) That 'Authority to Spend' of £0.160 from Capital Scheme No. 32804 for the proposed public realm redevelopment and enhancement works at Gateway Court and Playhouse Square, be approved;
- (f) That subject to consultation being undertaken with the Executive Member for Economy and Culture, the necessary authority be delegated to the Director of City Development and the Chief Officer Financial Services in order to negotiate and approve the final terms associated with the receipt of the West Yorkshire Playhouse's financial contribution to the proposed works to refurbish and reconfigure the playhouse building;
- (g) That approval be given to exempt the resolutions contained within this minute from the Call In process, for the reasons of urgency as detailed within sections 4.5.1 – 4.5.2 of the submitted report, and as it is considered that any delay in implementing such resolutions will prejudice the Council's interests;
- (h) That the following be noted:-
  - (i) The actions required to implement the above resolutions;
  - (ii) The proposed timescales to progress the project, as detailed in paragraph 3.9 of the submitted report; and
  - (iii) That the Chief Officer, Culture and Sport will be responsible for the implementation of such matters.

(The Council's Executive and Decision Making Procedure Rules state that a decision may be declared as being exempt from the Call In process if it is considered that any delay would seriously prejudice the Council's, or the public's interests. In line with this, the resolutions contained within this minute were exempted from the Call In process, as per resolution (g) above, and for the reasons as detailed within section 4.5.1 – 4.5.2 of the submitted report, as it is considered that any delay in implementing the decisions will prejudice the Council's interests)

## **17 Submission of the Leeds Core Strategy Selective Review**

Further to Minute No. 131, 7<sup>th</sup> February 2018, the Director of City Development submitted a report which sought approval from Executive Board to recommend to Council that it approved the Core Strategy Selective Review (CSSR) alongside supporting material and evidence for the purposes of submission to the Secretary of State, so that it may be subject to independent examination by the Planning Inspectorate.

Prior to the meeting, Board Members were in receipt of supplementary information which provided the Board with the individual outcomes from the respective consideration of the CSSR by Development Plan Panel and also Scrutiny Board (Infrastructure, Investment & Inclusive Growth), both of which met to consider this matter respectively on 20<sup>th</sup> June 2018.

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## RESOLVED –

- (a) That the representations made in response to the recent consultation on the proposed submission draft CSSR documents “Publication Draft” (under Regulation 19 of The Town and Country Planning (Local Planning) (England) Regulations 2012), be noted; and that the consequential changes made to the policies, which as amended now form the Core Strategy Selective Review Submission Draft Plan, also be noted;
- (b) That the individual resolutions of Development Plan Panel and Scrutiny Board (Infrastructure, Investment & Inclusive Growth), following their respective meetings on 20<sup>th</sup> June 2018, be noted;
- (c) That the following be recommended to Council:-
  - a) To approve the Submission Draft of the Core Strategy Selective Review (**Appendix 1 to the submitted report**) for independent examination, pursuant to Section 20 of the Planning and Compulsory Purchase Act 2004, as amended;
  - b) To approve the Sustainability Appraisal Report (**Appendix 2 to the submitted report**) in support of the Plan, along with supporting evidence and background documents, for Submission to the Secretary of State for independent examination, pursuant to Section 20 of the Planning and Compulsory Purchase Act 2004, as amended;
  - c) To grant authority to the independent inspector appointed to hold the Public Examination, to recommend modifications to the Submission Draft Plan, pursuant to Section 20 (7C) of the Planning and Compulsory Purchase Act 2004, as amended;
  - d) To delegate necessary authority to the Chief Planning Officer, in consultation with the relevant Executive Member, to:-
    - (i) approve the detail of any updates or corrections to the submission material and any further technical documents and supporting evidence required to be submitted alongside the revised Submission plan for consideration at future hearing sessions;
    - (ii) continue discussions with key parties and suggest to the Inspector any edits and consequential changes necessary to be made to the revised Submission Draft Core Strategy Selective Review following Council approval during the Examination; and
    - (iii) prepare and give evidence in support of the revised Submission Plan at Examination.

(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)

## **18 White Rose and Millshaw Industrial Estate**

The Director of City Development submitted a report which set out emerging proposals for significant investment and redevelopment on behalf of the owners of land at the White Rose Office Park and Millshaw Industrial Estate. In addition, the report also provided details of opportunities that this proposal would present for the further development of inclusive growth and regeneration in South Leeds.

Members welcomed the proposal as submitted, highlighted the significant potential for the development in terms of economic growth and job creation, and emphasised the linkages to the Leeds Inclusive Growth Strategy.

With regard to a reference within the submitted report to the Leeds Public Transport Investment Programme, it was clarified that it was intended to submit an update report on the programme to the 25<sup>th</sup> July 2018 Board meeting.

### **RESOLVED –**

- (a) That the Board's in-principle support be provided for the repurposing of the Millshaw estate as part of a joined up approach to development with the White Rose Office Park, in order to deliver significant inclusive growth benefits to the South Leeds, as set out at paragraphs 3.4 – 3.11 of the submitted report;
- (b) That the planning matters to be addressed by the landowners in bringing forward and delivering a master plan for the White Rose Office Park and Millshaw estate, as set out at paragraphs 3.12 – 3.16 of the submitted report, be noted;
- (c) That confirmation be provided that Council-owned land within and adjoining the Millshaw estate should be considered for inclusion within the master planning exercise on a 'without prejudice' basis, as set out within paragraphs 3.22 – 3.25 of the submitted report, with it being noted that the Head of Regeneration is responsible for the co-ordination of the Council's interests in this respect.

## **HEALTH, WELLBEING AND ADULTS**

## **19 Provision of a Loan Facility to Donisthorpe Hall Nursing Home**

The Director of Resources and Housing and the Director of Adults and Health submitted a joint report which sought approval to make a secured loan facility of £350,000 plus accrued interest available to Donisthorpe Hall care home in order to assist with the care provider's financial recovery plan.

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The Board noted the significant work which had been undertaken in respect of the required due diligence processes.

A Member highlighted the Council's role of enabling a mixed economy of care provision for the city, and how the submitted proposals were in line with that role.

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

**RESOLVED –**

- (a) That the provision of a secured loan facility, funded from the Council's balance sheet, from the Council to Donisthorpe Hall care home for the sum of Three Hundred and Fifty Thousand Pounds plus accrued interest, be approved, with this loan facility being allocated and repaid in accordance with the provisions stated in the submitted report and the exempt appendices 2a (including annexe A, B & C) and 2b;
- (b) That the Director of Adults and Health and the Director of Resources and Housing, in conjunction with the City Solicitor and the Chief Officer Financial Services, be authorised to ensure that the Board's resolution (above) is implemented.

**20 Short Break Services**

The Director of Adults and Health submitted a report providing details of the outcome of consultation undertaken on short break arrangements, and which sought approval to establish new arrangements to ensure that the Council's short breaks offer was fair, equitable and gave proper weighting to those with the greatest caring responsibility.

Responding to a Member's enquiry in respect of consultation, it was highlighted that the intention was to submit a further report to the Board in due course which provided further detail on the number of users which would be affected by the proposals and how they would be affected.

**RESOLVED –**

- (a) That approval be given to the expansion of the in-house Short Breaks service, so that it can offer short breaks to a greater variety of people and for a wider range of needs;
- (b) That the three tier approach towards having a short break which supports a range of carer needs, be approved;
- (c) That approval be given to the gradual withdrawal of the Outreach Service over time, in order to facilitate resolution (b) above, with it being noted that people's short breaks will be maintained through alternative arrangements when their sessional worker leaves / retires;

- (d) That further consultation be undertaken on a revised service specification for the Community-based Respite service, including referral pathway and service criteria;
- (e) That it be noted that the Community-based respite service and the Outreach Service are not the only way that people with eligible social care needs may have a break, and that people may choose to have a personal budget in order to arrange a short break that suits them and the cared-for person;
- (f) That it be noted that the Director of Adults and Health is responsible for the implementation of such matters.

## **21 Leeds' Commitment to Carers**

Further to Minute No. 23, 21<sup>st</sup> June 2017, the Director of Adults and Health submitted a report which provided an update on the progress which had been made by the Council and the Leeds Carers' Partnership in relation to the Leeds Commitment to Carers initiative.

The Board welcomed Val Hewison, Chief Executive of the 'Carers Leeds', organisation who was in attendance and provided the Board with an update on the progress made by the initiative over the past 12 months, highlighted the areas where progress was still required and provided further information on the crucial role played by the many carers throughout the city. In addition, as part of the ambition to make Leeds the best city for carers, an offer was made for further liaison to take place with each Council directorate in order to raise greater awareness in this area.

Members supported the range of actions being taken whilst noting that there was still further work to do in this field. In addition, Members highlighted the importance of providing adequate support to all carers, with reference being made to Council employees. Emphasis was also made to the link between being a carer and the impact that that could have upon an individual's mental health.

### **RESOLVED –**

- (a) That the progress which has been made to date by the Council and the Leeds Carers' Partnership in relation to the Leeds Commitment to Carers, be noted;
- (b) That approval be given to continue the promotion of the Leeds Commitment to Carers initiative across Leeds City Council directorates and also Elected Member Lead Portfolio areas.

## **22 Leeds Health and Wellbeing Board: Reviewing the Year 2017-18**

The Director of Adults and Health submitted a report presenting the 'Leeds Health and Wellbeing Board: Reviewing the Year 2017-2018', which served as an annual review and roundup of the range of activity commissioned or

directed by the Board, which had been guided by the Leeds Health and Wellbeing Strategy 2016-2021.

Responding to a Member's enquiry regarding the several specific issues which had been identified within the Director of Public Health's Annual Report for 2017/18, the Board noted that it was expected that such issues would feature upon the future work programme of the Health and Wellbeing Board.

**RESOLVED** – That the contents of the submitted report, together with the contents of the appended *Leeds Health and Wellbeing Board: Reviewing the Year 2017-2018* document, be noted, with the following being specifically highlighted:

- The successes achieved in Leeds to bring together effective partnerships/deliver major programmes of change such as the Improved Better Care Fund and Local Care Partnerships;
- Achieving the position as the 'Best Core City for Health and Wellbeing';
- Leeds' increasing influence in West Yorkshire and nationally via the power of our strengths and assets with a community focused approach towards health and care integration;
- Leeds' priority to improve the health of the poorest the fastest and address the social determinants of health (employment, housing, inclusion, community); and
- The additional challenges of delivering the health and care agenda despite ongoing austerity settlements.

## **CHILDREN AND FAMILIES**

### **23 Leeds Safeguarding Children Board Annual Report (2017/18): Evaluating the Effectiveness of Safeguarding Arrangements in Leeds**

The Independent Chair of the Leeds' Safeguarding Children Partnership submitted a report which presented the key findings from the Partnership's Annual Report for 2017/18.

The Board welcomed Dr. Mark Peel, Independent Chair of the Leeds Safeguarding Children Partnership, who was in attendance at the meeting in order to introduce the key points of the annual report and to highlight key priorities.

Responding to a Member's enquiry, the Board noted the view of the Independent Chair when considering the effectiveness of the procedures in place to exchange information between Leeds and other Local Authorities / agencies when dealing with cases which crossed the Local Authority's boundary, who confirmed that he believed that robust processes were in place.

Also in response to a Member's enquiry regarding the capacity in Leeds to deal with continuing and emerging issues around the protection of children and young people, the Independent Chair advised that he did not detect any negative impact in the safeguarding provision in Leeds as a result of the

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resource being provided to Kirklees Council, as part of the Partners in Practice programme. Further to this, the Director of Children and Families advised the Board that a period of 3 years had been identified for Leeds' involvement in Kirklees which included a tapering of support, and it was also highlighted that agreement had now been reached with the Department for Education (DfE) for Kirklees to look to recruit their own Director of Children's Services. It was also noted that Leeds was in regular contact with the DfE on such matters.

Following a specific request, the Independent Chair undertook that the Partnership would carry out a piece of work around the 'Early Help' strategy in respect of those children and families who required support, with it being highlighted that although demand for such support was high, a number of schools in the city were withdrawing support for Clusters, through which a number of related services were focussed. It was noted that the outcomes from that piece of work would be provided to Board Members as appropriate, with it also being suggested that it may be appropriate to raise this matter with the Department for Education.

In conclusion, the Chair paid tribute to the vital work of the Leeds Safeguarding Children's Partnership.

**RESOLVED –**

- (a) That the contents of the submitted cover report together with the contents of the appended Leeds Safeguarding Children Partnership Annual Report (2017-18) be noted, together with the identified safeguarding priorities for the city, as detailed within the Annual Report;
- (b) That the Leeds Safeguarding Children Partnership be requested to carry out a piece of work around the 'Early Help' strategy in respect of those children and families who required support, with it being highlighted that although demand for such support was high, a number of schools in the city were withdrawing support for Clusters, through which a number of related services were focussed, with the outcomes from that piece of work being provided to Board Members as appropriate.

**24 Annual Report of the Fostering Service and Annual update of the Statement of Purpose.**

Further to Minute No. 29, 17<sup>th</sup> July 2017, the Director of Children and Families submitted a report which presented the annual report of the fostering service and which sought approval of the revised statement of purpose for Leeds City Council's Fostering Service.

**RESOLVED –**

- (a) That the Statement of Purpose for Fostering Services for Leeds City Council, as appended to the submitted report, be approved;
- (b) That the contents of the annual Fostering report, as submitted, be noted, with the Board confirming its continued support for the work of

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the adoption and fostering service which aims to ensure that children receive the best possible support.

**25 Annual Report of the One Adoption West Yorkshire & Statement of Purpose.**

Further to Minute No. 29, 17<sup>th</sup> July 2017, the Director of Children and Families submitted a report which presented the annual report of One Adoption West Yorkshire (OAWY), as required by the National Minimum Standards 2011. Specifically, the report sought approval of the revised Statement of Purpose for OAWY.

**RESOLVED –**

- (a) That the Statement of Purpose for One Adoption West Yorkshire, as appended to the submitted report, be approved;
- (b) That the annual adoption report, as appended to the submitted report, be noted, with the Board confirming its continued support for the work of OAWY, which aims to ensure that children receive the best possible support.

**LEARNING, SKILLS AND EMPLOYMENT**

**26 Councillor Pryor**

At the commencement of the reports within his portfolio, the Chair welcomed Councillor Pryor, given that this was the first Executive Board meeting which he had attended since his recent appointment to the position of Executive Member for 'Learning, Skills and Employment'.

**27 The Annual Standards Report 2016-17**

The Director of Children and Families submitted a report which presented the progress made towards Leeds becoming the best city for learning. The report outlined Leeds' current position in relation to the associated strategy and the actions that had been taken to ensure that all children in Leeds, including those affected by poverty and other disadvantages were supported to help them achieve their potential.

Responding to a Member's enquiry, the Board received further information on the range of ongoing actions being taken to narrow the gap between advantaged and disadvantaged learners, which included details of the 'Advantaging the Disadvantaged' strategy and the work of the Child Poverty Impact Board.

In noting the recent appointment of a new Deputy Director (Learning), who was due in post in the Autumn, it was suggested that a piece of work that looked at further tackling such matters be developed in readiness for the new Deputy Director, so that they could pick it up as a priority.

Also, responding to an enquiry, the Board received details regarding the processes and timescales by which Educational Health and Care Plans for SEND (Special Educational Needs and Disability) learners were put in place.

**RESOLVED –**

- (a) That the contents of the submitted report, together with the Annual Standards Report, as appended, which details the outcomes of Leeds children and young people in the 2016 / 2017 academic year, be noted;
- (b) That the expectations for future developments in learning and the ways that Leeds intends to diminish differences between key groups across the city; including those pupils with pupil premium funding, SEND (Special Educational Needs and Disability) or within a minority group, be noted;
- (c) That the provision of ongoing support, challenge and intervention in Leeds be approved, in order to ensure that progress continues to be made towards Leeds becoming the best city for learning.

**28 Learning Places Programme - Request for Approval to Inject Basic Need Funding to Expand the Co-operative Academy of Leeds**

The Director of the Director of Children and Families submitted a report regarding proposals as part of the Learning Places Programme scheme to increase the Pupil Admissions Number at The Co-operative Academy of Leeds from 180 to 240 from September 2019, which would create an additional 300 places across years 7 – 11. In addition, the submitted report sought approval to undertake related capital expenditure.

**RESOLVED –**

- (a) That 'Authority to spend' on the Learning Places Programme for the expansion of The Co-operative Academy of Leeds at a total value of £4.1m, as detailed within the submitted report, be approved;
- (b) That it be noted that it is currently envisaged that the scheme will be completed by October 2019, however it is also noted that discussions are ongoing between all parties to look at ways in which to bring this date forward to September 2019;
- (c) That it be noted, that if the required works cannot be completed by September 2019, a contingency plan will be developed to ensure that the Academy is able to accommodate the additional pupil numbers;
- (d) That it be noted that the Chief Officer, Asset Management and Regeneration is responsible for the delivery of the scheme.

**29 Outcome of consultation to increase learning places at Moor Allerton Hall Primary School**

Further to Minute No. 138, 7<sup>th</sup> February 2018, the Director of Children and Families submitted a report which detailed the outcome of the consultation undertaken regarding proposals to permanently expand primary school provision at Moor Allerton Hall Primary School from 2 form entry to 3 form entry and which sought permission to publish a Statutory Notice in respect of such proposals.

Responding to an enquiry, assurance was provided to the Board that the proposals being put forward were not simply a short term measure for that area.

Prior to the meeting, Board Members were in receipt of a re-circulated version of the submitted cover report, as it had been noted that parts of sections 3.13-3.14 and 4.3 of the original version had been either mis-formatted or had some text missing.

Having taken the resubmitted version of the cover report into consideration, it was

**RESOLVED –**

- (a) That the publication of a Statutory Notice on a proposal to permanently expand primary provision at Moor Allerton Hall Primary School from a capacity of 420 pupils to 630 pupils, with an increase in the admission number from 60 to 90, with effect from September 2019, be approved;
- (b) That it be noted that the previous proposals to form a through-school by joining together Moor Allerton Hall Primary School with Allerton Grange School, and to expand primary provision as part of that through-school, are not to be taken forward;
- (c) That approval be given to exempt the resolutions within this minute from the Call In process, for the reasons as set out within paragraph 4.5.2 of the submitted report;
- (d) That it be noted that the responsible officer for the implementation of such matters is the Head of Learning Systems.

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

(The Council's Executive and Decision Making Procedure Rules state that a decision may be declared as being exempt from the Call In process if it is considered that any delay would seriously prejudice the Council's, or the public's interests. In line with this, the resolutions contained within this minute were exempted from the Call In process, as per resolution (c) above, and for the reasons as detailed within section 4.5.2 of the submitted report)

**30 European Structural and Investment Funds Programme 2014-2020: Supporting Young People into the Labour Market**

The Director of City Development submitted a report which sought authorisation to commit a maximum of £1.8m Council match-funding in order to deliver the Leeds element of the Leeds City Region Employment Hub Project (Routeways) and 'Not in Education, Employment or Training' (NEET) Youth Engagement and Progression (YEP) Projects. The submitted report highlighted how such projects would result in investment of up to £3.8m in the

city and £14m across the Leeds City Region, part funded by the European Structural and Investment Fund (ESIF).

**RESOLVED –**

- (a) That the Council, as a Delivery Partner, be authorised to work with:-
  - (i) the West Yorkshire Combined Authority under a Service Level Agreement, to deliver the Leeds City Region Employment Hub Project (Routeways), as part of the ESIF Sustainable Integration of Young People into the Labour Market Programme; and
  - (ii) City of Bradford Metropolitan District Council under a Service Level Agreement, to deliver the YEP Project, as part of the ESIF Sustainable Integration of Young People into the Labour Market Programme.
- (b) That the following total expenditure be approved:-
  - (i) up to £1.4m by the Council inclusive of £0.7m maximum match funding to deliver the Leeds element of the YEP project over the next three years, 2018-2021;
  - (ii) up to £2.1m by the Council inclusive of £1.1m maximum match funding to deliver the Leeds element of the Routeways project over the next three years, 2018-2021;
- (c) That it be noted that the Head of Projects and Programmes in the Employment and Skills Service will be responsible for the implementation of both projects in Leeds, which are anticipated to commence by August 2018 and be completed by August 2021.

**31 LGBT+ Inclusive City**

Further to Minute No. 105, 7<sup>th</sup> November 2012, the Director of Communities and Environment submitted a report which provided an update on the progress made over the past 6 years since the LGBT+ Friendly City report was considered by the Board. In addition, the report highlighted the work of the re-launched LGBT+ Hub and the Council's LGBT+ Staff Network in contributing towards the development of the agenda alongside partners in the public, Third and Business Sectors.

**RESOLVED –**

- (a) That the current and ongoing work undertaken to make Leeds an LGBT+ Inclusive City be noted, and that support be provided to the LGBT+ Hub in developing and maintaining a forward work programme, together with success measures which reflect the work streams outlined within the submitted report and appendix. It is also noted that the work programme is to be co-produced and owned between the LGBT+ Hub and the LGBT+ community;
- (b) That support be given to the cross city partnership approach that has developed between the Council, other public bodies, the Third and Business Sectors to deliver on the Inclusive City agenda;

- (c) That support be given to the work undertaken to address the lack of LGBT+ community infrastructure within the city relative to other major urban areas;
- (d) That continued support be given to the leadership role of senior officers, Elected Members and partners in taking forward the LGBT+ equality agenda, with recognition being given to the significant positive impact that the work of champions and allies has in delivering outcomes;
- (e) That the intention for the LGBT+ Hub to develop a forward work programme with a 5 year prioritised timeframe, be noted, together with the fact that the responsibility for supporting the associated resolutions arising from this report will sit with the Director of Communities and Environment and Chief Officer Communities.

**DATE OF PUBLICATION:**

FRIDAY, 29<sup>TH</sup> JUNE 2018

**LAST DATE FOR CALL IN  
OF ELIGIBLE DECISIONS:**

5.00PM, FRIDAY, 6<sup>TH</sup> JULY 2018

# Public Document Pack

## HEALTH AND WELLBEING BOARD

THURSDAY, 14TH JUNE, 2018

**PRESENT:** Councillor R Charlwood in the Chair

Councillors S Golton, P Latty and E Taylor

### **Representatives of Clinical Commissioning Group**

Dr Gordon Sinclair – Chair of NHS Leeds Clinical Commissioning Group  
Phil Corrigan – Chief Executive of NHS Leeds Clinical Commissioning Group  
Dr Alistair Walling – Chief Clinical Information Officer of Leeds City and NHS Leeds Clinical Commissioning Group

### **Directors of Leeds City Council**

Dr Ian Cameron – Director of Public Health  
Cath Roff – Director of Adults and Health  
Chris Dickinson – Children and Families

### **Representative of NHS (England)**

Anthony Kealy - NHS England

### **Third Sector Representative**

Heather Nelson - Black Health Initiative

### **Representative of Local Health Watch Organisation**

Dr John Beal - Healthwatch Leeds

### **Representatives of NHS providers**

Dr Phil Wood - Leeds Teaching Hospitals NHS Trust

### **Representative of Leeds GP Confederation**

Jim Barwick – Chief Executive of Leeds GP Confederation

## **1 Welcome and introductions**

The Chair welcomed all present to the meeting and brief introductions were made. Noting the new Board membership, Councillor Charlwood thanked former Board members, Dr Jason Broch, Tanya Matilainen, Nigel Gray and Councillor Coupar for their work on the Board.

Additionally, the Chair welcomed the news that former Board member Councillor G Latty is the 2018/19 Lord Mayor had chosen St Gemma's Hospice as the Lord Mayors Charity for this year.

Councillor Charlwood welcomed new Board members Councillors P Latty and E Taylor and Dr J Beal to their first meeting, along with Jim Barwick and Dr Alistair Walling as new appointments made by the Board.

## **2 Appeals against refusal of inspection of documents**

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

Draft minutes to be approved at the meeting  
to be held on Wednesday, 5th September, 2018



**3 Exempt Information - Possible Exclusion of the Press and Public**

The agenda contained no exempt information.

**4 Late Items**

No formal late items of business were added to the agenda, however the Board was in receipt of an additional appendix to Item 9 “Priority 2 – An Age Friendly City where people Age Well” which had been omitted in error from the agenda papers. (minute 9 refers)

**5 Declarations of Disclosable Pecuniary Interests**

There were no declarations of disclosable pecuniary interest.

**6 Apologies for Absence**

Apologies for absence were received from Moira Dumma, Steve Walker, Sara Munro, Julian Hartley, Thea Stein and Supt. Sam Millar. The Board welcomed Chris Dickinson (LCC Children & Families) and Dr Phil Wood (LTHT) as substitutes.

**7 Open Forum**

Older People references - John Puntis, Leeds Keep Our NHS Public, welcomed the Age Friendly discussion but expressed his concern that the language used to describe older people in the media and publications suggesting that older people were the cause of the ill health of the NHS was factually incorrect. He sought support for further emphasis on the valuable contribution older people make and for this to be recognised throughout the media and relevant publications.

**8 Minutes**

**RESOLVED** – That, subject to an amendment to the attendance list to correctly refer to Hannah Howe, the minutes be agreed as a correct record.

**9 Priority 2 - An Age Friendly City Where People Age Well**

Lucy Jackson, Consultant in Public Health (Older People), introduced the report which focussed on Priority 2 of the Leeds Health and Wellbeing Strategy and highlighted the work streams and consultation undertaken with older people. It was reported that 31,000 older people lived in the most deprived areas of Leeds, and their priorities and needs were very different depending on where they lived. A focus for the Health and Wellbeing Board (HWB) would be to reflect the Strategy seeking to make the health of the most deprived improve the fastest.

The International Day of Older People would be celebrated on 1st October 2018 and members noted the request for them to sign up in support.

Joanne Volpe reported on the Memorandum of Understanding – part of a 5 year partnership between LCC, Leeds Older Peoples Forum and the Centre for Better Ageing. Of the seven key issues identified by the World Health Organisations, 3 priority areas had been identified by Leeds older people:

Community Transport – Consultation had identified that there were a number of providers which presented older people with a complicated contact process for booking journeys. A business case for funding had been submitted to Leeds Passenger Transport Improvement programme (LPTIP) seeking to implement a pilot scheme to bring all the providers under one telephone number contact point to better connect service users with multiple providers. The Board was assured that the scheme would not replace existing provision and were asked to consider how members could support this.

The Board noted that Leeds Teaching Hospital Trust (LTHT) was undertaking a review of patient transport which could link to the initiative, and noted comments seeking assurance that the pilot scheme would take account of local needs. Comments identified that although St James's and Leeds General Infirmary provided shuttle buses for staff between the two sites, patients had to use public transport; community transport provision buses had limited space for wheelchair users; and the new contact number should not have multiple choice questions.

Community Contributions – Statistics showed that the uptake of volunteering was lower in areas of deprivation. The Board was asked to consider how it could encourage informal volunteering and how the findings could inform the evolving Local Care Partnerships.

Comments reiterated that the involvement of the Third Sector was at the core of the Local Care Partnerships, but identified that it would be useful for the Board to receive a breakdown of the data to identify those areas where Board support could bring added value. Discussion considered the process for volunteers to get involved; the role of Leeds Carers Association; local faith communities and the involvement of younger and older people.

Housing Strategy – The key issue raised was that most older people preferred to remain in their own home for as long as possible; and sought to ensure that older people knew the options available for them and where to access information/support to remain at home.

Discussion identified the need to respond to older peoples' housing needs in the local Development Plan documents for Leeds, to encourage development of a mix of suitable homes, including bungalows, with a higher volume of affordable, accessible homes and an adequate private-rented sector. The Board noted comments that developers did not regard this provision as commercial, however wider discussions on how the population will age and how support for older people's independence is provided could draw them into the ambition. There is a need to consider the wider design of communities – thinking beyond the dwelling to the neighbourhood – when planning for later life. Future work must consider the wider aspects of wellbeing. The Board noted the intention to provide approximately 1000 extra care homes/units during the next 2 years and considered whether it would be appropriate for a housing representative to join the Board.

The Board additionally identified that the Age Friendly Charter:

- provided an opportunity to focus attention and raise issues over how the Board aims to achieve Age Friendly Leeds;
- promotes inter-generational work, ensuring older people are aware of their responsibilities as well as young people acknowledging their future responsibilities;
- challenges stigma.

Come in and Rest Campaign – Led by Time To Shine, which sought to encourage older and socially isolated people to come into town - through the provision of “rest-stops” for older people to take short breaks - 117 businesses and organisations had signed up to the initiative. Further information on other use-able buildings for the initiative from members would be welcomed. Dr Walling suggested that this be promoted in every GP practice in Leeds and Jim Barwick offered to help publicise the campaign in GP surgeries and it was suggested that the LCC Community Committees could also publicise the initiative.

Measuring achievement – Monitoring of the Age Friendly pledges would allow measurement of achievements, and seek to ensure that signatories understood their commitment to the Charter and acted upon it.

Digital Literacy – The Age Friendly documents should reference the importance of digital literacy for older people for them to connect with services, commissioning and education, particularly the move to Person Held Records

#### **RESOLVED -**

- a) To recognise the impact of the Age Friendly programme of work as detailed in the Annual Report.
- b) To recognise that the Age Friendly programme of work is a good example of cross council and partnership working to maximise impact and outcomes for the citizens of Leeds.
- c) To consider specifically how the partnership with the Centre for Ageing Better could use the findings from its research on community contribution to support ‘Leeds Left Shift’ ambition to motivate and boost the abilities of communities to increase wellbeing of local older people from BME communities.
- d) To consider how the partnership work on community transport could align with and strategically inform any future plans for transport within health.
- e) To consider what key issues are needed to shape the Information and Advice on Housing Options work programme, and specifically how this can be integrated with health and care services.

## **10 Leeds Commitment to Carers**

Val Hewison, Chief Executive of Carers Leeds, introduced the report which detailed the variety of activity that has taken place since the HWB endorsed the Leeds Commitment to Carers campaign in February 2017.

Key milestones included:

- The campaign now had 45 pledges from businesses and organisations across the city;
- The Leeds CCG provided funding for a participation worker to be employed by Carers Leeds;
- Understanding that the average age of a carer in Leeds is between 35 and 55 years old, which dispels the myth that carers tend to be elderly, and presents an argument to further consider the financial impact on carers of working age;
- The Carers Action Plan 2018-20 was recently published by the Department of Health and Social Care, which details 64 actions across 5 priorities;

The Chair queried how Carers are identified and was informed that schools and GPs are currently the main source of referrals. The Chair reinforced the Board's support to Leeds Carers' week which was currently taking place, and informed members of the intention to take a report to Leeds City Council's Executive Board on 27th June 2018 to seek further support for unpaid carers in Leeds and the crucial role they play in sustaining health and social care in the city.

**RESOLVED –**

- a) To note the progress to date that has been made by the Leeds Carers Partnership;
- b) To note the opportunity to advance the carers agenda provided by the development of Local Care Partnerships;
- c) To note that the Leeds Commitment to Carers is not the only way we are improving identification, recognition and support for unpaid carers in Leeds.
- d) To encourage Health and Wellbeing Board member organisations to promote the Leeds Commitment to Carers.

**11 Update on the Leeds Cancer Programme**

The Board considered the report of the Leeds Integrated Cancer Services Programme Board, presented by Professor Sean Duffy and Doctor Sara Forbes.

Following the launch of the National Cancer Taskforce Strategy in 2015, the cancer system across Leeds signed up to working as an integrated system to deliver change. The report shared progress to date in response to the local and national challenges set; public and patient engagement and work programme updates. The key priorities were highlighted as:

- Prevention and awareness
- Early diagnosis
- Living beyond cancer
- Provision of a high quality modern service

Additionally, support was sought to explore the opportunity to develop cancer aware communities aligned with the emerging primary care delivery models through Local Care Partnerships. The Board's discussions covered the following matters:

- The correlation between diagnosis and areas of deprivation, and how the use of statistical information will inform use of resources
- The impact of new developments in medication and treatment on future treatment sites
- The role of pharmacists and dentists in early diagnosis
- Community engagement, noting that some community uptake was low, with language perhaps being a barrier to access.

Members identified the following actions proposed to take forward work to support the Strategy:

- Presentation of the Strategy to LCC Community Committees to further engage and inform residents, particularly in areas of deprivation where there was a correlation with diagnosis
- Links to the elective prescribing system being developed by LTHT which could identify risky behaviours
- Links and contact details for local communities to be provided for future engagement work

**RESOLVED –**

- a) To note the progress, outcomes and actions taken to date in the Leeds Cancer Programme
- b) To note the contents of the discussions which may inform the development of a vision for cancer aware communities
- c) To support engagement with communities and constituents

## **12 UNICEF UK Baby Friendly Initiative in Leeds**

Sally Goodwin-Mills, Advanced Health Improvement Specialist (LCC), introduced the report highlighting the progress of work in relation to the UNICEF Baby Friendly Initiative (BFI) and how it supports the Health and Wellbeing Strategy 2016-21. Members were provided with a presentation outlining the long term benefits of breast feeding both for mother and baby, and the role breast feeding has in ensuring that every child has the 'best start' in life:

- Leeds breastfeeding rates were just below the national average,
- In Leeds 50% of mothers who breastfeed, continue to do so past 6 months
- The baby friendly initiative also provided advice and support for safe bottle feeding
- One of the aims of the presentation was to make the Board aware of the International Code of Marketing of Breastmilk substitutes, which regulates the marketing of breast-feeding substitutes and to highlight that the UK law is significantly weaker than the Code

In conclusion, the Board noted that as part of the UNICEF global programme, all Leeds Teaching Hospital Trust staff had received relevant training and joint work between Public Health and Health Visiting had been undertaken towards the BFI Gold Award.

The Chair commented on the importance of making space available for breast-feeding and noted there were a number of factors which prevented new mothers continuing to breast-feed once they were at home with baby.

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Wider discussions should consider the support structure at home, the rest of new baby's family and what Board members and LCC could do to support the family.

**RESOLVED -**

- a) To retain an awareness of the importance and value of breastfeeding for the health and wellbeing of families today and for future generations.
- b) Noted the importance of promoting, supporting and protecting breastfeeding policy in all areas where appropriate.
- c) Considered and noted the impact of implementing the Code of Marketing of Breastmilk Substitutes - to protect babies and their families from harmful commercial interests.
- d) To take opportunities to promote a positive breastfeeding culture, to normalise and support city centre venues, public transport, and workplace.
- e) To be aware of challenges and opportunities and communicate these to the BFI Guardian.

**13 Annual Report of the Director of Public Health**

Dr Ian Cameron presented his report – the Annual Report of the Director of Public Health – highlighting the key issues for Leeds as being infant mortality, alcohol related mortality, female alcohol related mortality, male drug related deaths and specifically in older heroin users, male suicides and self-harm by young women.

Dr Cameron also sought to ensure that the work of the Leeds Health and Wellbeing Board fed into the 12 Big Ideas contained in Leeds Inclusive Growth Strategy. In respect of specific statistics and issues contained in the Annual Report, the Board considered the following:

Chronic Vascular Disease (CVD) – In response to a query over what was being done to address CVD as the statistics showed Leeds to record a quarter more incidences than the national average, Dr Cameron provided assurance that Leeds had made improvements during the last 10 years, the gap had narrowed between the most deprived and the most well-off leading to some health improvements

Dental health and tooth decay – Dr Cameron reported that an Oral Health Strategy had been presented to Scrutiny Board (Adults, Health and Active Lifestyles), with work planned to review and compare Leeds results with other authorities – the findings to be reported to the Chair in the first instance with a view to reporting to the Board in the future

Cancer statistics – The lack of improvement in cancer was noted, along with the report that as national definitions were changing, it was not yet possible to undertake comparative work with other authorities

Suicide rates – It was noted that some initiatives were being undertaken, but their success on a local level had yet to be measured. Every suicide where the person was known to service providers triggered an investigation;

however, the numbers involved were too low to undertake a meaningful assessment of whether enough was being done to support those prior to taking their own lives. The Board also noted comments that there were lots of factors to each individual suicide. Looking ahead to the proposed July 2019 workshop (Held jointly with the Health and Wellbeing Board and the Children and Families Trust Board), consideration of the effect of parental suicide, parental health and choices on the children of the family was noted as a theme for discussion.

The Board also noted that the report sought support from members and partners to further reflect on gender differences in health within the services and monitoring arrangements provided by their individual organisations, having regard to the findings of the Annual Report.

**RESOLVED –**

- a) To note the content of the Annual Report of the Director of Public Health and support the recommendations on infant mortality, alcohol related mortality, female alcohol related mortality, male drug related deaths, suicides in men; and self-harm by young women.
- b) To request that Public Health consider the findings of the Public Health England national review into life expectancy and report back to the Board on any implications for Leeds.
- c) To seek to ensure that gender differences in health, experiences and outcomes are incorporated into the forthcoming Joint Strategic Assessment and the subsequent recommendations
- d) To consider how Board member organisations currently reflect gender differences in health in their services and what further actions are needed in relation to the Director of Public Health report.
- e) To consider how Board member organisations currently reflect gender differences in health in their monitoring arrangements and what further actions are needed in relation to the Director of Public Health report.

**14 West Yorkshire and Harrogate Health and Care Partnership Update**

The Board considered the report of the Head of Regional Health Partnerships, Health Partnerships Team providing an update on the West Yorkshire and Harrogate Health and Care Partnership (WY+H HCP). The report noted that on 25th May 2018, NHS England and NHS Improvement jointly announced that WY+H HCP would be one of 4 areas to be part of the Integrated Care System (ICS) Development Programme and outlined some of the information about being part of the ICS in Development Programme.

Rachael Loftus presented the report, highlighting the intention for ICS to both improve outcomes and peoples experience of the care they receive.

Additionally, development of the ICS will focus on:

- Sharing great practice from across the whole system – ensuring that we all benefit from the successful learning and innovation from our near neighbours
- Having a close eye on where there is variation in outcomes across different areas and taking action accordingly, as a system
- Analysing where further investment will significantly increase the pace of change.



Discussions identified the following issues:

- That this approach is about improving the outcomes and service offer for citizens and our communities
- One of the central principles of the partnership is to work locally wherever possible, and determine when we need a critical mass to work at a larger geographical scale
- A more in depth paper and conversation will be coming back to the September Board
- WY+H HCP is recognised as a partnership with strong local government, elected Member and Third Sector representation – this is part of what is allowing us to have the conversations and ability to shape the national agenda locally
- The vision of improving the health of the poorest the fastest is a vital part of the work of this Board; it is nationally recognised and has heavily influenced the approach at West Yorkshire and Harrogate level.

**RESOLVED –**

- a) To note the decision by NHS England and NHS Improvement to include West Yorkshire and Harrogate Health and Care Partnership in the next wave of Integrated Care Systems in Development
- b) To note the intention to provide a further report to the next meeting

**15 For Information: iBCF (Spring Budget) Q4 2017/18 Return and BCF Performance Monitoring Q4 2017/18 Return**

The Board received for information, a copy of the iBCF Spring Budget and the Better Care Fund 2017/18 Quarter 4 returns.

**RESOLVED -**

- a) To note the contents of the Leeds iBCF Quarter 4 2017/18 return to the Ministry for Housing, Communities and Local Government and;
- b) To note the content of the Leeds HWB BCF Performance Monitoring Q4 2017/18 return to NHS England.

**16 For Information: Leeds Health and Care Quarterly Financial Reporting**

The Board received, for information, a report 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 2017/18 end of year position and the 2018/19 financial plans.

**17 For Information: NHS Leeds Clinical Commissioning Groups Partnership Annual Reports 2017-2018**

The Board received an extract from the final NHS Leeds CCG Annual Report 2017-2018 entitled “CCGs role in delivering the Leeds Health and Wellbeing Strategy 2016-2021”, for information.

A final draft of the report had been shared with Members for comment prior to its submission to NHS England by 20<sup>th</sup> April 2018. The report provided assurance that all arrangements agreed at the HWBB meeting on 19<sup>th</sup> February 2018 had been actioned.

Draft minutes to be approved at the meeting  
to be held on Wednesday, 5th September, 2018

**RESOLVED** – To note the extract from the final NHS Leeds CCG Annual Report 2017-2018 “CCGs role in delivering the Leeds Health and Wellbeing Strategy 2016-2021”

**18 Date and Time of Next Meeting**

**RESOLVED** – To note the date and time of the next formal Board meeting as 5<sup>th</sup> September 2018 at 10.00 am (with a pre-meeting for Board members at 9.30 am)