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Leeds CITY COUNCIL

SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on Tuesday, 18th September, 2018 at 1.30 pm

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

MEMBERSHIP

Councillors

C Anderson - Adel and Wharfedale;
J 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

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

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

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
			CONFIDENTIAL AND EXEMPT ITEMS	
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** 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). (* 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).	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1. To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2. To consider whether or not to accept the officers recommendation in respect of the above information. 3. If so, to formally pass the following resolution:- **RESOLVED –** That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows: **No exempt items have been identified.**	

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 - 17 JULY 2018** To consider and approve as a correct record the minutes of the meeting held on 17 July 2018.	3 - 10
7			**SCRUTINY BOARD STATEMENT: ENABLING ACTIVE LIFESTYLES - RESPONSE** To consider a report from the Head of Governance and Scrutiny Support introducing the joint report from the Director of City Development and the Director of Public Health in response to the Scrutiny Board Statement on Enabling Active Lifestyles.	11 - 24

8		10.4(3)	**CARE QUALITY COMMISSION (CQC) - ADULT SOCIAL CARE PROVIDERS INSPECTION OUTCOMES MAY 2018 TO JULY 2018** To consider a report from the Director of Adults and Health presenting details of the Care Quality Commission inspection outcomes for Adult Social Care providers for the period May 2018 to July 2018. *Please note Appendix 2 is designated as exempt from publication under the provisions of Access to Information Procedure Rule 10.4(3).*	25 - 40
9			**COMMISSIONED HOMECARE SERVICES IN LEEDS** To consider a report from the Director of Adults and Health on commissioned homecare services in Leeds.	41 - 50
10			**THE LEEDS HEALTH AND CARE PLAN: POSITION UPDATE** To consider a report from the Director of Adults and Health providing an overview of the progress of the Leeds Health and Care Plan and some of the key developments in progress.	51 - 70
11			**WEST YORKSHIRE AND HARROGATE HEALTH AND CARE PLAN - MEMORANDUM OF UNDERSTANDING** To consider a report from the Head of Governance Services and Scrutiny Support introducing the West Yorkshire and Harrogate Health and Care Plan - Memorandum of Understanding, and associated report, considered by Leeds Health and Wellbeing Board at its meeting on 5 September 2018.	71 - 118

12			**CHAIR'S UPDATE** To receive an update from the Chair on scrutiny activity since the previous Board meeting, on matters not specifically included elsewhere on the agenda.	119 - 120
13			**WORK SCHEDULE** To consider the Scrutiny Board's work schedule for the 2018/19 municipal year.	121 - 150
14			**DATE AND TIME OF NEXT MEETING** Tuesday, 6 November 2018 at 1:30pm (pre-meeting at 1:00pm for all members of the Scrutiny Board).	
			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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CONFIDENTIAL AND EXEMPT ITEMS

The reason for confidentiality or exemption is stated on the agenda and on each of the reports in terms of Access to Information Procedure Rules 9.2 or 10.4(1) to (7). The number or numbers stated in the agenda and reports correspond to the reasons for exemption / confidentiality below:

9.0 Confidential information – requirement to exclude public access

9.1 The public must be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that confidential information would be disclosed. Likewise, public access to reports, background papers, and minutes will also be excluded.

9.2 Confidential information means

(a) information given to the Council by a Government Department on terms which forbid its public disclosure or

(b) information the disclosure of which to the public is prohibited by or under another Act or by Court Order. Generally personal information which identifies an individual, must not be disclosed under the data protection and human rights rules.

10.0 Exempt information – discretion to exclude public access

10. 1 The public may be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that exempt information would be disclosed provided:

(a) the meeting resolves so to exclude the public, and that resolution identifies the proceedings or part of the proceedings to which it applies, and

(b) that resolution states by reference to the descriptions in Schedule 12A to the Local Government Act 1972 (paragraph 10.4 below) the description of the exempt information giving rise to the exclusion of the public.

(c) that resolution states, by reference to reasons given in a relevant report or otherwise, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

10.2 In these circumstances, public access to reports, background papers and minutes will also be excluded.

10.3 Where the meeting will determine any person's civil rights or obligations, or adversely affect their possessions, Article 6 of the Human Rights Act 1998 establishes a presumption that the meeting will be held in public unless a private hearing is necessary for one of the reasons specified in Article 6.

10. 4 Exempt information means information falling within the following categories (subject to any condition):

1 Information relating to any individual

2 Information which is likely to reveal the identity of an individual.

3 Information relating to the financial or business affairs of any particular person (including the authority holding that information).

4 Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or officer-holders under the authority.

5 Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.

6 Information which reveals that the authority proposes –

(a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or

(b) to make an order or direction under any enactment

7 Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime

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SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 17TH JULY, 2018

PRESENT: Councillor H Hayden in the Chair

Councillors C Anderson, D Cohen, J Elliott, J Gibson, G Harper, M Iqbal, S Lay, D Ragan, K Wakefield and A Wenham

Co-optee present – Dr John Beal

14 Appeals Against Refusal of Inspection of Documents

There were no appeals against refusal of documents.

15 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

16 Late Items

There were no formal late items. However, there was some supplementary information provided in relation to Item 7 - NHS Integrated Quality and Performance Report (minute 20 refers)

17 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

18 Apologies for Absence and Notification of Substitutes

Apologies were received from Councillor Flynn, with no substitute present, and apologies from Councillor Harrington, with Councillor Cohen as substitute.

The Scrutiny Board also welcomed Councillor Ragan, who had recently been appointed to the Board, replacing Councillor Dye.

19 Minutes - 26th June 2018

RESOLVED – The minutes of the meeting held on 26th June 2018 be approved as a correct record.

20 NHS Integrated Quality and Performance Report

The Head of Governance and Scrutiny Support submitted a report that introduced the latest available NHS Integrated Quality and Performance Report (IQPR).

The following documents were appended to the report:

- A brief summary of key performance issues from NHS Leeds Clinical Commissioning Group (CCG)
- IQPR Reporting period February 2018
- IQPR Reporting period April 2018 (supplementary information)

The following were in attendance:

- Sue Robins, Director of Operational Delivery, NHS Leeds CCG
- Julian Hartley, Chief Executive, Leeds Teaching Hospitals NHS Trust
- Saj Azeb, Assistant Director of Operations, Leeds Teaching Hospitals NHS Trust

The Director of Operational Delivery gave a brief introduction to the report.

Members discussed a number of matters, including:

- *A&E waiting times*. Members expressed concerns regarding the percentage of patients in A&E seen within 4 hours, which in Leeds was 67.5% against the 95% target in February 2018. Members were assured that the percentage had since increased to over 90% for May and June. Members were further assured that Leeds was in the upper quartile (nationally) for its performance in this area.
- *Winter pressures.* Members were informed that additional funding to support LTHT during the winter period had been used in a number of ways; including the development of a new Frailty Unit, the introduction of a GP within A&E and additional community care beds.
- *Early cancer diagnosis.* Members expressed concerns regarding the underperformance against the national targets for cancer screening, and requested more information around the steps being taken to increase early diagnosis. The NHS representatives advised Members of ongoing work of Professor Sean Duffy and the West Yorkshire and Harrogate Cancer Programme, which included the introduction of the Accelerate, Coordinate, Evaluate (ACE) Programme for multi-disciplinary early diagnosis, and working in partnership with Public Health teams around campaigns to encourage screenings.
- *Personal Health Budgets (PHBs).* Members requested more information regarding of approach taken to encouraging uptake of PHB, considering the low uptake across all areas of the city. The NHS representatives expected a significant increase in patients choosing to manage their own care following Leeds becoming a demonstrator site for the application of the personalisation agenda, along with additional project development by the CCG. Members were also informed that the PHB offer had also recently been extended to adults and children who use wheelchairs, which had significantly increased the most recent figures.
- *Workforce issues.* NHS representatives noted the national challenge of recruiting doctors and nurses, and informed Members that Leeds does

have shortages in certain specialist areas such as Critical Care, where specialist skills are needed. However, Members were also informed that there had been a significant increase in nurses overall in Leeds in the last 5 years. The Board requested that the NHS representatives provide a summary of workforce data for the City – including primary care. The Board also requested a map of the city showing the current location of GPs and GP practices.

- *GP provision in deprived areas.* Members expressed concerns around the amount of GP provision in deprived areas, particularly inner city wards, and the prevalence of people using walk-in centres as they are not registered with a GP. NHS representatives agreed to provide further information to relevant Members.
- *Post-mortems in hospitals.* Members expressed concerns regarding apparent challenges for conducting post-mortems in hospitals during weekend hours. Members were subsequently informed that post-mortems are coordinated by the Coroner's office, rather than the hospital Trust; and more information would be provided on this relationship and associated issues.
- *Future IQPRs.* Members suggested that the emerging local care partnerships be incorporated into future reports. The Board was advised that the report was an emerging document and it was the intention to present information at a local care partnership level as data flows are developed.

RESOLVED –

a) That the report and appendices be noted.
b) That the information requested be provided to the Board.

Cllr Iqbal entered the meeting at 1:40pm during this item.

21 West Yorkshire and Harrogate Health and Care Partnership - Specialist Stroke Services

The Head of Governance and Scrutiny Support submitted a report that introduced 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.

The following information was appended to the report:

- West Yorkshire and Harrogate Health and Care Specialist Stroke Care Programme Update

The following were in attendance:

- Linda Driver, Stroke Services Programme Lead, West Yorkshire and Harrogate Health and Care Partnership
- Karen Coleman, Communications Lead, West Yorkshire and Harrogate Health and Care Partnership

- Jonathan Booker, Business Intelligence Lead, West Yorkshire and Harrogate Health and Care Partnership
- Sue Robins, Director of Operational Delivery, NHS Leeds CCG

The Stroke Services Programme Lead briefly introduced the programme update, highlighting that the main focus of work had been in relation to hyper acute stroke services across West Yorkshire and Harrogate.

Members discussed a number of matters, including:

- *Preventative approach*. Members questioned whether there was a focus on encouraging healthy lifestyles to patients who were at risk of or had recently suffered a stroke, as opposed to medication led. Representatives informed the Board that all local areas have a specific prevention strategy which include encouraging healthy lifestyles.
- *Collaborative work with GP practices.* Members were informed that recent studies had revealed that the work trialled with GP practices could potentially prevent up to 190 strokes over 3 years, along with £2.5m of health care costs across West Yorkshire and Harrogate.
- *Consultation with communities.* Members were informed that some consultation had been undertaken with members of the public, and specifically with carers, around the development of specialist stroke services. However, representatives advised that further consultation was due to take place with those living in more rural areas.
- *Workforce issues.* It was recognised that across this service area, there continued to be challenging workforce issues nationally.

RESOLVED – That the contents of the report be noted.

22 Improving Access to Psychological Therapies

The Head of Governance and Scrutiny Support submitted a report that presented further details regarding the Improving Access to Psychological Therapies (IAPT) in Leeds.

The following information was appended to the report:

- A letter to the Chair from Leeds Local Medical Committee
- Developing a primary care mental health and wellbeing offer: Briefing for Scrutiny
- Young Persons' IAPT Service – Client Case Study

The following were in attendance:

- Caroline Baria, Deputy Director Integrated Commissioning, Adults and Health
- Kashif Ahmed, Head of Commissioning (Mental Health & Learning Disabilities), NHS Leeds CCG
- Jess Evans, Mental Health Commissioning and Performance Manager, NHS Leeds CCG

- Sue Robins, Director of Operational Delivery, NHS Leeds CCG

The Head of Commissioning (Mental Health & Learning Disabilities) briefly introduced the information presented to the Board; specifically highlighting the following areas:

- The current contract for delivering IAPT services across Leeds was due to end on 31 March 2019.
- IAPT was a nationally mandated service, which had given rise to some gaps between IAPT and community mental health services.
- The service faced some workforce challenges, with the recruitment of therapists being a national issue.

Members discussed a number of matters, including:

- *Access to therapies.* Members expressed concern that in 2017/18 only 16.8% (and 19.8% for 2018/19) of people with common mental health conditions had access to therapies in Leeds, against the 25% target set out in the report. Representatives informed Members that the current service review provided an opportunity to consider future arrangements to provide access to the most appropriate services.
- *Choice of case study.* Given the range of common mental health conditions experienced in the community and related IAPT services, Members questioned the singular choice of case–study presented in the report. Representatives agreed to review the details provided.
- *Primary Care Liaison pilot.* Members were updated on the success of a new Primary Care Liaison programme in GP practices, which aims to support patients with complex mental health needs who are not currently eligible for IAPT services.
- *Support for students.* Members were pleased to hear that additional support had been provided to the Leeds Student Medical Practice, as the student population have been identified as a specific group with high need.

RESOLVED – That the contents of the report be noted.

Councillor Cohen left the meeting at 15:35pm during this item.

23 Healthwatch Leeds Annual Report (2017/18) and Future Work Programme

The Head of Governance and Scrutiny Support submitted a report that presented Healthwatch Leeds' (HWL) Annual Report 2017/18 and its future work programme.

The following were in attendance:

- Hannah Davies, Chief Executive, Healthwatch Leeds
- Stuart Morrison, Team Leader, Healthwatch Leeds

The Chief Executive and Team Leader of HealthWatch gave a brief introduction to the report, highlighting a number of specific aspects of work undertaken.

Members discussed a number of matters, including:

- *Promotion and engagement.* Members questioned whether there was widespread, public knowledge and awareness across Leeds around the work and role of Healthwatch. The Board was advised that by the representatives that a new programme of promotion was being delivered that had been developed to ensure that engagement was balanced with capacity of the team and volunteers.
- *Focus on individual areas of the city.* Members were assured that plans for the future included work focused around some of the more deprived areas of the city, rather than city-wide.

The Chair thanked HealthWatch Leeds for attending and contributing to the discussion; and hoped the productive relationship with the Scrutiny Board continued.

RESOLVED – That the contents of the report be noted.

24 Chair's Update - July 2018

The Board considered a report from the Head of Governance and Scrutiny Support that provided an opportunity for the Chair of the Scrutiny Board to outline some areas of work and activity since the previous Scrutiny Board meeting in June 2018.

The Chair requested feedback from those who attended the development session on 9th July 2018, focusing on Leeds health and care landscape, with input from the CCG and each of the three local NHS provider trusts. Members found the session useful, and thanked NHS colleagues for their engagement and support.

The Chair informed Members that she recently attended a Local Government Association (LGA) event focused around a whole-council approach to problem gambling. The Chair reported particular attention to the link between problem gambling and suicide, and the overall impact of problem gambling on health and wellbeing – and proposed this be a particular focus for the Board during the current municipal year.

The Chair informed Members of a letter received from letter from NHSE received on Friday 13th July 2018, advising of procurement of orthodontic services across Yorkshire and the Humber (including Leeds) during 2018/19. Members were informed that the information provided was limited, and consultation with Members closed on 31st July 2018, which leaves little time for the matter to be discussed. It was agreed the Chair would provide a response to the letter on behalf of the Board.

The Chair updated Members regarding a letter received from a member of the public concerned around the provision of dementia care across the City. Members had received a copy of the Chairs response, along with a briefing note from the Director of Adults and Health. Additionally, a response had been requested by the Chair from the CQC, regarding the CQC related matters raised by the letter.

RESOLVED –

(a) That the content of the report and verbal update provided at the meeting be noted.

(b) That, on behalf of the Scrutiny Board, the Chair respond to NHS England following its letter regarding the procurement of orthodontic services across Yorkshire and the Humber.

25 Work Schedule

The Head of Governance and Scrutiny Support submitted a report setting out the main issues highlighted and discussed at the Board's previous meeting in June 2018 and introducing the Board's proposed 2018/19 work schedule for consideration.

The Principal Scrutiny Adviser introduced the report and outlined the areas within the work programme.

The Board also agreed for a Health Service Developments Working Group (HSDWG) meeting to take place on Wednesday 15th August 2018 at 2:00pm. Further details would be sent to all Members at a later date.

RESOLVED - That the outline work programme presented at the meeting be agreed, with the addition of the agreed HSDWG meeting on 15th August 2018.

26 Date and Time of Next Meeting

The next meeting of the Scrutiny Board – Adults, Health and Active Lifestyles to take place on Tuesday, 18th September 2018 at 1:30pm (pre-meeting for all Board Members at 1:00pm).

(The meeting concluded at 4:15pm)

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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: 18 September 2018

Subject: Scrutiny Board Statement: Enabling Active Lifestyles - Response

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

1 Purpose of this report

1.1 The purpose of this report is to present the response to the Scrutiny Board Statement Enabling Active Lifestyles. The statement was prepared by the previous Scrutiny Board (Inclusive Growth, Culture and Sport) and finalised in March 2018.

2 Main issues

2.1 The joint response (prepared by the Director of City Development and the Director of Public Health) is attached at Appendix 1 for consideration by the Scrutiny Board. For completeness, a copy of the Scrutiny Board Statement is also attached at Appendix 2.

2.2 Appropriate representatives have been invited to attend the meeting to help the Scrutiny Board consider the information presented.

3. Recommendations

3.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to consider and agree any specific matters that may require further scrutiny action, input or activity.

4. Background papers[1]

4.1 None used

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

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

Joint Report of Director of City Development and Director of Public Health

Date 18th September 2018

Title: Scrutiny Board Statement: Enabling Active Lifestyles - Response

Summary

In April 2018, following a number of presentations and discussions, the Scrutiny Board (Inclusive Growth, Culture and Sport) published a positive supporting statement on physical activity and enabling active lifestyles.

The Scrutiny Board supported the view that enabling the population of Leeds to be physically active is vital to the health and wellbeing of the city; and would make a significant contribution across all council priorities set out in the Best Council Plan.

As part of its deliberations, the Scrutiny Board received a presentation of a new approach to a Physical Activity and Sport strategy in early 2018. However, working with numerous stakeholders, thinking has now evolved, resulting in a more considered approach being required, which seeks to bring about greater step change in outcomes. This new approach will lead to the development and implementation of a new “Ambition” for Physical Activity and Sport.

This new approach requires cross-service and cross-agency collaboration and will be driven by the needs of the most deprived communities in Leeds – where health inequalities are highest and participation levels in physical activity the lowest. There is a need to influence the behaviour of the most inactive to evoke a cultural change where being physically active becomes the norm. This approach is not a short-term fix, it has to be a long-term systemic response to physical inactivity that results in significant change.

The City Council has a vital role in the development of a new city Physical Activity and Sport “ambition” which is being led by the Active Leeds Service (formerly Sport and Active Lifestyles Service) together with Public Health and the existing city sports partnership, SportLeeds. .

In responding to the Scrutiny Board statement on Enabling Active Lifestyles, this report outlines progress to date and sets out the proposed next steps for the development of the new “Ambition”.

Main Issues

The case for physical activity and sport is very strong and is supported by the council. In summary the benefits of being active can have significant impacts on:

A) Health and wellbeing e.g. Reduction in heart disease, type 2 diabetes, obesity, falls, air quality, social isolation

B) Other wider outcomes e.g. positive impact on the local economy, educational attainment, social inclusion and engagement, a great place to live and work.

As reported to the previous Scrutiny Board, the new Physical Activity and Sport ambition has to be built upon a systems approach. The issue is complex but doing nothing is not an option.

Evidence tells us that getting Leeds active will only happen if we involve all sectors. Despite a raft of schemes and interventions already in place, getting people moving 'at scale' requires bigger system changes. Physical inactivity is not just a public health problem; it is a challenge for all of society. We need to embed physical activity into the fabric of everyday life, making it easy, cost effective and the normal choice in every community in Leeds. Therein rests a major challenge.

Since the establishment of SportLeeds (over 15 years ago) it has overseen the development of sports strategies for the city. SportLeeds has focussed on creating shared aims and objectives, focussing mostly on sport and active lifestyles. However, more recently SportLeeds recognised and supported plans that incorporate wider elements of physical activity (e.g. walking and active travel). The current sport and active lifestyles strategy finishes at the end of 2018 and therefore SportLeeds have initiated a review of the existing strategy with the aim of broadening the remit still further, to fully embrace physical activity and sport. This work is ongoing and included an initial discussion with the previous Scrutiny Board and other stakeholders, which highlighted the need for step change that included the widened scope beyond simply sport and active lifestyles.

More recently a strong desire has been expressed that the new Physical Activity and Sport Ambition should not simply be an evolution of the last strategy. There is also the recognition that whilst the new ambition needs to fully address the physical inactivity challenge, it should also set the framework for the development of sport as well. The decision to produce an ambition, rather than a strategy has come from the stakeholder consultation to date, as has the need to develop a more comprehensive and imaginative approach that looks and feels different and is developed with both stakeholders and our residents.

As referenced, consultation has already started with key stakeholders around the development of the new ambition for Physical Activity and Sport in the knowledge that, given the wider scope of a physical activity, new governance arrangements may be needed that help to increase the gravitas of senior stakeholder engagement. Therefore in parallel to the development of a new Ambition there will be ongoing discussions about the most appropriate governance arrangements.

Early stakeholder discussions have helped evolve a view on what the Ambition might be. The vision statement will be subject to further discussion and consultation but, for illustrative purposes, this could for example build on the "Best City" principle e.g. "Leeds to be the best city in which to be active".

To provide further illustration the following four primary outcomes have also been expressed:

DRAFT Ambition and Outcomes
Ambition: "Leeds to be the best city in which to be active"
Primary outcomes

- A long term commitment to increasing physical activity levels in the city, especially where levels of inactivity of persistently high.
- Building, creating and enabling an environment that supports systems/collaborative working
- Building our national and international reputation for World Class Sport
- Delivering wider community and personal benefit through physical activity and sport

As referenced, the previous Scrutiny Board considered the likely challenges to be faced while seeking to make the city more active. Their concluding statement included the following;

"In light of the significant health and socio-economic benefits to be gained through enabling more active lifestyles, it is vital that we continue to work proactively towards embedding physical activity into the fabric of everyday life, making it easy, cost effective and the normal choice in every community in Leeds". (Inclusive Growth Culture and Sport Scrutiny Board 2018)

This update illustrates the work that is ongoing in driving forward work on physical activity, building upon the Scrutiny Board statement. Further work is still required and whilst Physical Activity and Sport does have prominence in current Council strategic documents, it was a request of the previous Scrutiny Board that the next iteration of the Best Council Plan should consider further, more explicit references to the Physical Activity and Sport agenda.

The Active Leeds Service

Attention is drawn to the role of the Active Leeds service (formerly the Sport and Active Lifestyles service). Working alongside colleagues in Public Health this change is designed to reinforce the seriousness of driving the physical activity and sport agenda. While it is not the sole responsibility of the service to increase levels of physical activity, it does have a specific role to play in both helping to drive and influence the overall strategic direction, as well as directly providing some key services. In summary the Active Leeds service has:

- Provided the strategic leadership for Physical Activity and Sport, including supporting the development of the new Ambition.
- Renamed the service to further underline its core purpose and to reinvigorate engagement with staff and stakeholders.
- Focussed development work around reducing inactivity; increasing levels of physical activity; reducing health inequalities; working in our most deprived communities and with under-represented groups.

- Worked extensively with key services such as Public Health, Communities, Parks and Countryside, Highways and Transportation, Children's and Families, and Planning.
- Strengthened our work in key areas. e.g. . For example, digital channels of communication, whereby the service is now ready to fully launch the new "Active Leeds App" which provides better access to Active Leeds Services, including bookings, memberships, and community information. The app has huge future potential to reach out to residents and partners.
- The service is also making connections locally through the localities team. A Sport England funded piece of research is underway that will help better understand pre-systems thinking. The work is being led by Social marketing gateway (SMG) and the outcomes will help inform the development of the new Ambition
- The service is also currently exploring how we can work better locally in priority communities, connecting with other key service areas e.g. Employment and Skills and Housing.

Next steps

A summary of the key next steps on the preparation of the Physical Activity and Sport Ambition are outlined below;

- The production of an animation to help in having conversations about what 'the Best City to be active in' could look like.
- Design an extensive consultation process that engages stakeholders, residents and community experts to ensure the ambition is co-produced and meaningful to the City.
- Consider and implement an appropriate governance model, in line with the overall timescales for developing the ambition.
- Learn from locality based research into systems approaches.

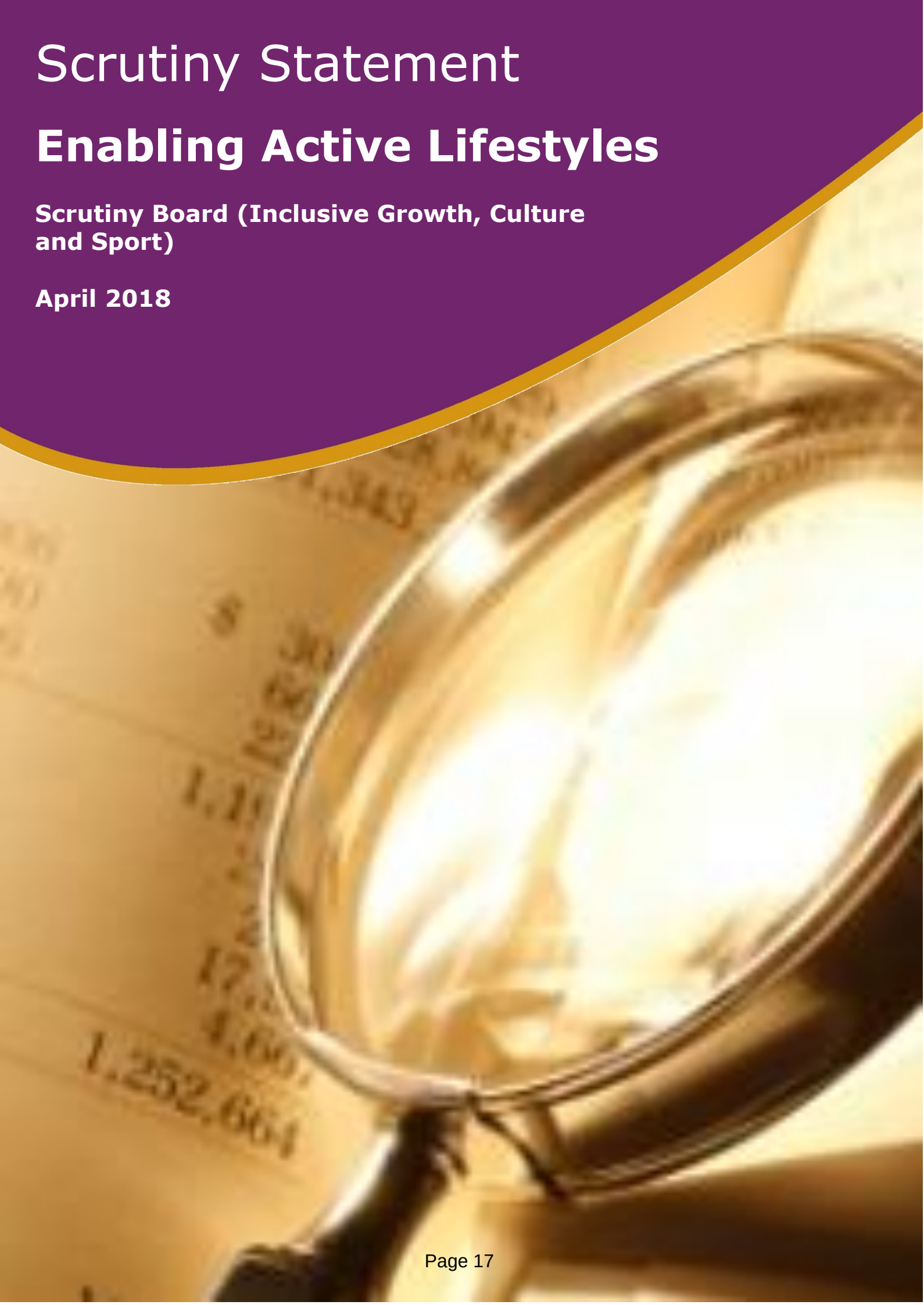
It is anticipated that in order to be conducted effectively, these next steps could take up to 12 months to be concluded. .

Scrutiny Statement

Enabling Active Lifestyles

Scrutiny Board (Inclusive Growth, Culture and Sport)

April 2018



Introduction

1. The Inclusive Growth, Culture and Sport Scrutiny Board was newly established in June 2017 and whilst the title of the Board specifically refers to 'sport', we agreed to consider more broadly how the Council, in conjunction with other partners, are tackling physical inactivity in Leeds and enabling more people to lead active and healthier lifestyles.

2. In doing so, we themed our October and December 2017 meetings around this particular agenda in order to gain a better understanding of the contribution that an active lifestyle can bring in terms of achieving the Councils wider outcomes and priorities.

3. As the existing Sport and Active Lifestyles Strategy (2013-18) for the city was also in the process of being refreshed, the timeliness of this allowed us to use our March 2018 meeting to consider and share views surrounding the development of a new Physical Activity and Sport Strategy for Leeds.

4. We welcomed a range of contributors to our discussions, with representation from Sport and Active Lifestyles; Public Health; Asset Management and Regeneration; and Communities Team, as well as the active involvement of the Council's Deputy Leader with Executive responsibility for this particular agenda. We also valued the input of a leading independent consultant, Rob Young MBE, surrounding the key factors and emerging issues associated with the development of a new Physical Activity and Sport Strategy for Leeds.

5. Within this Statement we have briefly summarised our key observations and conclusions based on the information shared with Scrutiny this year.

6. Moving forward, we strongly advise on-going Scrutiny involvement in this area of work by successor Scrutiny Boards as we acknowledge that there is still a significant amount of work to be undertaken over the coming months and years to achieve the city's long term ambition to evoke a cultural change in which being physically active becomes the norm.

Observations and Conclusions

The key benefits of leading an active lifestyle.

7. Whilst being physically active is inarguably better for your health and wellbeing, we were very interested to learn how significant the health benefits really are, for example:

- Being active can reduce the risk of developing diabetes by 30-40%. People with diabetes can reduce their need for medication and the risk of complications by being more active.
- Persuading inactive people to become more active could prevent one in ten cases of stroke and heart disease in the UK.
- One in eight women in the UK are at risk of developing breast cancer at some point in their lives. Being active every day can reduce that risk by up to 20% and also improve the lives of those living with cancer.
- Dementia affects 800,000 people in the UK. Staying active can reduce the risk of vascular dementia and also have a positive impact on non-vascular dementia.
- Depression is increasing in all age groups. People who are inactive have three times the rate of moderate to severe depression of active people. Being active is central to our mental health.

8. There is also strong evidence demonstrating the socio-economic benefits to leading a more active lifestyle, for example:

- Being active plays a key role in brain development in early childhood and is also good for longer-term educational attainment. For instance, young people's participation in physical activity improves their numeracy scores by 8% on average above non-participants. In addition, under-achieving young people who take up physical activity see a 29% increase in numeracy skills and a 12 – 16% increase in other transferable skills. Other programmes targeted at young people at risk of offending show that physical activity can enhance self-esteem, reduce re-offending and support access to the workplace. In Leeds, for example, this is evidenced through the delivery of the Dame Kelly Holmes project and Positive Futures interventions.

- In terms of economic impact, physical activity participation contributes £244.1 million to Leeds economy and provides a total of 7374 jobs in Leeds. It is also estimated that the value of volunteering related to physical activity is £147.5 million (information taken from Sport England local profile data). The economic impact of sports events in the city is also significant with, for example, the World Triathlon Series bringing in a cash boost to the local economy of at least £1.2 million with over 5 hours of TV coverage in the UK and worldwide. In a wider context, increased energy levels through participating in physical activity boosts workplace productivity and reduces sickness absence.

- Physical activity has the ability to strengthen social networks and community cohesion. Through physical activity and sport, individuals can develop a sense of belonging and can build quality peer relationships with other members of their community. Projects that support the delivery of these outcomes include small scale asset based community development initiatives or larger scale facility development associated with events, such as the social regeneration which followed the Commonwealth Games in Manchester.

Observations and Conclusions

- Physical activity, through active travel – walking and cycling - also has the ability to connect people and places together whilst supporting an improvement in air quality through a reduction in road traffic emissions. It is understood that people who walk or cycle to work are four times more likely to achieve the Chief Medical Officers recommendation of 150 minutes of moderate intensity physical activity per week. Walking is also the most inclusive form of physical activity and therefore we particularly recognise the significant benefits to be gained through more proactive action in enabling people to walk more freely around the city linked to the registration and maintenance of footpaths and public rights of way.

- Social Isolation affects people of all ages but in particular it is older people who are at greater risk due to factors compounding such as wider determinants and long term health conditions. There are estimated to be 37000 older people experiencing loneliness or social isolation across Leeds. Cause for concern must be noted as research shows that loneliness and isolation is detrimental to health and comparable as a risk factor for early death to smoking 15 cigarettes a day. Therefore physical activity for older people not only improves physiological health outcomes but increases the opportunity for improving social connections.

9. We acknowledge that within Leeds there are significant challenges in terms of health and social inequalities that ultimately sees gaps in life expectancy in different parts of the city of more than 10 years. Enabling people to be more physically active can therefore be part of the solution to addressing these inequalities in terms of tackling social isolation, raising aspirations and attainment amongst young people and improving people's confidence and physical capabilities to support them to find employment. As such, it is clear that enabling the population of Leeds to be physically active underpins so many of the Council's existing priorities.

Acknowledging the scale of the issue in Leeds.

10. The table below presents the average physical activity levels for adults (16+) in Leeds and compares these to regional and national figures.

Metric	England	West Yorkshire	Leeds
Active (150+ minutes a week)	60.6%	59.3%	62.3% (394,400)
Fairly Active (30-149 minutes a week)	13.8%	13.8%	13.2% (83,700)
Inactive (Less than 30 minutes a week)	25.6%	26.9%	24.5% (155,200)

11. Whilst the figures do show that 62.3% of adults are classed as active (higher than the national average), it is concerning to note that approximately 238,900 people in Leeds are still not active enough for good health. We also learned that these people often tend to be those from more socially disadvantaged communities or those suffering from long term conditions. In addition to these figures, we learned that 50% of all children are also

not achieving the required levels of physical activity needed to benefit their health and that 1 in 3 are classed as obese.

Time for a refreshed new approach.

12. It is important that we continue to harness the good work arising from the Sport and Active Lifestyles Strategy 2013-18, but we also recognise the need for a step change in order to achieve a more enlightened, integrated, long term systemic change to the way all Council services and other organisations work together on this agenda.

13. We therefore support the aspirations of the newly proposed city-wide Physical Activity and Sport Strategy in terms of driving forward transformational change linked to a long term ambition to deliver a better, more holistic systems approach to physical inactivity that will evoke a cultural change in which being physically active becomes the norm. The Strategy also sets out a vision for Leeds to become the best city in England for physical activity.

14. The diagram at Appendix 1 illustrates how this new Strategy seeks to make a difference through a range of priorities and enablers that are underpinned by 3 guiding principles towards a new way of working. At this early stage of development, we acknowledge that further developments may also arise as part of the ongoing consultation process leading up to the formal launch of the Strategy.

15. However, throughout this development process the focus of the Strategy will remain the same in terms of tackling inactivity and reducing inequalities and so whilst this is to be a Strategy for the whole population of Leeds, it recognises that there are communities and particular groups that will need more targeted intervention too in order to support the behaviour change process.

16. Whilst acknowledging that future arrangements linked to this new Strategy must also not lose sight of the strengths of Sport Leeds, not least the network of partners who have worked well together, it does present an opportunity to make even more from these partnerships and the significant knowledge base that does exist in the city. As such, moving forward we do recognise that change will be needed surrounding future governance arrangements to incorporate a broader scope with greater emphasises on physical activity than has traditionally been the focus through Sport Leeds.

Embedding physical activity and making 'being an active city' a city-wide obsession.

17. In light of the significant health and socio-economic benefits to be gained through enabling more active lifestyles, it is vital that we continue to work proactively towards embedding physical activity into the fabric of everyday life, making it easy, cost effective and the normal choice in every community in Leeds.

18. Linked to this, all Scrutiny Boards were given the opportunity this year to consider initial proposals surrounding a refresh of the Best Council Plan for 2018/19 – 2020/21.

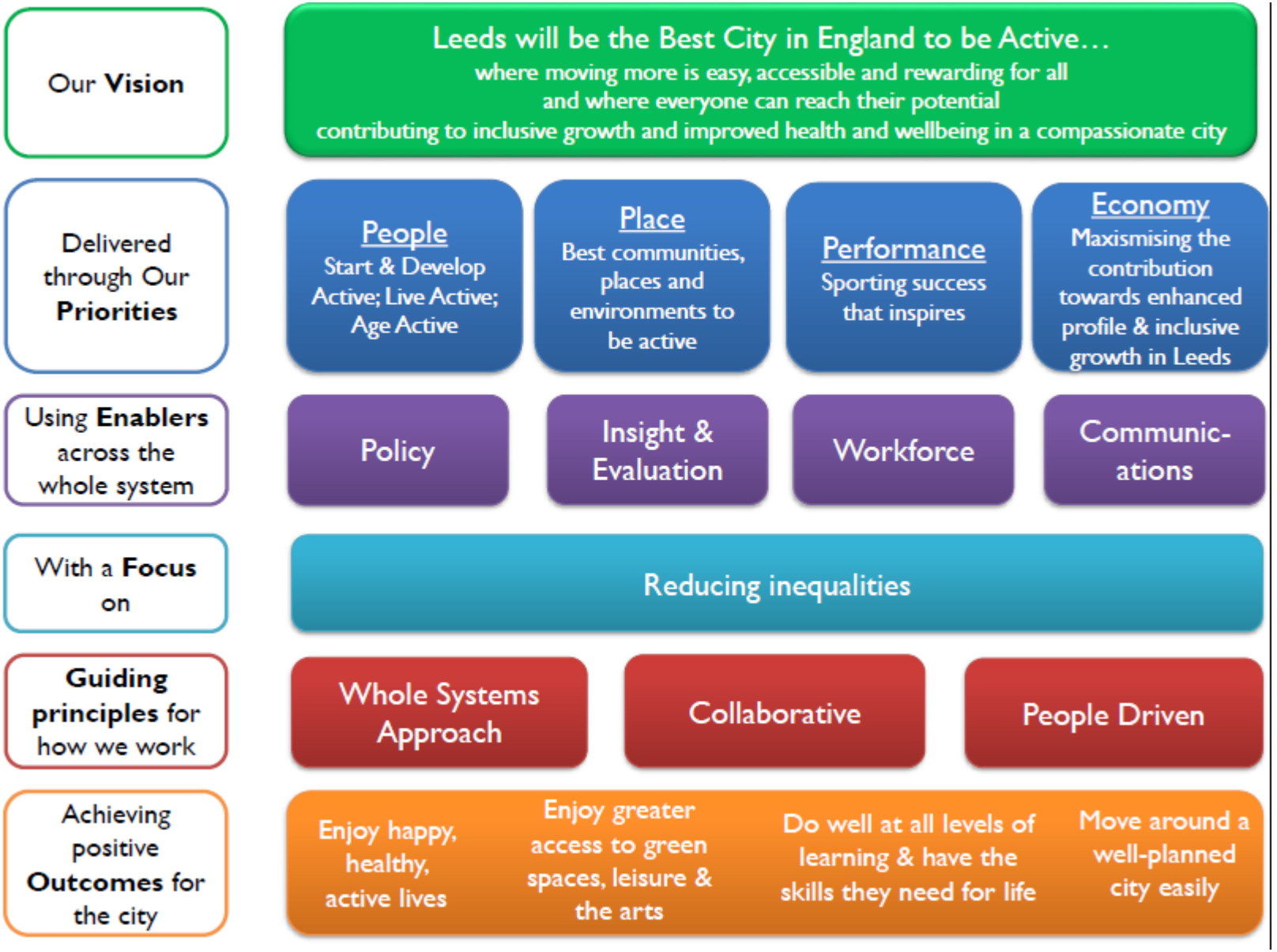
Observations and Conclusions

Although we acknowledged the proposal for 'supporting healthy, active lifestyles' to be reflected as part of the refreshed Health and Wellbeing priority set out in the Plan, we felt that this area still warranted more prominence. We therefore made a formal recommendation to the Executive Board for it to support the need to make 'supporting healthy, active lifestyles' a dedicated Best Council Plan priority or city-wide obsession to support new efforts to achieve a sustainable whole systems approach towards physical activity for Leeds.

19. Although this recommendation was not taken forward as part of the 2018/19 Best Council Plan, we maintain our view that by raising the profile of this agenda and making 'being an active city' a city-wide obsession, this will help evoke a much needed cultural change in which being physically active becomes embedded into the fabric of everyday life.

20. Moving forward, we recognise that there is a significant amount of work to be undertaken over the coming months and years to achieve the vision and ambitions of the newly proposed Physical Activity and Sport Strategy for Leeds and therefore we strongly advise on-going Scrutiny involvement in this area of work by successor Scrutiny Boards too.

Appendix 1


Our Vision
Leeds will be the Best City in England to be Active…
where moving more is easy, accessible and rewarding for all
and where everyone can reach their potential
contributing to inclusive growth and improved health and wellbeing in a compassionate city
Delivered through Our Priorities
People
Start & Develop Active; Live Active; Age Active
Place
Best communities, places and environments to be active
Performance
Sporting success that inspires
Economy
Maxismising the contribution towards enhanced profile & inclusive growth in Leeds
Using Enablers across the whole system
Policy
Insight & Evaluation
Workforce
Communic-ations
With a Focus on
Reducing inequalities
Guiding principles for how we work
Whole Systems Approach
Collaborative
People Driven
Achieving positive Outcomes for the city
Enjoy happy, healthy, active lives
Enjoy greater access to green spaces, leisure & the arts
Do well at all levels of learning & have the skills they need for life
Move around a well-planned city easily

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

Report of the Director of Adults and Health

Report to Scrutiny Board Adults, Health & Active Lifestyles

Date: 18 September 2018

Subject: Care Quality Commission (CQC) – Adult Social Care Providers Inspection Outcomes May 2018 to July 2018

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: 10.4(3) Appendix number: 2	☒ Yes	☐ No

1 Purpose of this report

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

2 Background

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

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

2.3 During the previous municipal year (2016/17), a system of routinely presenting and reporting CQC inspection outcomes to the Scrutiny Board was established. The processes involved continue to be developed and refined in order to help the Scrutiny Board maintain an overview of quality across local health and social care service providers.

2.4 This report covers Adult Social Care providers, with a separate report being produced for regulated health care services. The report now outlines further detail on the CQC reports to include the overall outcome of each of the inspected services across all the five CQC domains of:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

3 Summary of main issues

CQC Inspection reports

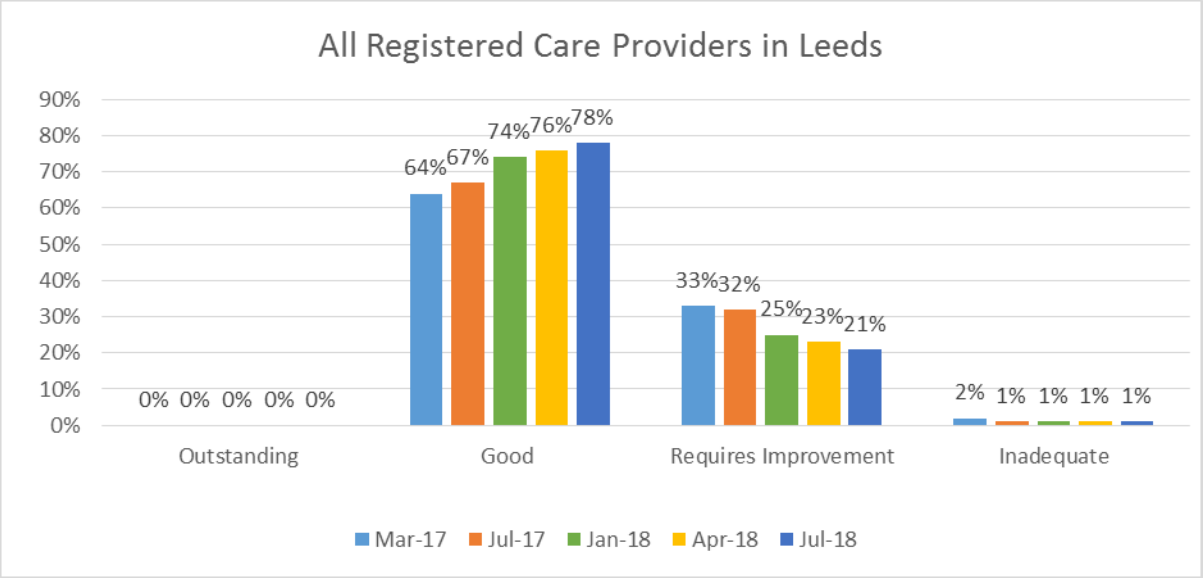
3.1 Appendix 1 provides a summary of the inspection outcomes for adult care services across Leeds published between May 2018 and July 2018.

3.2 It should be noted that the purpose of this report is only to provide a summary of inspection outcomes across health and social care providers in Leeds. As such, full inspection reports are not routinely provided as part of this report. However, these are available from the CQC website. Links to individual inspection reports are highlighted in Appendix 1.

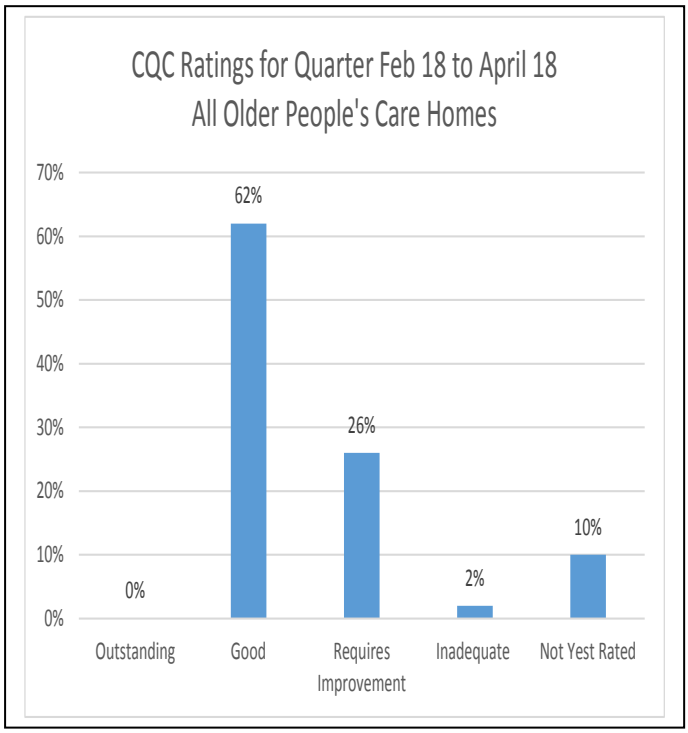
3.3 During the period covered by this report CQC published 41 inspections. Of these services:

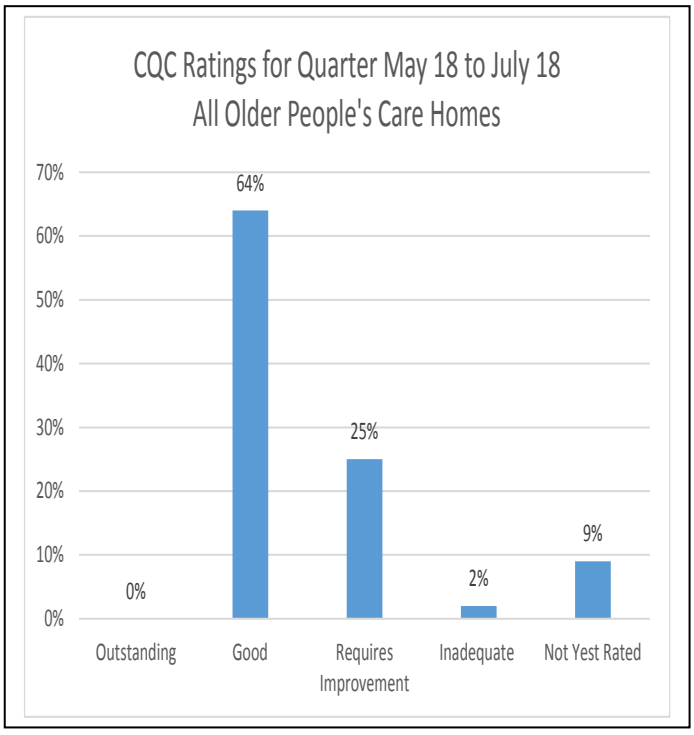
- 25 are rated Good.
- 15 are rated as Requires Improvement.
- 1 is rated Inadequate.
- 11 organisations have improved their rating since their last inspection, with 10 moving from Requires Improvement to Good and 1 from Inadequate to Requires Improvement.
- 17 organisations have remained at the same rating since their last inspection with 12 receiving a Good rating and 5 receiving Requires Improvement.
- 5 organisations have received a poorer rating with 4 moving from Good to Requires Improvement and 1 from Requires Improvement to Inadequate.
- For 8 organisations it is their first inspection.

3.4 The following chart shows the ratings for all adults social care registered services in the city who have been inspected, which includes all care homes and home care organisations, as stated by CQC over the last financial year. The chart shows that overall, the regulated services in the city have continued to improve with the number of providers obtaining a Good rating increasing by 2% since the last report from 76% to 78% and the number of providers receiving a Requires Improvement rating falling from 23% to 21% during this same period. The city does not currently have any providers that have achieved an overall rating of outstanding however, a number of providers have achieved ratings of outstanding in one of the domains that make up the overall rating.



3.5 The following two Charts show a comparison of ratings from the previous quarter for all older people's care homes. The percentage of older peoples care homes rated Good by CQC, rose by 2% in the current quarter:





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

All Older People's Care Homes

- 88 care homes in total
- 56 rated Good – 64%
- 22 rated Requires Improvement – 25%
- 2 rated Inadequate – 2%
- 8 not yet rated – 9%

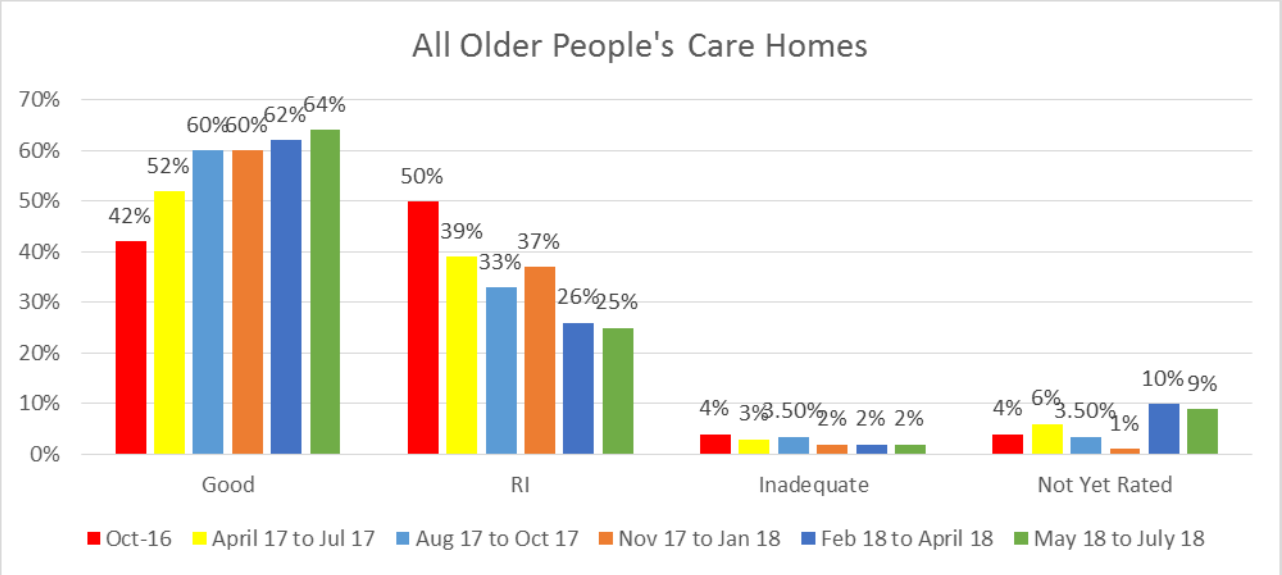
Residential Homes

- 50 homes in total
- 34 rated Good – 68%
- 10 rated Requires Improvement – 20%
- 2 rated Inadequate – 4%
- 4 not yet rated – 8%

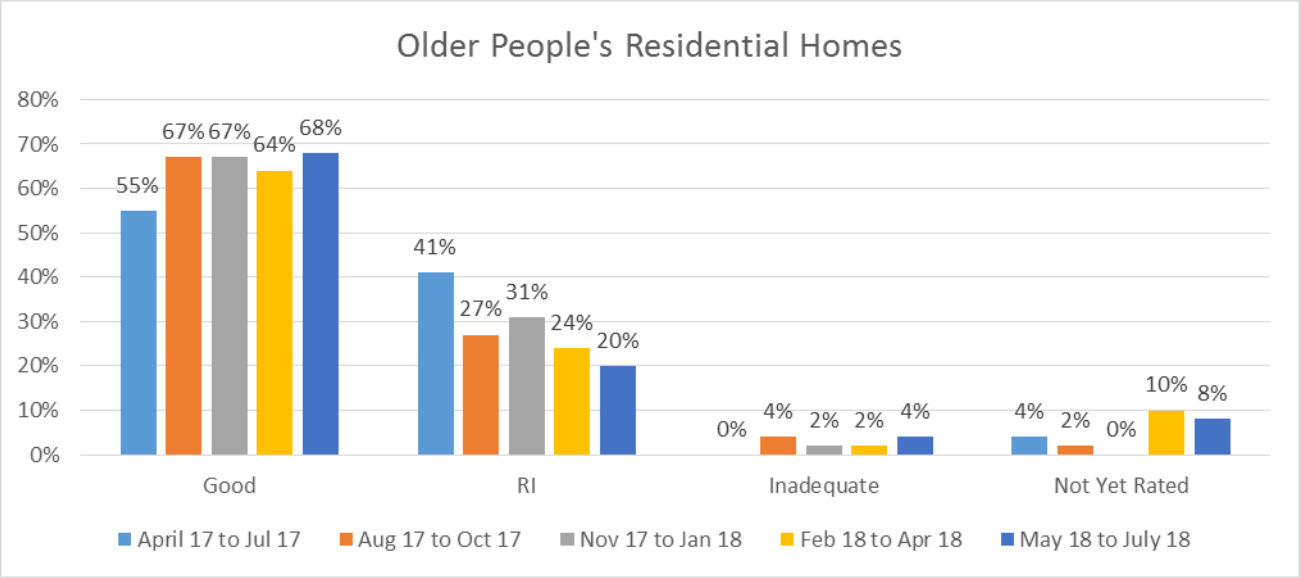
Nursing Homes

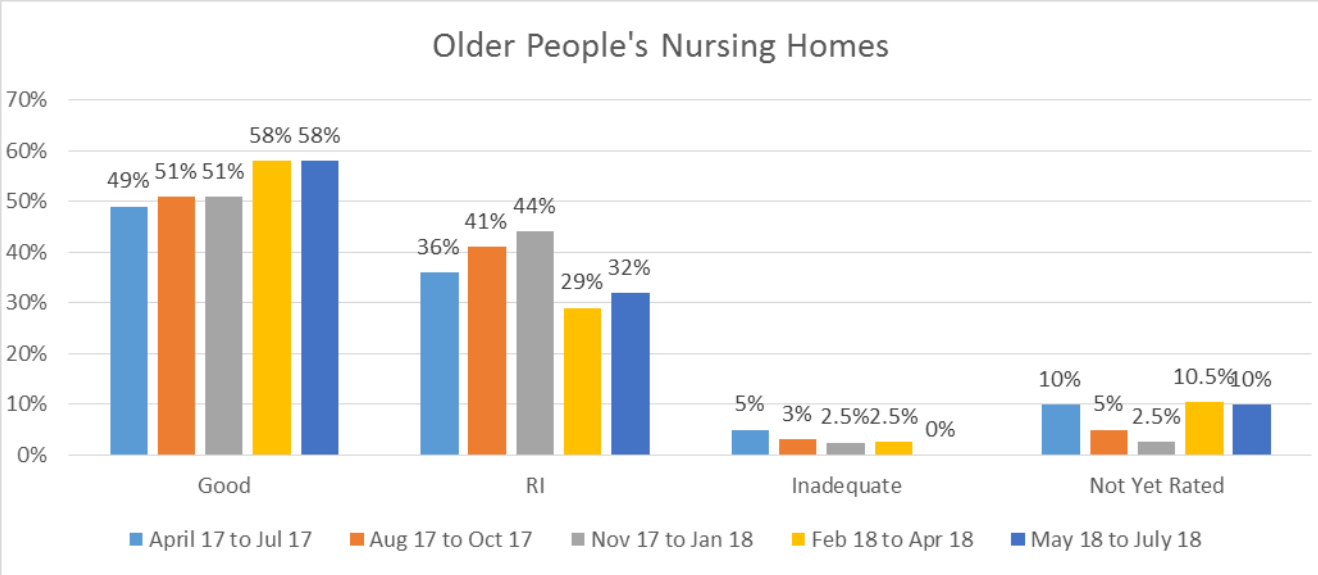
- 38 homes in total
- 22 rated Good – 58%
- 12 rated Requires Improvement – 32%
- 0 rated as Inadequate – 0%
- 4 not yet rated – 10%

3.7 The following 3 graphs show the improved ratings for all care homes since the last report and over the course of the last financial year. The "All Older People's Care Homes" graph also shows the position as at October 2016 which indicates the percentage of older people's care homes receiving a rating of Good has risen from 42% to 64% in July 2018 (a 2% increase since the last reporting period).

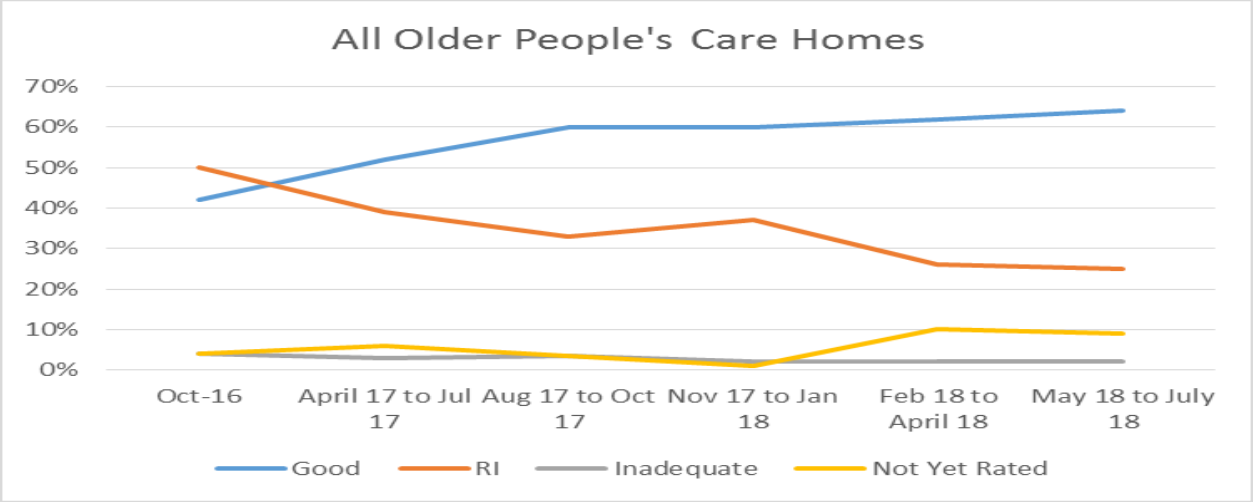


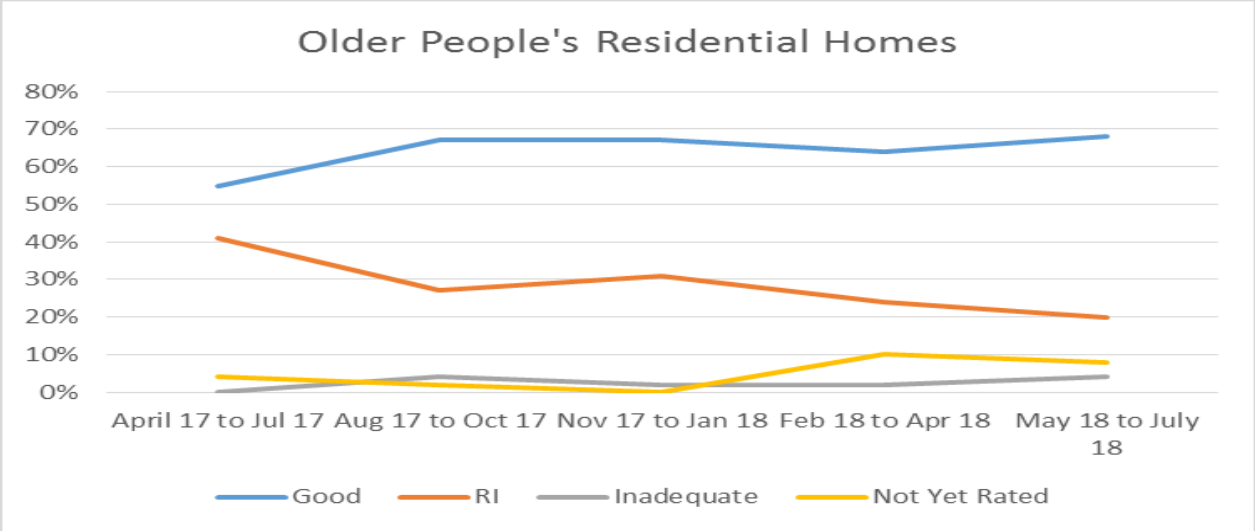
During the reporting period (May 18 to July 18), there have been no changes to the overall number of older people's care homes in the city.

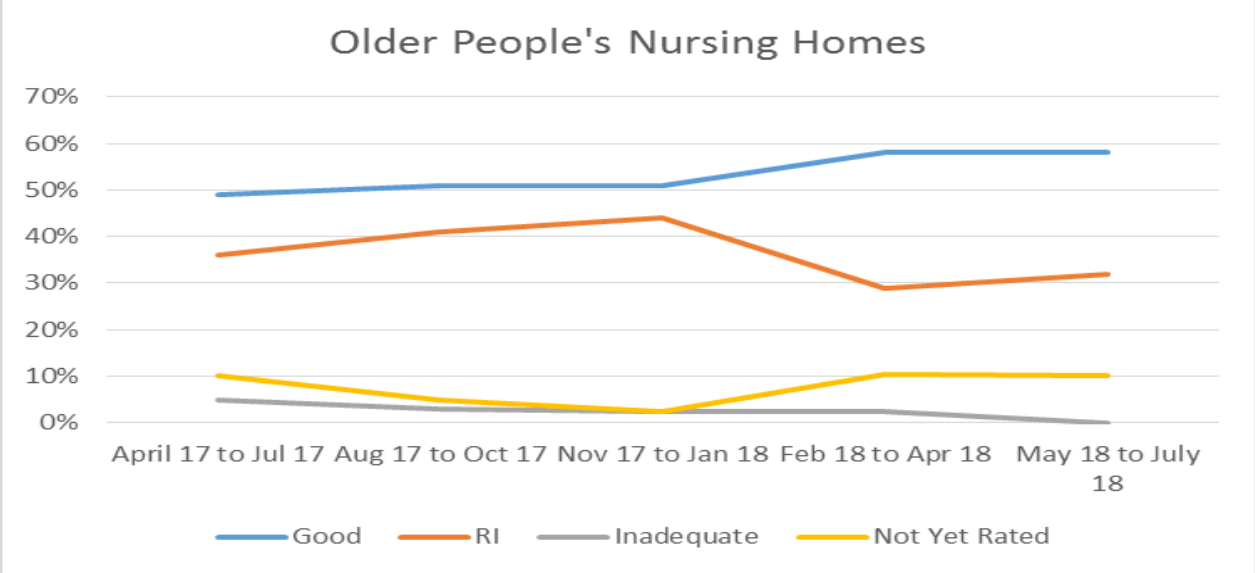




3.8 The following three charts show the trend data for care home ratings over the last year (and since October 2016 for “All Care Homes”):







The overall picture during the year is that independent sector care homes have steadily improved their ratings during this period and this trend has continued during the last quarter period.

3.9 The position in relation homes who are suspended by the local authority has not changed since the last report to the Scrutiny Board. At the end of July 2018, Adults

and Health have contracts with two care homes suspended due to the quality of care being provided at those establishments. This means the homes are not able to take any new local authority funded residents whilst the suspension is in place. Details of these homes can be found in the Confidential Appendix 2.

3.10 Adults and Health continue to work closely with the Leeds CCG Quality Teams to monitor and assess the quality of care homes in the city and continue to develop our systems through the recently established Integrated Care Homes Quality Development Board to oversee the quality of services being provided in older people's care homes. This Board has representatives from the CCG, Adults and Health, Age UK, Independent Sector Providers and Healthwatch and will meet bi-monthly. This Board is chaired by the Deputy Director of Integrated Commissioning and will have oversight of the Care Homes Quality Development Programme which has been established to oversee the implementation of actions arising from the One City Care Homes project.

3.11 The members of the new Care Quality Team have now been through their induction and are now actively working with 3 care homes in the city to support them to improve the quality of the care services they deliver. The team has also taken part in the launch events for care homes mentioned in 3.9 above.

4. Recommendations

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

5. Background papers[1]

None.

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

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Appendix 1

Scrutiny Board (Adults, Health and Active Lifestyles)
Care Quality Commission (CQC) - Inspection Outcomes
May 2018 – July 2018

O = Outstanding
G = Good
RI = Requires Improvement
I = Inadequate

Organisation	Provider Name	LCC Contract Provider	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Safe	Effective	Caring	Responsive	Well-Led	Previous Inspection Published	Previous Inspection Outcome / Direction of Travel	
St Anne's Community Services - Rockhaven	St Anne's Community Services	Spot Contract	Nursing homes - Learning disabilities	LS18 5NF	02/05/2018	http://www.cqc.org.uk/location/1-121773758	G	G	G	G	G	G	21/01/2016	G	→
Alexander Residential Home	Marloco Limited	Framework Provider	Residential Home	LS27 9JJ	02/05/2018	http://www.cqc.org.uk/location/1-121906361	G	G	G	G	G	RI	24/12/2015	G	→
Charlton Court Nursing Home	ADL Plc	Framework Provider	Nursing Home	LS28 8ED	02/05/2018	https://www.cqc.org.uk/location/1-278008729	G	G	G	G	G	G	17/01/2017	RI	↑
Sunnyview House	Bupa Care Homes (HH Leeds) Limited	Framework Provider	Nursing Home	LS11 8QB	02/05/2018	http://www.cqc.org.uk/location/1-136312908	RI	G	RI	G	RI	G	07/03/2016	G	↓
Home Lea House	Leeds City Council	LCC Internal	Residential Home	LS26 0PH	04/05/2018	https://www.cqc.org.uk/location/1-136455527	G	G	G	O	G	G	12/10/2015	G	→
Ferndale Care Home	Ferndale Care Home	Framework Provider	Residential Home	LS27 0DW	09/05/2018	http://www.cqc.org.uk/location/1-346180792	G	G	G	G	G	G	06/01/2016	G	→

Appendix 1

Organisation	Provider Name	LCC Contract Provider	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Safe	Effective	Caring	Responsive	Well-Led	Previous Inspection Published	Previous Inspection Outcome / Direction of Travel	
Cookridge Court	Cookridge Court Limited	Framework Provider	Residential Home	LS16 6NB	10/05/2018	http://www.cqc.org.uk/location/1-457462588	I	I	RI	RI	RI	I	13/01/2018	RI	↓
Atkinson Court Care Home	Amore Elderly Care Limited	Framework Provider	Nursing Home	LS9 9EJ	15/05/2018	http://www.cqc.org.uk/location/1-126476576	RI	RI	RI	G	RI	RI	19/04/2018	I	↑
Victoria Court	Methodist Homes	Not contracted	Homecare agency	LS6 3DS	18/05/2018	http://www.cqc.org.uk/location/1-793208891	RI	RI	RI	G	G	RI	10/06/2016	G	↓
Oakwood Hall	Community Links (Northern) Ltd	Block Contract	Nursing homes - Mental health conditions	LS8 2PF	22/05/2018	http://www.cqc.org.uk/location/1-123576529	G	G	G	G	G	G	16/02/2017	RI	↑
Scott Hall Grove	Aspire Community Benefit Society Limited	Block Contract	Residential Home - Respite/short breaks	LS7 3HJ	23/05/2018	http://www.cqc.org.uk/location/1-2064542112	G	G	G	G	G	G	25/03/2016	G	→
St Anne's Community Services - Leeds DCA	St Anne's Community Services	Spot Contract	Homecare agency	LS11 6JU	23/05/2018	http://www.cqc.org.uk/location/1-121773576	G	G	G	G	G	G	27/11/2015	G	→
Hales Group Limited - Leeds	Hales Group Limited	Primary Provider	Homecare agency	LS9 6PW	30/05/2018	http://www.cqc.org.uk/location/1-2620325812	RI	RI	RI	G	RI	RI	16/09/2017	RI	→

Appendix 1

Organisation	Provider Name	LCC Contract Provider	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Safe	Effective	Caring	Responsive	Well-Led	Previous Inspection Published	Previous Inspection Outcome / Direction of Travel	
Sabourn Court Care Home	HC-One Oval Limited	Framework Provider	Nursing Home	LS8 2PA	30/05/2018	http://www.cqc.org.uk/location/1-3087872353	RI	RI	G	G	G	RI	16/03/2017	RI	→
Moor Allerton Care Centre	Methodist Homes	Dementia Day opportunities	Homecare agency	LS17 5PU	02/06/2018	http://www.cqc.org.uk/location/1-117976935	G	G	RI	G	G	G	01/12/2015	G	→
Adlington House - Otley	Methodist Homes	Not contracted	Homecare agency	LS21 1BQ	07/06/2018	http://www.cqc.org.uk/location/1-3241124526	G	G	G	G	G	G	N/A - First inspection	N/A	
43 Naburn Walk	Ravensdale Health Care Limited	Spot Contract	Nursing Home	LS14 2BZ	09/06/2018	http://www.cqc.org.uk/location/1-3256303526	RI	G	G	G	G	RI	N/A - First inspection	N/A	
Astha Limited - Leeds	Astha Limited	Not contracted	Homecare agency	LS7 2AH	12/06/2018	http://www.cqc.org.uk/location/1-1554674153	G	RI	G	G	G	G	30/12/2016	RI	↑
St Anne's Community Services - Shared Lives	St Anne's Community Services	Spot Contract	Shared lives	LS2 9BN	12/06/2018	http://www.cqc.org.uk/location/1-121773296	G	G	G	G	G	G	16/12/2015	G	→
Summerfield Court	Voyage 1 Limited	Spot Contract	Homecare agency	LS13 1AJ	12/06/2018	http://www.cqc.org.uk/location/1-1441008775	G	G	G	G	G	RI	22/03/2017	RI	↑
Wakefield Regional office	Community Integrated Care	Not contracted	Homecare agency	LS4 2PU	12/06/2018	http://www.cqc.org.uk/location/1-3116502076	G	G	G	G	G	G	N/A - First inspection	N/A	

Appendix 1

Organisation	Provider Name	LCC Contract Provider	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Safe	Effective	Caring	Responsive	Well-Led	Previous Inspection Published	Previous Inspection Outcome / Direction of Travel	
Adel Grange Residential Home	Parkfield Health Care Limited	Framework Provider	Residential Home	LS16 8HX	13/06/2018	http://www.cqc.org.uk/location/1-110993039	G	G	G	G	G	G	09/02/2017	RI	↑
Middleton Park Lodge	Indigo Care Services Limited	Framework Provider	Nursing Home	LS10 4HT	14/06/2018	http://www.cqc.org.uk/location/1-2583886671	G	G	G	G	RI	G	09/05/2017	RI	↑
Total Care Nursing Limited	Total Care Nursing Limited	Spot Contract	Homecare agency	LS17 8UB	16/06/2018	http://www.cqc.org.uk/location/1-4067312390	RI	RI	RI	G	RI	RI	N/A - First inspection	N/A	
The Coach House Care Home	Mrs Claire Buckle and Mrs Alison Green	Framework Provider	Residential Home	LS25 1LL	16/06/2018	http://www.cqc.org.uk/location/1-118153276	RI	RI	G	G	G	RI	10/11/2017	RI	→
Goshen'09 Business Centre	Cardinal Care Services Limited	Spot Contract	Homecare agency	LS7 4HP	20/06/2018	http://www.cqc.org.uk/location/1-3801278790	RI	RI	RI	G	RI	RI	N/A - First inspection	N/A	
Aberford Hall	HC-One Limited	Framework Provider	Nursing Home	LS8 2QU	26/06/2018	http://www.cqc.org.uk/location/1-320778084	G	G	G	G	G	RI	08/03/2016	G	→
UBU - 67 Elland Road	Northern Life Care Limited	Spot Contract	Residential homes - learning disabilities	LS27 7QS	26/06/2018	http://www.cqc.org.uk/location/1-142626153	G	G	G	G	G	RI	23/06/2016	G	→
Champion House	Leonard Cheshire Disability	Spot Contract	Nursing homes - Physical Disabilities	LS28 5QP	27/06/2018	http://www.cqc.org.uk/location/1-120084728	G	G	G	G	G	G	13/07/2017	RI	↑

Appendix 1

Organisation	Provider Name	LCC Contract Provider	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Safe	Effective	Caring	Responsive	Well-Led	Previous Inspection Published	Previous Inspection Outcome / Direction of Travel	
4225 Park Approach, Rubicon Square	AJ Community Care Limited	Framework Provider	Homecare agency	LS15 8GB	29/06/2018	http://www.cqc.org.uk/location/1-3649024795	G	G	G	G	G	G	01/07/2016	G	→
Tealbeck House	Anchor Trust	Framework Provider	Residential Home	LS21 1RJ	29/06/2018	http://www.cqc.org.uk/location/1-126242199	G	G	G	G	RI	G	20/06/2017	RI	↑
Ashlar House - Leeds	Leeds Autism Services	Spot Contract	Residential Home	LS7 3LW	06/07/2018	http://www.cqc.org.uk/location/1-114104905	RI	RI	RI	G	RI	RI	08/04/2017	RI	→
HF Trust - Leeds DCA	HF Trust Limited	Spot Contract	Homecare agency	LS15 8ZA	11/07/2018	http://www.cqc.org.uk/location/1-3602831745	G	G	G	G	G	G	N/A - First inspection	N/A	
Embracing Independent Lifestyles - The Sycamores Nursing Home	Longley Hall Limited	Spot Contract	Nursing home & mental health	LS8 4HZ	14/07/2018	http://www.cqc.org.uk/location/1-3541136840	RI	RI	RI	G	RI	RI	N/A - First inspection	N/A	
Owlett Hall	Care Worldwide (Bradford) Limited	Framework Provider	Nursing home	BD11 1ED	18/07/2018	http://www.cqc.org.uk/location/1-141599363	G	G	G	G	G	G	28/04/2017	RI	↑
Caremark (Leeds)	Caremark (Leeds)	Spot Provider	Homecare agency	LS6 2QH	18/07/2018	http://www.cqc.org.uk/location/1-232681786	G	G	G	G	G	G	10/05/2017	RI	↑
Seacroft Grange Care Village	Springfield Healthcare (The Grange) Limited	Framework Provider	Nursing home	LS14 6JL	20/07/2018	http://www.cqc.org.uk/location/1-990605516	RI	RI	G	G	G	RI	24/08/2017	RI	→

Appendix 1

Organisation	Provider Name	LCC Contract Provider	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Safe	Effective	Caring	Responsive	Well-Led	Previous Inspection Published	Previous Inspection Outcome / Direction of Travel	
Woodhouse Cottage	J C Care Limited	Spot Contract	Residential Home - learning disability	WF3 2JS	24/07/2018	http://www.cqc.org.uk/location/1-130890690	G	G	G	G	G	G	31/03/2016	G	→
Seacroft Green Care Village	Springfield Healthcare (Seacroft Green) Limited	Framework Provider	Nursing home	LS14 6PA	24/07/2018	http://www.cqc.org.uk/location/1-3307395559	RI	RI	RI	G	G	RI	N/A - First inspection	N/A	
Reed Specialist Recruitment Limited - Leeds	Reed Specialist Recruitment Limited	Spot provider	Homecare agency	LS1 2HJ	25/07/2018	http://www.cqc.org.uk/location/1-159744947	RI	RI	G	G	G	RI	16/03/2016	G	↓
Mount St Joseph - Leeds	Little Sisters of the Poor	Framework Provider	Nursing homes	LS6 2DE	27/07/2018	http://www.cqc.org.uk/location/1-131623876	RI	G	G	G	G	RI	11/06/2016	G	↓

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Report author: Mark Phillott
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Report of Director of Adults and Health

Report to the Scrutiny Board Adults, Health & Active Lifestyles

Date: 18 September 2018

Subject: Commissioned Homecare Services in Leeds

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number:	☐ Yes	☒ No

Summary of main issues

1. In 2016, the Adults and Health Directorate let a new homecare contract which commenced on the 1st June 2016. Members of the previous Scrutiny Board were informed in February 2017 of the outcome of the procurement process and the way the new contract was configured and how it was intended to operate. This report is to provide an update to the Scrutiny Board of the operation of the contract since it was let, the current quality of the services being provided under the contract and the future intentions of the Directorate in relation further development of commissioned homecare services in the city.

Recommendations

2. Members of the Adults, Health and Active Lifestyles Scrutiny Board are asked to:

2.1 Note the current achievements and challenges in the commissioned home care market

2.2 Note and consider the support put in place to improve and sustain the quality of commissioned homecare services.

2.3 Consider any further scrutiny activity and/or actions as appropriate.

1 Purpose of this report

1.1 This report is to provide an update to the Scrutiny Board regarding the:

- Operation of the current Homecare contract since it was let in June 2016;
- Current quality of services being provided under the contract; and,
- Developmental support to providers and the future intentions of the directorate in relation to further development of commissioned homecare services in the city.

2 Background information

2.1 In 2016, the Adults and Health Directorate let a new contract for the provision of homecare services following extensive consultation and a rigorous procurement exercise to select suppliers, which commenced on the 1st June 2016. The new homecare model sought to meet the requirements of the Care Act 2014, and secure quality and value within a fair fee rate. The main features of the new contract included:

- A split of the city into six geographical areas with a primary homecare provider being appointed to each area. This would allow the primary providers to gain a greater knowledge of the local area to assist with recruitment and retention of staff and build up a sustainable level of work in that area.
- A city wide framework to be awarded to a number of providers to support the primary providers.
- An agreed fair fee structure established following a cost of care exercise using the UK Homecare Association pricing tool amended for local conditions.
- Methods to incentivise good employment practices through adoption of the Unison Ethical Care Charter.

2.2 The intention of having a primary provider in each of the areas was to allow each provider to build a sustainable contract base and fully understand the nature of the services that would be required within the area they would be serving. The supplementary framework contract would then provide the means of allocating packages of care to a number of other providers in the local market where the primary provider was unable to provide the required capacity. The contract model was meant to address issues encountered in the previous open framework such as the ability to obtain care in specific geographical areas of the city and ability to deal with seasonal pressures.

2.3 Following the tender exercise four providers were appointed as the primary providers to cover the six geographical parts of the city:

- Hales Ltd – to cover two areas; Wetherby and North East Leeds
- CASA – to cover South Leeds.
- Medacs – to cover East Leeds

- Homecare Support – to cover two areas; West and North West Leeds.

In addition to this a further eight providers were appointed to the Framework Contract (in addition to the primary providers):

- A J Social Care Recruitment Ltd
- Care 24-7 Ltd
- GP Homecare Ltd trading as Radis Community Care
- Housing and Care 21 – now owned by Comfort Call
- Mears Care Ltd
- Nestor Primecare Services Ltd trading as Allied Healthcare
- Sevacare (UK) Ltd trading as Synergy Homecare
- Springfield Homecare Services Ltd

2.4 The specification in the contract sets out various minimum requirements for the delivery of the homecare service. As part of the homecare contract there is a Quality Standard Assessment (QSA) that sets the standards and quality expected in the delivery of homecare services and is a means of ensuring that providers deliver services to national standards and in accordance with contractual expectations. This can be used as a self-assessment tool by the providers to ensure they are meeting the contractual standards. All primary providers had to have a "Good" CQC rating to be considered eligible to be selected as a provider (except where they were a new provider into the city in which case, they would need to achieve a Good rating at their first inspection). At contract award, the primary providers had the following ratings:

Provider	Rating
CASA	Good
The Hales Group	New to Leeds no office in Leeds prior to June 2016- no rating
Homecare Support	Good
Medacs	Good

2.5 As part of the original commissioning process for the current contract, a 'Fair Rate for Care' exercise was undertaken, utilising the UK Home Care Association (UKHCA) costing tool, but adjusted in relation to management costs. This informed the fee levels that were set at the start of the procurement process.

2.6 As indicated above, the primary provider model was based on one provider delivering the bulk of the services in a particular geographical area and the fees that were set took into account the relative complexity of delivering home care in that area. Each of the geographical areas were categorised as either Urban, Rural or Super Rural and each of these categories attracted a different fee level based on the relative complexity of providing care in that particular area.

2.7 During the period of the procurement process, the Council signed up to the Ethical Care Charter (ECC) for Home Care and this resulted in the proposed fee rates being increased to enable and require the contracted providers to pay their care staff a rate above the National Living Wage (NLW) towards a notional 'Leeds Living Wage'[1] which at the time was set at a minimum of £8.01 per hour.

2.8 Delivery of the new contract commenced on the 1st June 2016 and has a contract period of 5 years to the 31st May 2021. Since the commencement of the contract there have been a variety of issues which have arisen relating to the quality of the services being delivered, and the ability of the primary and framework providers to provide all care packages under the contract.

3 Main Issues relating to the delivery of home care

Capacity within the contract

3.1 The model for the current contract required the primary provider to pick up the majority of care packages in their allocated area, with a small percentage of the work going to the framework providers. However, as can be seen from Table 1 below, primary providers are delivering 37% of the volume of services and the framework providers are delivering a further 30% of the total volume of service per week. In total, the primary and framework providers combined are delivering over 24,000 hours of care a week, but there is still a significant volume of service being delivered outside the contract which was not anticipated when the contract was let. The remaining 33% of services are being provided by approximately 40 providers across the city on a spot purchasing basis. All these providers are registered with the Care Quality Commission as domiciliary care providers.

Table 1

Contract	Provider	Weekly Invoiced hours during April 18	Percentage of total hours (excluding extra care)
Primary	CASA	2,945	
	Hales	2,071	
	Homecare Support	4,923	
	Medacs	3,387	
Total		13,326	37%
Framework	AJ Social care	707	
	Allied	1,062	
	Care 24/7	250	
	Comfort Call	2,950	
	Mears	1,088	
	Radis	265	
	Sevacare	917	
	Springfield	3,597	

[1] Minimum pay rate agreed with Leeds Home Care framework providers

Contract	Provider	Weekly Invoiced hours during April 18	Percentage of total hours (excluding extra care)
Total		10,836	30%
Framework and Primary		24,162	67%
Total care hours for period		35,863	
Total hours delivered on a spot purchasing basis		11,701	33%

3.2 At the start of the contract in June 2016, the 12 providers combined were delivering approximately 63% of the commissioned hours, the majority of which they had inherited from their previous contractual arrangements with the Council. By December 2017, the 12 providers were delivering approximately 74% of the commissioned home care hours, with the remaining 26% delivered through spot purchasing arrangements from approximately 60 home care agencies. However, since that time the total number of hours delivered by the 12 providers has been reducing with the most recent data based on invoices for April 2018 showing the primary providers delivering 37% and the 8 Framework providers delivering 30%. The remaining 33% hours are being delivered on a spot purchasing basis.

3.3 Routine monitoring of provider capacity shows that there continue to be delays across the 12 providers agreeing to deliver the required service and the service start date.

3.4 At a strategic level, regular meetings are taking place with the directors or chief officers of the four primary providers together with commissioning staff to discuss overall performance in meeting the service requirements. One of the main issues being discussed is provider capacity to meet demand for services and the delays in packages being set up. Providers state that their ability to deliver the volumes of services is restricted due to ongoing recruitment and retention issues, with particular problems caused by high levels of staff turnover.

3.5 It is recognised that difficulties in the recruitment and retention of care staff is a national issue and not unique to Leeds. The strong local economy and choice of employment opportunities also means that there are less people who are interested in taking on the care worker role. This is particularly acute in the more affluent parts of the city.

Quality of Service

3.6 In terms of CQC ratings, all four of the primary providers have moved from being rated as 'Good' at the start of the contract in June 2016, to 'Requires improvement'. In terms of the framework providers, six are rated as 'Good' and one is rated as 'Requires Improvement'. One of the providers, formerly Ark, has now been acquired by Comfort Call, and is yet to be inspected (see Table 2 below for a full breakdown of ratings).

Table 2 - Contracted Providers - CQC Ratings – July 2018

Primary Provider	Date report published	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
CASA	**19/4 /18**	**Requires Improvement**	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
Hales	**30/5/18**	**Requires Improvement**	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
Human Support Group	**16/8/18**	**Requires Improvement**	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Medacs	**30/12/17**	**Requires Improvement**	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
Framework Provider							
A J Community Care	**29/6/18**	**Good**	Good	Good	Good	Good	Good
Allied Healthcare	**9/1/18**	**Good**	Good	Good	Good	Good	Requires Improvement
Comfort Call Formerly Ark Home Healthcare	Comfort Call has not been inspected – Ark Home Healthcare was rated as Requires Improvement in November 2017 prior to the acquisition by Comfort Call, with the flowing ratings for each domain: Safe – Requires Improvement, Effective - Requires Improvement, Caring – Good, Responsive – Good and Well Led - Requires Improvement. Ark no longer trade in Leeds.						
Care 24/7	**20/5/15**	**Good**	Requires improvement	Good	Good	Good	Good
Mears Homecare Ltd	**12/11/16** Not yet been inspected at their new office address	**Good**	Requires Improvement	Good	Good	Good	Requires Improvement
Radis	**24/1/18**	**Good**	Requires Improvement	Good	Good	Good	Good
Synergy	**28/11/17**	**Good**	Good	Good	Good	Good	Requires Improvement
Springfield	**17/4/18**	**Requires Improvement**	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement

3.7 As can be seen from the table above, all the providers have received a rating of Good in the domain of 'Caring' and this would seem to be borne out with the findings of the service user survey mentioned in paragraph 3.9 below. It is also apparent that the providers with the greater number of hours and service users tend to be the ones who are currently only achieving a 'Requires Improvement' rating. Contracts staff within the Adults and Health Directorate are working closely with providers to support them to improve the quality of the care they deliver, including ensuring they have good and effective leadership.

3.8 During April and May 2018, contracts staff within the Directorate have been undertaking a comprehensive quality audit of the four primary providers, and there are a number of development areas that have been identified in relation to the quality of care being delivered. The providers are being required to develop comprehensive action plans detailing how they will make the required improvements and the timescales. Contract Officers will continue to work with and support the providers to ensure improvements are being evidenced and are being sustained. Regular relationship management meetings, provider forums and monitoring meetings will continue to take place with the providers. The monitoring activities have also included undertaking a service user survey, through the use of

a comprehensive customer satisfaction questionnaire developed by the Homecare Principal Officer.

3.9 In 2017, the Directorate commissioned Healthwatch Leeds to undertake a survey of service user experiences of their home care service. Healthwatch reported that, in general, whilst there were issues with aspects of the service that need to be dealt with by the primary providers, many people that Healthwatch spoke to as part of the survey expressed overall satisfaction with the care that they receive.

3.10 As part of the audit process carried out by the contracts team, a survey of service users for the primary providers was undertaken. Approximately 800 questionnaires were sent out with 210 completed surveys being returned (a 26% return rate). Again, similar to the Healthwatch survey, this survey found that service users, in general, were satisfied with the care services they received. Of the 210 respondents an average of 93% answered positively to the following four questions:

- Do you think your dignity and privacy is respected by the care workers?
- Do you find your care worker friendly approachable and willing to listen if you have a problem and concern?
- Do you think your care worker has respect for your age and changing ability good days bad days depending on your wellbeing?
- Do you feel your care worker is always patient and kind in undertaking their duties?

However, there were areas identified where improvements still need to be made by the providers such as information provided to the service user relating to complaints information and general service information, spot checks being carried out by providers and support planning. The results of the survey are being used as part of developing comprehensive improvement action plans for each provider.

3.11 One of the main issues that is raised by providers is the recruitment and retention of their workforce. Whilst there are only 12 registered providers of domiciliary care under the Council's contract, there are approximately 116 domiciliary care providers registered with CQC operating in the city all competing to secure homecare staff. All providers have indicated that recruitment and retention of staff at this time is extremely difficult. Providers have stated that on average, for every five people they interview for the role of community homecare worker only one will actually start a position within the company.

<u>Actions to improve the quality of the service</u>

3.12 As part of the annual fee setting process for this financial year, negotiations have been undertaken to increase the current fees to enable, and require, the 12 contracted providers to pay their staff at a minimum rate of £8.25 per hour. This has resulted in the approval of a fee increase of between 6% and 6.7%.

3.13 The *One City Care Home* project, which members of the Board will recall the Directorate has now established, includes a Leadership Academy to assist providers with development and retention of good quality registered managers. The Leadership Academy offers opportunities for the home care providers registered managers to develop their skills and knowledge in the leadership and

management of a registered service. Included in the Academy is the **Lead to Succeed** programme, which is delivered through full day workshops on topics such as developing successful cultures, leading and managing the process of change and leading and managing the inspection process. This initiative should greatly assist registered managers and providers in achieving a good rating in the well-led domain.

3.14 Following the Commissioning Team's audit, the primary providers have produced detailed action plans on the areas for improvement which have been identified. Contract officers are working with colleagues in the Directorate's Organisational Development section to provide tailored training opportunities for providers' staff. One of the main areas where CQC find issues when carrying out their inspections is in the area of medicines management in the Safe domain. Contract Officers are working with colleagues from the Leeds CCG to explore ways in which providers can improve practice in this area. Contract officers will also be continuing their regular visits to the providers as well as regular provider forums that will include advice sessions on areas such as medication, deprivation of liberty standards, nutrition, safeguarding good practice etc.

3.15 With the ongoing work through the Contract Team with the providers, we have seen a marked reduction in the number of safeguarding referrals over the past year in 2017/18. We saw an average of 4 referrals for each primary provider each quarter. In the first quarter of 2018/19, we have only had 2 safeguarding referrals across all the primary providers. Similarly, the number of complaints have also fallen from an average of 10 complaints each quarter for each provider to an average of 4 during the first quarter of 2018/19. Safeguarding referrals are closely monitored by the contracts team as well as by the CQC through their inspection process.

3.16 Discussions are being held with the four primary providers to identify ways in which they can work together and ways in which the Council can support them to increase staff recruitment and improve retention rates. This includes the providers working together to set up a recruitment campaign in the early autumn to coincide with the new school and university terms commencing. These discussions will also be extended to include the 8 Framework providers.

3.17 The providers also have access to the *We Care* Academy Apprenticeship Scheme. This scheme provides the companies with access to people looking for work in care services, who have already been through pre-employment checks and training, to undertake a 4 week work placement. The provider will then guarantee an interview for that person at the end of the placement. Adults and Health will have a focus on promoting the *We Care* Academy with the providers over the next year. In addition, registered managers have been provided with advice from Organisational Development colleagues on ways to successfully recruit and retain the right people for their care staff vacancies through value based recruitment.

3.18 As mentioned above, the providers have indicated the difficulties they are experiencing in recruiting and retaining staff. The providers indicate that they have particular difficulties in retaining care workers as their terms and conditions of employment are not seen to be favourable compared to other work such as in the retail sector.

3.19 In order to help improve the retention of care workers, and in accordance with the Ethical Care Charter, the Council has been supporting the providers to improve the terms and conditions of their employment contracts. This includes minimal use of zero-hours contracts, appropriate payment for travel time and reimbursement of travel costs, the provision of, and payment for attendance at training, team meetings and payment of the Leeds Living Wage, which the Council has now increased to a minimum of £8.25 per hour with effect from April 2018.

3.20 The Council has applied a significant increase in the fee rates paid to providers to enable them to pay their staff a minimum hourly rate of £8.25. The new fee rates the financial year 2018/19 are shown in Table 3 below. For comparison, the table also details the fee rates that had been applied in 2017/18.

Table 3

	2017/18	**2018/19**	% Increase
Urban	£14.94	**£15.94**	6.7%
Rural	£16.59	**£17.59**	6%
Super Rural	£16.88	**£17.89**	6%

3.21 The Directorate is also looking at different ways people who want to work in care can do so. Work is currently underway for the development of micro-providers and individual self-employed care workers who are able to provide a personalised care and support service to people to enable them to remain living independently in their own homes through the use of Direct Payments. The Director of Adults and Health has approved a pilot through a delegated decision on the 17th August 2018 (D47889) with an organisation called Community Catalysts to encourage and nurture a number of new micro enterprises in the city who will provide homecare services. The Pilot project will run for a period of 2 years and will focus on areas of the city where traditionally it has been difficult for the main providers to provide care e.g. the rural areas between Leeds and Wetherby and Leeds and Otley. The organisation has developed a new model of service in Somerset to recruit and support micro enterprises to deliver home care in local communities where contracted providers have had difficulties in providing capacity.

4 Conclusions

4.1 There remain concerns about some aspects of the care services being delivered by the primary providers. Practical support is being provided to these providers to enable them to improve the overall quality of their care provision and to increase capacity to deliver the volume of services required.

4.2 Council officers will continue to monitor the services being delivered and ensure that the providers complete the required actions as identified in their improvement action plans and that they sustain the improvements. The Council will also continue to work with and support the providers to improve their recruitment and retention so that they can deliver the volume of services required.

5 Recommendations

Members of the Adults, Health and Active Lifestyles Scrutiny Board are asked to:

1. Note the current achievements and challenges in the commissioned home care market.

2. Note and consider the support put in place to improve and sustain the quality of commissioned homecare services.

3. Consider any further scrutiny activity and/or actions as appropriate.

6 Background documents[2]

6.1 None used.

[2] 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 author: Paul Bollom (Head of Leeds Plan), Dawn Hallett (Project Manager, Leeds Plan)

Report of Director of Adults and Health

Report to Scrutiny Board Adults, Health and Active Lifestyles

Date: 18 September 2018

Subject: The Leeds Health and Care Plan: Position Update

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

1. Summary

1.1 The purpose of this paper is to provide Scrutiny Board (Adults, Health and Active Lifestyles) with an overview of the progress made so far within the Leeds Health and Care Plan ('Leeds Plan') and some of the key developments in progress.

1.2 It sets out the actions that have been progressed to date and considers where there is emerging evidence of improved indicators for health and care. The Leeds Plan is the placed based contribution to the West Yorkshire and Harrogate Health and Care Partnership (WY&HHCP). Recent strategic and funding developments are presented.

2. Recommendations

2.1 Scrutiny board is invited to note and comment on the progress made with the Leeds Health and Care Plan.

3. Background

3.1. The Leeds Health and Care Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021. It is rooted in the values and ambitions of the Strategy and collates the key actions that local health and wellbeing services will take to progress these.

3.2. The purpose of the Plan is a triple aim. The first is of improving health outcomes in Leeds through protecting the vulnerable and reducing health inequalities. This will be through ensuring we meet the Leeds Health and Wellbeing Strategy's ambition of improving the health of the poorest the fastest. The second is of maintaining the quality of our health and care services and reducing unwarranted variation. Finally the plan must ensure services are sustainable.

3.3. The Leeds Plan is a local plan and it has been developed through extensive political and public engagement, discussions at city forums and regular support and challenge from the Adults, Health and Active Lifestyles Scrutiny Board. This update builds on the previous discussions at this board on 13th March and on the 9th May 2018.

3.4. Leeds as a city is part of the wider West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) identified by the NHS as the geographical basis of planning improved services. The WY&H HCP supports a principle of 'subsidiarity'. This principle recognises that planning and improvement happen best at the most local geography that is appropriate. The approach starts with where people live – their neighbourhood or locality. Second the approach uses the power of "place" (Leeds for example) where we can have the best influence over many wider determinants of health such as housing, employment, environment and skills. It then recognises for certain key service improvements they may happen best working across a wider geography. The WY&H HCP supports the importance and primacy of the Leeds Plan as one of six 'place' based plans within the overall geography.

3.5. The development of collective confidence in a 'bottom up' approach with a strong emphasis on the public values in West Yorkshire has prompted submission of an expression of interest to NHS England (NHSE) for WY&H to become an 'Integrated Care System' (ICS). The consequences of this are envisaged to be greater local autonomy and freedom to innovate, a reduced regulator burden and more resources applied to frontline service change. To support further working towards the maturity of an ICS approach, NHSE has provided within 2018/19 a small discretionary fund to support accelerated progress of aspects of the Leeds and WY&H ambition.

4. Main issues

4.1. Since the last report there has been significant progress in developing the Leeds Plan conversation across the city, in the actions explicitly identified to take forward

and in developing the infrastructure and reporting required. The Leeds Plan summary is set out in Appendix 1.

4.2 **Prevention at scale – "Living a healthy life to keep myself well"**

4.3 Progress is being made to reducing the future burdens on the NHS and social care resources. Focus includes the reduction of harm from tobacco and alcohol through the promotion of smoke free and safe alcohol consumption as the norm, ensuring a Best Start for all children, supporting and sustaining longer term behaviour change and promotion of the benefits of being physically active, with opportunities to build physical activity into everyday life.

4.4 Highlights of progress in the last quarter include:-

- Finalisation of a new approach for alcohol and tobacco screening in hospital. A baseline audit has been completed. Patients entering hospital will now receive advice and support at an early stage.
- Progress made with the City's approach to increasing physical activity using the principles of a social movement campaign.
- "Active 10" is live in Leeds with targeted physical activity for 40-65 year olds.
- Research now underway to evaluate the smoking pregnancy pathway with Leeds Beckett University.

4.5 **Self-Management and Proactive Care - "Health and care services working with me in my community"**

4.6 With a key aim of improving the quality of services by thinking about physical, emotional and mental health needs; progress continues to be made with regards to improving local access to services that use technology and focus on recovery, reablement and self-management. This progression includes making health and care easier to access and the implementation of training provision for health and care professionals to ensure that they are able to support people to work on personal goals and to better manage their conditions.

4.7 Highlights of progress in the last quarter include:

- 83 people active within Breathe Easy support groups, promoting physical and mental health as well as building confidence and skills to better manage respiratory conditions;
- Collaborative Care and Support Planning offering patients with long term conditions the opportunity to have an annual review at their GP practice with the aim of ongoing support and coaching to enable patients to look after their own health – 17992 in Q1;
- Shared Decision Making within Muscular Skeletal services is improving communication, access to self-management resources and promoting a greater understanding of patients condition and ability to self-manage;

- Almost 1000 referrals into Social Prescribing. Social Prescribing offers activity, social and cultural interventions in communities as an alternative to or adjunct to medical interventions.

4.8 **Optimising Secondary Care - "Go to a hospital only when I need to"**

4.9 Progress is being made with activities that focus on improved support and in communities, ensuring that people stay the right time in hospital, and reducing the number of hospital visits patients are required to make before and after treatment. Reducing the length of time people stay in hospital will mean that they can return to their homes sooner.

4.10 Highlights of progress in the last quarter include:

- Swifter access to hospital help through the full roll out of e-referral and e-triage in Leeds Teaching Hospitals Trust (LTHT) for all routine services; paperless 'switch off' is progressing.
- An 8.7% reduction in total waiting for Leeds patients at LTHT - (Leeds patients all providers data not yet available) between March '17 and March '18 exceeding the set ambition.
- 4% reduction in Leeds GP referrals to our main hospital (year to February '18 vs year to Feb 18).
- Holistic responses to mental health and physical health are being supported by an improved "Liaison Psychiatry Service". The service is now an all age model (vs adults only) operating a 7 day 24 hour service from May 2018.
- Swift access to mental health support when needed in A&E has been achieved with nearly half of patients receiving help where a need has been identified within 1 hour.
- Public engagement is underway on the costs and benefits of medicines that are readily and cheaply available over the counter. Medicines Optimisation has saved £2 million by replacing biological medicines with biosimilar equivalents.

4.11 **Urgent Care and Rapid Response - "I get rapid help when needed to allow me to return to managing my own health in a planned way"**

4.12 With an emphasis on talking to citizens about how they can develop their own strengths, building the capability and capacity to promote self-care: there is a need to change the way we organise services by connecting all urgent health and care services together. By reviewing the ways that people currently access urgent health and social care services, including the current range access routes; progress is being made in making the system simpler which will support a more timely and consistent responses and, when necessary, appropriate referral into other services.

4.13 Successes in the last quarter include:

- A pilot has started of the Leeds Clinical Advisory Service (CAS). Primary care services working together to understand and test alternative services to A&E;
- A regional procurement of a new 111 service led by the West Yorkshire & Harrogate HCP is now underway. This is intended to include access via 111 to more locally relevant information on the alternatives for help in addition to A&E;
- Leeds has implemented its first Urgent Treatment Centre on the St George's Centre site. Access numbers are increasing. Second and subsequent sites are being supported through an implementation group and regular discussion with Scrutiny;
- Leeds has held a workshop across the number of telephone and other access points that the public may use to first access services. The ambition is to create a consistent and improved offer across these;
- A communication and engagement strategy for unplanned health and care has been completed. This will provide professionals and the public more joined up information and services for when there is a need for rapid unplanned help.

4.14 **Improving Locality and Neighbourhood Integrated Working**

4.15 Improving outcomes in localities by integrating and making best use of community assets is at the heart of the Leeds Plan. The Plan is mandated on a neighbourhood approach as the basis to integrate health and care, building on the strengths already existing in communities and community working in Leeds. The Leeds model of local integration is called Local Care Partnerships (LCP). This involves aligning in an inclusive model of primary care, community health, social care and voluntary sector led resources in communities - working as if they were one organisation.

4.16 The city is working to a geography of 18 LCPs with an additional ("+1") LCP focused on students registered at the Student Medical Practice. Appendix 1 provides a map of the geography of LCPs and population figures for each.

4.17 The approach is coordinated locally by a multi-disciplinary, multi-agency leadership meeting. It is recognised the full scale delivery of care through LCPs will take several years to implement. Currently LCPs are in the initial stages of development and progress varies across the city.

4.18 Leaders from General Practice have been identified in all of the 18+1 areas.

4.19 There is an ambition to establish these leadership teams in all LCPs over the next year, as well as to engage and involve all relevant staff. Several are already operational where they comprise of at least General Practice, Adult Social Care, Leeds Community Health Trust, Leeds and York Partnership Foundation Trust and the Voluntary Sector. There are existing and evolving models for Elected Member involvement. In some areas there is additional support from local pharmacy

providers. There is an ongoing approach in place to assess the functioning and development of each LCP (a maturity assessment). This will help identify where there are the greatest needs to support LCP progress

4.20 There is a significant resource requirement to stimulate and enable this approach. This requires combining leadership development, organisational development, governance and service design to make the vision real and provide a robust framework for this way of working**.** Monies allocated for Primary Care Network Development (see below) will be allocated against these requirements. Planning us underway to invest in a core support network comprising administration, organisational development and support colleagues to be released from other work in the city to help develop the leadership teams and LCP working. Further resources will be allocated to LCPs directly where they demonstrate they are sufficiently operational to allow them to invest in local initiatives which directly address local health outcomes.

4.21 The LCP approach builds on the already established thirteen neighbourhood teams which for a number of years have brought together social care and community health services into integrated teams. This is a solid foundation for further integrated working. A draft delivery plan for the LCP programme has been produced.

4.22 There is enthusiasm to identify LCP areas to be early implementers for new ways of working, however it is critical that staff engagement now takes place to share more broadly the vision and what the opportunities and implications may be. This needs to build on the staff engagement that has already been underway in several forums including GP leadership groups, Community Nurses through their training programme, through sharing of the overall Leeds Plan approach to date and through internal council discussions.

4.23 Front-line staff are beginning to ask for more information on LCPs and some have expressed nervousness that an organisational restructure of services is being planned. Therefore there is some urgency to begin the staff engagement to provide reassurance that this is not the case – the focus is on new ways of working. It is critical that consistent messages are given across all partner organisations to avoid the risk of confusion and misunderstandings. A key message for staff is that Local Care Partnerships represents a new way of person-centred, coordinated neighbourhood working, building on previous integration work.

4.24 Engagement with staff is planned to commence from September 2018. A core script and slide set has been under development with key stakeholders and the opportunity will be taken to iteratively test and develop the LCP vision and model with staff as engagement progresses. A draft document is also under development which starts to describe the LCP model and what working in an LCP will mean for different parts of our health and care system.

4.25 **Leeds Plan Support Resources**

4.26 The strength of partnership activity in Leeds has been supported by appropriate investment in infrastructure. The Health Partnerships Team hosted in the Adults and Health directorate in Leeds City Council has been a critical part of supporting the development of the effective Health and Wellbeing Board, joint commissioning and

executive partnership infrastructure in the city. It was recognised in developing and prosecuting the Leeds Plan there would be a requirement for further joint resourcing. This is in line with international learning from other health and care economies where investment in core resources have been a characteristic of effective progress in quality, outcome and efficiency improvements.

4.27 Statutory partners in Leeds committed collectively circa £600k to ensure cohesive planning and partnership support. The initial appointment of a Head of Leeds Plan has been followed by a round of wider recruitment to an expanded support team. 300 applications were received across 10 roles. This pleasing response reflecting the attraction of working in partnership roles. There has been completed the appointment and induction of two Project Leads, two Project Officers, a Programme Manager for the Citywide Estates Programme and a Project Manager for the citywide Workforce Programme. A communications, Engagement and Marketing lead and lead for the Project Management Office are scheduled to start by the end of September. The next recruitment round is scheduled to commence in September/October 2018 to finalise the agreed posts with the appointment of two additional Project Officers and a second Communications, Engagement and Marketing lead.

4.28 It is clear however, the resources which have been centrally funded are being matched, complemented and enhanced by increasing aligned support from colleagues across Leeds partnership organisations. This includes, for example, Leeds Clinical Commissioning Group (CCG) colleagues working towards system integration, colleagues working in Third Sector infrastructure and by resources identified by the CCG to support transformation.

4.29 Future plans in the city are to build further on the above resources where appropriate and increasingly to “do things once” in partnership in the city. Therefore the approach is being considered for further developments including the ongoing leadership and staffing needs of the developing Leeds Health and Care Academy.

4.30 **Big Leeds Chat**

4.31 The Leeds Plan has placed conversation with the public as integral to health and care planning. It is has been raised by the Adult, Health and Active Lifestyles Scrutiny Board previously that there is further work necessary to be undertaken to raise the profile of the health and care reforms required in the city, to engage with the public and refine the plan based on their views.

4.32 The Health and Wellbeing Board in Leeds has committed to leading a change in conversation with people. The People’s Voices Group (PVG), established at the request of Leeds Health and Wellbeing Board and convened by Healthwatch Leeds, brings together public engagement leads from health and care partners across the City. The PVG exists to ensure that people’s voices are heard by decision makers, and reinforces the City’s commitment to involving local people in the design and delivery of strategies and services.

4.33 The PVG, working in partnership with Leeds Plan colleagues, is designing an engagement event for the public on 11 October 2018. A team of staff, volunteers, and Leeds Plan Delivery Group members will be located in Leeds Markets. They

will all be asking people to get involved with a Big Leeds Chat about their Leeds, their health. The questions will be simple and open ended to facilitate a conversation, which will be recorded by the volunteer, collated into a report and presented to the Leeds Plan Delivery Group, the 4 individual Leeds Plan Boards, the Health and Wellbeing board, the Board to Board and any other relevant place.

4.34 Colleagues leading aspects of the Leeds Plan and wider decision makers and influencers will have an opportunity to hear people's views and direct those views into the ongoing development of the Leeds Plan.

4.35 This is the first event of its kind where health and care organisations will be engaging with the public and listening 'as one system'; all staff and volunteers will be part of the Big Leeds Chat team. This is a notable change in the way we engage collectively with people in Leeds. We are ambitious about this and are not aware of any other local area taking this approach. As such, this event is also about testing this out, gaining and then applying learning to further engagement processes.

4.36 Consequently, it is important to note that this is not a one off mechanism for listening to citizens' views on the Leeds Plan. It is bringing a new mechanism into a continuing dialogue. We know that this event won't reach and reflect our City's diverse communities, but it's a start. The ambition is for the Big Leeds Chat to grow and take place across the City, reaching a wide, all-age demographic. Through the work of the People's Voices Group, we aim to see a greater programme of joint public engagement with citizens of Leeds. The Big Leeds Chat could develop into a programme that covers a broad range of topics that are important to local communities.

4.37 **West Yorkshire and Harrogate Health and Care Partnership Funding Opportunities**

4.38 **Discretionary Funding – Leeds Position**

4.39 As part of the Integrated Care System development programme, West Yorkshire and Harrogate have been given an indication that the Partnership will be allocated £8.75m in discretionary funding.

4.40 The West Yorkshire and Harrogate System Leadership Executive (WYHSLE) Group agreed at its meeting on 3 July 2018 that the funding should be split between the priorities of**:**

- Primary Care Network Development £2.6m – of which £844,000 would be for Leeds
- Rapid implementation of improvements in urgent and emergency care delivery £4m of which in the region of £1m would be for Leeds
- Harnessing the power of communities £1m – of which £324,000 would be available for local Leeds priorities
- Extended capacity to deliver Partnership programmes £1m – allocations to different programmes TBC.

- Unallocated as at 21st August 2018 - £150,000

4.41 **Primary Care Network Development – Leeds Local Care Partnerships £844,000**

4.42 £2.6m was allocated to this across West Yorkshire and Harrogate area – based on the rough formula of £1 per head of population and WYHSLE have agreed to make this sum available to each of the six Places on a GP list registered population basis.

4.43 The WY&H Senior Leadership Executive (CEOs from partners across WY&H) also agreed that this should be aligned to the work of the Primary & Community Programme, and, in particular, its plan to ask each Place to undertake a baseline assessment against a nationally created assessment of local primary care working: "The Primary Care Network Maturity Model".

4.44 It is recognised that each network and each Place is at a different stage in the development of their model of local working. In Leeds Primary Care Networks are developing through the formation of the Leeds GP Confederation and the model of Local Care Partnerships and therefore this resource will be targeted as appropriate to move forward our local model on from their current state.

4.45 The proposal for Leeds is under development across the Leeds Plan partnership in line with the Leeds Plan and will be agreed by the Leeds Partnership Executive Group (PEG).

4.46 **West Yorkshire Acceleration Zone "2" (WYAZ 2) – Leeds proportion circa £1m**

4.47 £4m was allocated to improving Urgent and Emergency Care targets. This includes the delivery of rapid implementation of improvements in urgent and emergency care delivery across the West Yorkshire and Harrogate footprint. The funding is intended to aid in the delivery of the required levels of performance across the range of Urgent and Emergency Care metrics, particularly Accident and Emergency, Delayed Transfers of Care and 111 non-emergency support.

4.48 The money is allocated to the approaches developed in 2017/18 WYAZ "1" that were demonstrated to work and that recognise the full range of issues that can cause delays in our systems.

4.49 Leeds proposals will be agreed by the local System Resilience and Assurance Board (SRAB) and will support city plans for resilience and improvement.

4.50 **Harnessing the Power of Communities – Leeds Plan priorities £324,000**

4.51 In recognising the key role that communities and community organisations can make to the system, £324,000 was allocated to Leeds Plan priorities. It is up to each local place to make proposals on where the money is best invested in their local context but WY&H Senior Leadership Executive has asked local places ensure

that they are recognising the importance of tackling loneliness and carer support in helping people to remain independent, reducing health inequalities, and improving system performance (particularly Accident and Emergency, Delated Transfers of Care, “super-stranded” patients).

4.52 WY&H Senior Leadership Executive has also advised places that the money can be used as match-funds to attract new monies or to accelerate the pace of existing work on harnessing the power of communities but that each place is responsible for making proposals that fit with existing plans and can show clear evidence of impact.

4.53 **Capacity to Deliver Partnership Programmes - £1m across West Yorkshire and Harrogate programmes.**

4.54 WY&H Senior Leadership Executive recognised that there is limited capacity to deliver transformation programmes across West Yorkshire and Harrogate. Further work is being undertaken to identify how the £1m reserved for this work can achieve the best progress. Factors being taken into account include:

- the relative maturity of the programme
- the extent of existing funding this year and prior year programme capacity funding
- the outcomes that can be delivered by additional capacity
- the identification of innovative ways of progressing the partnership’s objectives

4.55 **Workforce Transformation Funding – Leeds Position**

4.56 In addition to the discretionary funds allocated above, further national funding has been allocated to the WY&H HCP to specifically develop workforce transformation. Leeds has been given the provisional news that it has been successful in two proposals made to the West Yorkshire and Harrogate workforce transformation programme. These are subject to confirmation on how they will be sustainable beyond the initial funding and how they can transfer knowledge.

4.57 £108,000 has been allocated to the Leeds proposal to develop new models of occupational therapy delivery. This would deploy two Occupational Therapists and two Technical Instructors to work directly in GP practices. The intention of this 12 month pilot is to deploy staff across 2 sites with practices that have different demographics and needs, to fully test and evaluate the model. The practices will be identified in consultation with Primary Care colleagues. Leeds Beckett University will undertake the monitoring and evaluation of the pilot which will include data collection to demonstrate proof of concept including outcome measures for patients and reduction in the number of referrals or attendances at A&E or other provision.

4.58 £200,000 has been allocated to a West Yorkshire and Harrogate collaborative proposal to encourage people to train for or take up careers in health and social care. This will include developing an infrastructure that will connect existing careers promotion activity and enable us to promote careers in a systematic and in a targeted way. This supports the Leeds Plan aim "to develop and widen access to our future workforce" - the premise being that in order to fulfil the employment demands of the sector- we must widen access across a range of groups- especially amongst those communities where access is compromised through deprivation, isolation and/or lack of educational opportunities.

4.59 The projects would be overseen by the city wide Workforce Workstream Board and co-ordinated through the Future Workforce Workstream of the Leeds Health & Care Academy (which reports into the city wide Workforce Workstream). Funding of £80k was sought for a Project Co-ordinator and a Project Administrator to be located within the Academy in order to manage and administer two schemes over a 12 month period. The first infrastructure scheme is to provide 24 supported (paid) internships to Year 12 students from target communities interested in a career in health or care. This will provide an opportunity for to gain experience and ambition to work in the sector with a paid incentive. The aim will be to increase update in Further and Higher Education after the internship. The second scheme is to support health and care colleagues to become Health and Care Ambassadors who can champion and promote careers in health and care across a range of settings and opportunities. The aim is to recruit 100 ambassadors.

4.60 **Integrated Commissioning**

4.61 Supporting an integrated approach to transformation in the Leeds Plan requires a background of integrated commissioning. Leeds Health and Wellbeing Board have requested and supported work to further develop proposals for Integrated Commissioning.

4.62 A shared framework is now being developed between local government and the NHS recognising the substantial progress already made to date in aligning planning and activity. This will provide a common basis for commissioning approaches. It is envisaged this will include a holistic move to more outcome focused and strategic commissioning. The framework will help define relative commissioning responsibilities, how commissioning and financial planning are linked and how commissioning closely supports strategic plans.

4.63 A self-assessment is underway against the Integrated Commissioning for Better Outcomes guidance issued by the LGA and NHS Clinical Commissioners.

4.64 **Strengthening our Leeds Health and Care Workforce**

Progress has been made across a broad range of areas:

- **Leeds Health and Care Academy**: The Academy will create integrated learning and development for an estimated 57,000 strong workforce across the health and care sector in the city, by people in training and development working together across organisational and professional boundaries. This will

promote systems thinking and leadership, and embed research and innovation. The Academy is now developing resources and learning programmes aligned to city priorities.

- **Organisational Development Partnership Hub (the OD Hub)**: The OD Hub facilitates and role models system leadership to enable people across the health and social care system to co-create work with an emphasis on the relationship aspects of the work to enable culture change. This is being achieved through facilitating partners to come and work together to tackle system change.

- **System leadership events**: Leeds recognises system leadership as 'working beyond the boundaries of my own organisation to deliver the best health and wellbeing outcomes for the people of Leeds'. Skills in this areas have been developed through citywide System Leadership events, which includes attendees from a "diagonal slice" of organisations (i.e. senior management through to operational staff). The approach supports building connections across the partnership including Third Sector, primary care, statutory services, and regionally.

- **Developing a Citywide Health and Social Care Workforce Strategy** for Leeds - A conference took place in May 2018 to help inform the development of a clear workforce strategy and workforce plan for the future. It brought together around a hundred attendees from across the Leeds health and care system. Feedback from the workshop will ensure the approach has a strong significant focus on staff mental health and wellbeing in addition to supporting staff with new skills across digital and community working. The strategy will also consider the wide workforce in the city (including voluntary and independent sectors) and include consideration of how support to carers may be improved through access to training and support.

5 Corporate Considerations

5.1 The Leeds Health and Care Plan supports the Leeds Health and Wellbeing Strategy and Best Council Plan.

6 Conclusions

6.1 The Leeds Health and Care Plan has demonstrated significant progress in moving from discussion to an implementation approach. It continues to become effective in co-ordinating and aligning resources, activity and change into a single conversation for the city. It is resourced to track activity and progress and support partners in the city to act in an increasingly cohesive way.

6.2 Public engagement on the Leeds Plan needs to continue and be enhanced and there are concrete plans in place to take the next steps towards this.

6.3 The bottom up approach that is characteristic of the Plan has supported progress in working at locality, city and WY&H scale. This has supported the draw-down of national NHS resources to support the local priorities in the Plan.

6.4 There are indicators that the Leeds Plan is making an impact on indicators of progress in the city. Further work needs to be undertaken to provide a regular reporting mechanism and dashboard to support the evidence of the improvements it is making in outcomes in the city.

7 Recommendations

7.1 Scrutiny board are invited to note and comment on the progress made with the Leeds Health and Care Plan.

Leeds CITY COUNCIL

Report author: Paul Bollom (Head of Leeds Plan), Dawn Hallett (Project Manager, Leeds Plan)

Appendix 1 – Summary Leeds Health and Care Plan

Examples of our successes in delivering our Leeds Health and Care Plan - June – Aug 2018 *By 2021, Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest*		
A plan that will improve health and wellbeing for all ages and for all of Leeds which will…		
Protect the vulnerable and reduce inequalities	Improve quality and reduce inconsistency	Build a sustainable system within the reduced resources available
Our community health and care service providers, GPs, local authority, hospitals and commissioning organisations will work with citizens, elected members, volunteer, community and faith sector and our workforce to design solutions bottom up that…		
Have citizens at the centre of all decisions and change the conversation around health and care		
Build on the strengths in ourselves, our families, carers and our community; working **with** people, actively listening to what matters most to people, with a focus on what's strong rather than what's wrong		
Invest more in prevention and early intervention, targeting those areas that will make the greatest impact for citizens		
Use neighbourhoods as a starting point to further integrate our social care, hospital and volunteer, community and faith sector around GP practices providing care closer to home and a rapid response in times of crisis		
Takes a holistic approach working with people to improve their physical, mental and social outcomes in everything we do		
Use the strength of our hospital in specialist care to support the sustainability of services for citizens of Leeds and wider across West Yorkshire		

What this means for me…	Prevention at scale "Living a healthy life to keep myself well"	Self-Management and Proactive Care "Health and care services working with me in my community"	Optimising Secondary Care "Go to a hospital only when I need to"	Urgent Care and Rapid Response "I get rapid help when needed to allow me to return to managing my own health in a planned way"
Key actions that will be undertaken:	Some examples of success in the last quarter: o A new approach is being finalised for alcohol and tobacco screening in hospital. A baseline audit has been completed. Patients entering hospital will now receive advice and support at an early stage. o A city approach to increasing physical activity using the principles of a social movement campaign is underway. o Active 10 is live in Leeds with targeted physical activity for 40-65 years olds. o Research now underway to evaluate the smoking pregnancy pathway with Leeds Beckett University.	Some examples of success in the last quarter: o 83 people are now active within Breathe Easy support groups promoting physical and mental health as well as building confidence and skills to better manage respiratory conditions. o CCSP offering patients with LTC the opportunity to have an annual review at their GP practice with the aim of ongoing support and coaching to enable patients to look after their own health – 17992 in Q1 o Shared Decision Making within Muscular Skeletal services is improving communication, access to self-management resources and promoting a greater understanding of patients condition and ability to self-	Some examples of success in the last quarter: o Swifter access to hospital help has been achieved through full roll out of e-referral and e-triage in Leeds Teaching Hospitals Trust (LTHT) for all routine services; paperless 'switch off' is progressing. o Total waiting list size reduced for Leeds patients at LTHT reduced by 8.7% (Leeds patients all providers data not yet available) between March 17 and March 18 exceeding the set ambition. o Leeds GP referrals to our main hospital have reduced by 4% (year to February 18 vs year to Feb 18). o Holistic responses to mental health and physical health are being supported by an improved "Liaison Psychiatry	Some examples of success in the last quarter: o A pilot has started of the Leeds Clinical Advisory Service (CAS). Primary care services working together to understand test alternative services to A&E o A regional procurement of a new 111 service lead by the West Yorkshire STP is now underway. This is intended to include access via 111 to more locally relevant information on the alternatives for help in addition to A&E. o Leeds has implemented its first Urgent Treatment Centre on the St Georges Centre site. Access numbers are increasing. Second and subsequent sites are being supported through an implementation group and regular discussion with Scrutiny o Leeds has held a workshop across the number of telephone and other access points that the public may use to first access services. The ambition is to create a consistent and improved offer

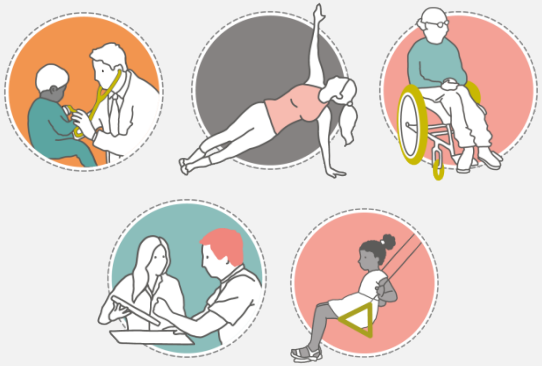
		manage o Almost 1k referrals into Social Prescribing. Social Prescribing offers activity, social and cultural interventions in communities as an alternative to or adjunct to medical interventions.	Service". The service is now an all age model (vs adults only) operating 7 days 24 hour service (vs 5 day a week) from May 2018. o Swift access to mental health support when needed in A&E has been achieved with nearly half of patients receiving help where a need has been identified within 1 hour. o Public engagement is underway on the costs and benefits of medicines that are readily and cheaply available over the counter. Medicines Optimisation has saved £2 million by replacing biological medicines with biosimilar equivalents.	across these. o A communication and engagement strategy for unplanned health and care has been completed. This will provide professionals and the public more joined up information and services for when there is a need for rapid unplanned help.

Together these actions will deliver a new vision for community services and primary care in every neighbourhood. These will be supported by…

Working as if we are one organisation and growing our own workforce from our diverse communities, supported by leading and innovative workforce education, training and technology.

Some examples of success in the last quarter:

- Note main body of report



Making Leeds a centre for good growth becoming the place of choice in the UK to live, to study, for businesses to invest in, for people to come and work

Some examples of success in the last quarter:

- Integrated Innovation Strategy for the city developed.
- Test Bed bid submitted.
- Key academics linked to each Leeds Plan programme boards.

Using existing buildings more effectively, ensuring that they are right for the job

Some examples of success in the last quarter:

- Prioritisation agreed around primary care provision in Burmantoffs.
- St Mary's Hospital project board formed.
- Full business case for Burley Willows Learning Disabilities centre developed.

Using our collective buying power to get the best value for our 'Leeds £'

Having the best connected city using digital technology to improve health and wellbeing in innovative ways

Some examples of success in the last quarter:

- Secured £7.2M over the next two years to provide the regional capacity and capability to join up digital care records through Local Health and Care Record Exemplar.
- Supporting working as if we are one organisation through diary, access and network access and Skype across partners.

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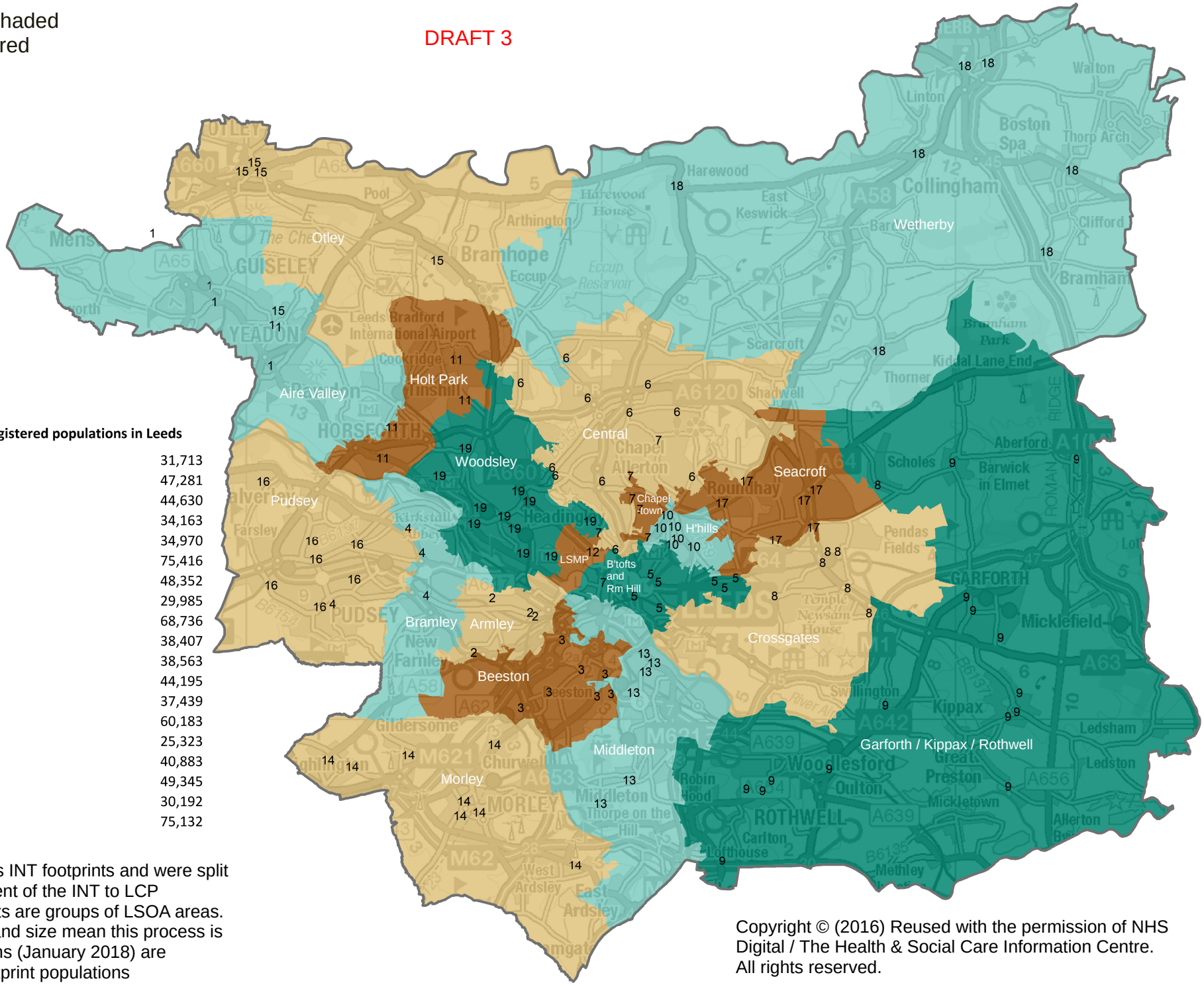
2018 LCP footprints shaded
LCP practices numbered

DRAFT 3



Local Care Partnerships and registered populations in Leeds

1	Aire Valley	31,713
2	Armley	47,281
3	Beeston	44,630
4	Bramley	34,163
5	Burmantofts & Richmond Hill	34,970
6	Central	75,416
7	Chapeltown	48,352
8	Crossgates	29,985
9	Garforth/Kippax/Rothwell	68,736
10	Harehills	38,407
11	Holt Park	38,563
12	LSMP	44,195
13	Middleton	37,439
14	Morley	60,183
15	Otley	25,323
16	Pudsey	40,883
17	Seacroft	49,345
18	Wetherby	30,192
19	Woodsley	75,132

LCP footprints originated as INT footprints and were split according to the development of the INT to LCP memberships. The footprints are groups of LSOA areas. Variations in LSOA shape and size mean this process is a little restricted. Populations (January 2018) are registered patients, not footprint populations

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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: 18 September 2018

Subject: West Yorkshire and Harrogate Health and Care Plan – Memorandum of Understanding

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

1 Purpose of this report

1.1 The purpose of this report is to present, for consideration, the draft West Yorkshire and Harrogate Health and Care Partnership Memorandum of Understanding (and associated report), presented and considered by Leeds' Health and Wellbeing Board at its meeting on 5 September 2018.

2 Main issues

2.1 The draft West Yorkshire and Harrogate Health and Care Partnership Memorandum of Understanding (and associated report), presented to Leeds' Health and Wellbeing Board at its meeting on 5 September 2018 is appended to this report for consideration by the Scrutiny Board.

2.2 The outcome of the Health and Wellbeing Board meeting is summarised by the following extract from the draft minutes of the meeting held on 5 September 2018.

West Yorkshire and Harrogate Health and Care Partnership Update

The Chief Officer, Health Partnerships; and the Head of Regional Partnerships submitted a report which provided an update on the progress of the Memorandum of Understanding.

The following were in attendance:

- Tony Cooke, Chief Officer for Health Partnerships
- Rachael Loftus, Head of Regional Health Partnerships

The Head of Regional Health Partnerships and the Chief Officer for Health Partnerships introduced the report and highlighted the key amendments to the Memorandum of Understanding following consultation, which included:

- *A stronger focus on ensuring local government have a key role in democracy and decision making.*
- *Emphasis on the need for coordination across boundaries to enable quick and easy access to services when people need them the most.*
- *The introduction of a partnership board at West Yorkshire level, to engage the public and the third sector, and increase political engagement.*

The Board commented that the document was a much improved version, welcomed the changes, and thanked the Chair for ensuring the Board maintained influence. However, Members were keen for the document to be viewed as a 'living' document, to reflect future changes, particularly in relation to commissioning.

RESOLVED –

a) To note discussions around the text of the Memorandum of Understanding contained in Appendix 1.
b) To agree to sign up to the spirit and content of the Memorandum of Understanding.

2.3 It should be noted that the draft West Yorkshire and Harrogate Health and Care Partnership Memorandum of Understanding is likely to be considered by a number of different partner organisations, including other local Health Overview and Scrutiny Committees. It is also planned to be considered by the West Yorkshire Joint Health Overview and Scrutiny Committee (WY JHOSC) at its meeting on 8 October 2018.

2.4 Appropriate representatives have been invited to attend the meeting to help the Scrutiny Board consider the information presented.

3. Recommendations

3.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to consider and comment on the details presented in report considered by Leeds Health and Wellbeing Board and agree any specific matters that may require further scrutiny action, input or activity.

4. Background papers[1]

4.1 None used

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

HEALTH AND WELLBEING BOARD

5TH SEPTEMBER 2018

SUPPLEMENTARY PACK

ITEM 11 – WEST YORKSHIRE AND HARROGATE HEALTH AND CARE PARTNERSHIP – A MEMORANDUM OF UNDERSTANDING

A revised report and a copy of the Memorandum of Understanding proposed as a formal agreement between West Yorkshire and Harrogate health and care partners

Agenda complied by: Helen Gray
Governance Services 0113 3788657

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Leeds Health and Wellbeing Board

Report author: Rachael Loftus/
Tony Cooke

Report of: West Yorkshire and Harrogate Health and Care Partnership

Report to: Leeds Health and Wellbeing Board

Date: 05 September 2018

Subject: West Yorkshire and Harrogate Health and Care Partnership – a Memorandum of Understanding

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

In October 2017 the West Yorkshire and Harrogate Partnership (WYH) Senior Leadership Executive Group (SLE) agreed that a Memorandum of Understanding (MoU) should be developed to formalise working arrangements and support for the next stage of the Partnership's development.

The MoU is proposed as a formal agreement between WYH health and care partners which includes many of the Leeds Health and Wellbeing Board members. The MoU is not a legal contract but it is a formal agreement to continue working together in partnership to deliver better health and care outcomes across the West Yorkshire and Harrogate area.

Recommendations

The Health and Wellbeing Board is asked to:

- Consider the text of the Memorandum of Understanding contained in Appendix 1.
- Make a recommendation to Leeds Health and Wellbeing Board members on whether to sign up to the spirit and content of the Memorandum of Understanding.

1 Purpose of this report

1.1 To seek the Health and Wellbeing Board's views and possible endorsement for partners in the Leeds health and care system to sign the Memorandum of Understanding (MoU) for the West Yorkshire and Harrogate (WYH) Health and Care Partnership (HCP).

2 Background information

2.1 Leeds has been part of the WYH HCP since its inception as a Sustainability and Transformation Plan in March 2016.

2.2 In May 2018, WYH HCP was one of four areas to be invited to part of the Integrated Care System (ICS) development programme. Being a Shadow ICS is about helping the partnership to develop the sophistication of process and relationships that means, in future, the partnership itself will be able to take on some powers and budgets from national bodies. This would mean that decisions about investment in health and care can be taken more locally by those with a closer relationship to the impact of the funds and decisions. Additional funding has already been secured for 2018/19 and a further two years funding is likely.

2.3 In practice this does not change the status of the partnership itself, or remove or revoke any responsibilities or sovereignty from the organisations that make up the Partnership. It does, however, provide the opportunity to develop a clear statement of intent from all partners about how we will work together to develop that greater level of sophistication for more effective local decision making.

2.4 All partners are clear that the next phase of partnership working is about the right systematic leadership for integration across health and care from across all the 30+ organisations that make up the Partnership as well as how the Partnership works with the hundreds of other organisation that have an impact on health and care, including third sector organisations, pharmacies, care homes, hospices and domiciliary care providers.

2.5 It includes continuing to negotiate for the kind of WYH HCP and partnership outcomes that we have agreed are important: investment in prevention, primary care and mental health, community-wellbeing, better join up between 'health' and 'care' and democratic accountability and transparency about where we direct our collective resources.

2.6 In Leeds, the Health and Wellbeing Strategy 2016-2021 continues to guide our efforts to improve the health and care system – it has ambitious goals for Leeds to be the Best City for Health and Wellbeing and to improve the health of the poorest the fastest. These principles guide our involvement in the West Yorkshire Partnership and our engagement with central government and NHS England.

3 Main issues

3.1 In October 2017 the West Yorkshire and Harrogate Partnership (WYH) Senior Leadership Executive Group (SLE) agreed that a Memorandum of Understanding (MoU) should be developed to formalise working arrangements and support for the next stage of the Partnership's development.

3.2 The MoU is a formal agreement between WYH health and care partners.

3.3 It also provides the basis for partners to collectively negotiate a refreshed relationship between local NHS organisations and national oversight bodies.

3.4 It does not introduce a new hierarchical model but aims to instil the principle of mutual accountability to underpin the collective ownership of the outcomes partners have agreed are essential.

3.5 It is not a legal contract, but is a formal agreement between all of the partners. It is based on an ethos that the Partnership is a servant of the people in West Yorkshire and Harrogate and of its member organisations.

3.6 It specifically does not replace or override the legal and regulatory frameworks that apply to statutory NHS organisations and Councils. Instead, it is designed to sit alongside and complement these frameworks, creating the foundations for closer and more formal collaboration.

3.7 The MoU is intended to be read in conjunction with the West Yorkshire and Harrogate Next Steps document published in February 2018 and the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan. Together these documents set out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health of the 2.6 million people who live in our area, and to improve the quality of their health and care services.

3.8 The MoU has been drafted by a working group of colleagues from across partners including Local Government and the NHS.

3.9 The text of the MoU covers the context for the partnership, how partners are expected to work together across WYH, including principles, values and behaviours, mutual accountability and governance arrangements, including how the Partnership moves towards a new approach to assurance, regulation and accountability with the NHS national bodies.

3.10 Development of the MoU has aimed to provide a platform for:

- a refresh of the governance arrangements including the relationship and interplay between the six Places and statutory bodies
- exploring what mutual accountability means in the context of collective ownership for delivery, rather than a top-down approach
- developing a new approach to commissioning, and maturing provider networks that collaborate to deliver services in place and at WYH level

- improving clinical and managerial leadership of change in major transformation programmes

- developing more transparent and inclusive approaches to citizen engagement in development, delivery and assurance

- improving political ownership of, and engagement in the agenda, including regular opportunities for challenge and scrutiny

- developing a new assurance and accountability relationship with the NHS regulatory and oversight bodies that provides new flexibilities for WYH to assert greater control over system performance and delivery and the use of transformation and capital funds

- agreeing an effective system of risk management and reward for the NHS bodies in the system

- how partners will work together in WYH, including our principles, values and behaviours

- the objectives of the Partnership, and how our joint priority programmes and enabling workstreams will improve service delivery and outcomes across WYH

- the mutual accountability and governance arrangements, including how we will move towards a new approach to assurance, regulation and accountability with the NHS national bodies

- our joint financial framework and how it relates to NHS partners

- the support that will be provided to the Partnership by the national and regional teams of NHS England and NHS Improvement

- which aspects of the agreement apply to particular types of organisation

3.11 In order for all signatory partners to have had a full opportunity to comment on the draft text – the final version of the Draft Memorandum of Understanding was not publically circulated until after the 31st August and is included as appendix to this paper. Paper copies will be available at the Health and Wellbeing Board meeting.

3.12 All partners are being asked to take the process for sign-up through their own governance structures, including making any final decision at a meeting that takes place in public.

3.13 The process for all partners to go through their governance structures is anticipated to take place during September and October 2018.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 At this stage there are no consultation, engagement of hearing citizen voice implications for the Health and Wellbeing Board specifically relating to the MoU.

Following the founding principle of the WYH HCP – it is up to each individual member to engage with their own stakeholders and constituencies and advocate for them in the Partnership arena.

4.1.2 The Health and Wellbeing Board will continue to be a conduit to ensure that the WYH HCP meets the aspiration written into the MoU for working with, effective engagement and supporting and responding to citizen and patient voice.

4.2 Equality and diversity / cohesion and integration

4.2.1 At this stage there are no equality, diversity or cohesion and integration implications for the Health and Wellbeing Board specifically relating to the MoU.

4.2.2 The Health and Wellbeing Board will continue to play its role as Place leader to ensure that the WYH HCP emerging ways of working fully meet both the Health and Wellbeing Board's and the MoU's stated commitment to and aspirations for improving the health of the poorest fastest.

4.3 Resources and value for money

4.3.1 At this stage there resources and value for money implications for the Health and Wellbeing Board specifically relating to the MoU – as this responsibility is held with each of the organisational signatories.

4.3.2 As a key Leeds multi-agency forum, with a democratic mandate from local communities through elected members, the Health and Wellbeing Board will remain fully engaged on any future funding arrangements and resource allocations decided through the WYH HCP to ensure that this represents value for public money and that the interests of the Leeds population are fairly met.

4.4 Legal Implications, access to information and call In

4.4.1 At this stage there are no legal, access to information or call in implications specifically relating to the MoU.

4.4.2 The Health and Wellbeing Board will remain fully engaged on any future changes in the legal status of the WYH HCP and will be given time and consultation on any proposals to change the actual legal status of WYH HCP.

4.5 Risk management

4.5.1 At this stage there are no significant risk implications for the Health and Wellbeing Board specifically relating to the MoU. Individual signatories are expected to manage their risks according.

4.5.2 The MoU contains significant sections on risk management and mutual accountability for the WYH HCP and the Health and Wellbeing Board will continue to monitor for any emergent risks associated with the developing roles of the Partnership.

5 Conclusions

5.1 The MoU has been drafted by partners and has gone through significant iterations to be at the state where partners are able to recommend the draft to their governing bodies.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Consider the text of the Memorandum of Understanding contained in Appendix 1
- Make a recommendation to Leeds Health and Wellbeing Board members on whether to sign up to the spirit and content of the Memorandum of Understanding.

7 Background documents

None.

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How does this help reduce health inequalities in Leeds?
Through the agreement of signatories that a key focus on working in partnership is to reduce inequalities.

Through partners working more closely together, provide the opportunity to target greater resources and support to improving the health of the poorest fastest.

How does this help create a high quality health and care system?
Through establishing a robust partner agreement that commits partners to working and behaving more like a single high quality system.

How does this help to have a financially sustainable health and care system?
Through establishing a robust partner agreement that commits partners to working together and behaving more like a single high quality system – the opportunities to develop mutual accountability, reduce duplication and attract greater resources to the system.

Future challenges or opportunities
The development of the MoU is a significant step forward towards partners meeting their joint ambition of a truly integrated and world class system, however delivering on that promise will continue to require significant effort and capacity from every partner in the system.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

West Yorkshire and Harrogate
Health and Care Partnership

Memorandum of Understanding

D R A F T

August 2018

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Foreword

Since the creation of West Yorkshire and Harrogate Health and Care Partnership in March 2016, the way we work has been further strengthened by a shared commitment to deliver the best care and outcomes possible for the 2.6 million people living in our area.

Our commitment remains the same and our goal is simple: we want everyone in West Yorkshire and Harrogate to have a great start in life, and the support they need to stay healthy and live longer. We are committed to tackling health inequalities and to improving the lives of the poorest fastest. Our commitment to an NHS free at the point of delivery remains steadfast, and our response to the challenges we face is to strengthen our partnerships.

The proposals set out in our plan are firming up into specific actions, backed by investments. This is being done with the help of our staff and communities, alongside their representatives, including voluntary, community organisations and local councillors. Our bottom-up approach means that this is happening at both a local and WY&H level which puts people, not organisations, at the heart of everything we do.

We have agreed to develop this Memorandum of Understanding to strengthen our joint working arrangements and to support the next stage of development of our Partnership. It builds on our existing collaborative work to establish more robust mutual accountability and break down barriers between our separate organisations.

Our partnership is already making a difference. We have attracted additional funding for people with a learning disability, and for cancer diagnostics, diabetes and a new child and adolescent mental health unit.

However, we know there is a lot more to do. The health and care system is under significant pressure, and we also need to address some significant health challenges. For example we have higher than average obesity levels, and over 200,000 people are at risk of diabetes. There are 3,600 stroke incidents across our area and we have developed a strategic case for change for stroke from prevention to after care and are identifying and treating people at high risk of having a stroke.

We all agree that working more closely together is the only way we can tackle these challenges and achieve our ambitions. This Memorandum demonstrates our clear commitment to do this.

Rob Webster
West Yorkshire and Harrogate Health and Care Partnership Lead
CEO South West Yorkshire Partnership NHS FT

1. Parties to the Memorandum

1.1. The members of the West Yorkshire and Harrogate Health and Care Partnership (the **Partnership**) , and parties to this Memorandum, are:

Local Authorities

- City of Bradford Metropolitan District Council
- Calderdale Council
- Craven District Council
- Harrogate Borough Council
- Kirklees Council
- Leeds City Council
- North Yorkshire County Council[1]
- Wakefield Council

NHS Commissioners

- NHS Airedale, Wharfedale and Craven CCG
- NHS Bradford City CCG
- NHS Bradford Districts CCG
- NHS Calderdale CCG
- NHS Greater Huddersfield CCG
- NHS Harrogate and Rural District CCG
- NHS Leeds CCG
- NHS North Kirklees CCG
- NHS Wakefield CCG
- NHS England

NHS Service Providers

- Airedale NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Leeds and York Partnership NHS Foundation Trust
- Leeds Community Healthcare NHS Trust
- The Leeds Teaching Hospitals NHS Trust
- The Mid Yorkshire Hospitals NHS Trust

- South West Yorkshire Partnership NHS Foundation Trust[1]
- Tees, Esk, and Wear Valleys NHS Foundation Trust[1]
- Yorkshire Ambulance Service NHS Trust[1]

Heath Regulator and Oversight Bodies

- NHS England
- NHS Improvement

Other National Bodies

- Health Education England
- Public Health England
- Care Quality Commission [TBC]

Other Partners

- Locala Community Partnerships CIC
- Healthwatch Bradford and District
- Healthwatch Calderdale
- Healthwatch Kirklees
- Healthwatch Leeds
- Healthwatch North Yorkshire
- Healthwatch Wakefield
- Yorkshire and Humber Academic Health Science Network[1.]

1.2. As members of the Partnership all of these organisations subscribe to the vision, principles, values and behaviours stated below, and agree to participate in the governance and accountability arrangements set out in this Memorandum.

1.3. Certain aspects of the Memorandum are not relevant to particular types of organisation within the partnership. These are indicated in the table at **Annex 1**.

Definitions and Interpretation

1.4. This Memorandum is to be interpreted in accordance with the Definitions and Interpretation set out in Schedule 1, unless the context requires otherwise.

Term

1.5. This Memorandum shall commence on the date of signature of the Partners, and shall continue for an initial period of three (3) years and thereafter subject to an annual review of the arrangements by the [Partnership Board].

[1] These organisations are also part of neighbouring STPs.

Local Government role within the partnership

1.6. The West Yorkshire and Harrogate Health and Care Partnership includes eight local government partners. The five Metropolitan Councils in West Yorkshire and North Yorkshire County Council lead on public health, adult social care and children's services, as well as statutory Health Overview and Scrutiny and the local Health and Wellbeing Boards. The Metropolitan Councils, Harrogate Borough Council and Craven District Council lead on housing. Together, they work with the NHS as commissioning and service delivery partners, as well as exercising formal powers to scrutinise NHS policy decisions.

1.7. Within the WY&H partnership the NHS organisations and Councils will work as equal partners, each bringing different contributions, powers and responsibilities to the table.

1.8. Local government's regulatory and statutory arrangements are separate from those of the NHS. Councils are subject to the mutual accountability arrangements for the partnership. However, because of the separate regulatory regime certain aspects of these arrangements will not apply. Most significantly, Councils would not be subject a single NHS financial control total and its associated arrangements for managing financial risk. However, through this Memorandum, Councils agree to align planning, investment and performance improvement with NHS partners where it makes sense to do so. In addition, democratically elected councillors will continue to hold the partner organisations accountable through their formal Scrutiny powers.

Partners in Local Places

1.9. The NHS and the Councils within the partnership have broadly similar definitions of place. (The rural Craven district is aligned with Bradford for NHS purposes, but is seen as a distinct local government entity in its own right within North Yorkshire.)

1.10. All of the Councils, CCGs, Healthcare Providers and Healthwatch organisations are part of their respective local place-based partnership arrangements. The extent and scope of these arrangements is a matter for local determination, but they typically include elements of shared commissioning, integrated service delivery, aligned or pooled investment and joint decision-making. Other key members of these partnerships include:

- GP Federations
- Specialist community service providers
- Voluntary and community sector organisations and groups
- Housing associations.
- other primary care providers such as community pharmacy, dentists, optometrist
- independent health and care providers including care homes

2. Introduction and context

2.1. This Memorandum of Understanding (Memorandum) is an understanding between the West Yorkshire and Harrogate health and care partners. It sets out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health of the 2.6 million people who live in our area, and to improve the quality of their health and care services.

2.2. West Yorkshire and Harrogate Health and Care Partnership began as one of 44 Sustainability and Transformation Partnerships (STPs) formed in 2016, in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in our six places: Bradford District and Craven[2], Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

2.3. Our partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.

2.4. We published our high level proposals to close the health, care and finance gaps that we face in November 2016. Since then we have made significant progress to build our capacity and infrastructure and establish the governance arrangements and ways of working that will enable us to achieve our aims.

Purpose

2.5. The purpose of this Memorandum is to formalise and build on these partnership arrangements. It does not seek to introduce a hierarchical model; rather it provides a mutual accountability framework, based on principles of subsidiarity, to ensure we have collective ownership of delivery. It also provides the basis for a refreshed relationship with national oversight bodies.

2.6. The Memorandum is not a legal contract and is not intended to be legally binding and no legal obligations or legal rights shall arise between the Partners from this Memorandum. It is a formal understanding between all of the Partners who have each entered into this Memorandum intending to honour all their obligations under it. It is based on an ethos that the partnership is a servant of the people in West Yorkshire and Harrogate and of its member organisations. It does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations and Councils. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.

2.7. Nothing in this Memorandum is intended to, or shall be deemed to, establish any partnership or joint venture between the Partners to the

[2] Whilst Craven is organisationally aligned with the NHS in Bradford, it is a distinctive place in its own right, forming part of North Yorkshire.

Memorandum, constitute a Partner as the agent of another, nor authorise any of the Partners to make or enter into any commitments for or on behalf of another Partner.

2.8. The Memorandum should be read in conjunction with the Partnership Plan, published in November 2016, the Next Steps (February 2018) and the six local Place plans across West Yorkshire and Harrogate.

Developing new collaborative relationships

2.9. Our approach to collaboration begins in each of the 50-60 neighbourhoods which make up West Yorkshire and Harrogate, in which GP practices work together, with community and social care services, to offer integrated health and care services for populations of 30-50,000 people. These integrated neighbourhood services focus on preventing ill health, supporting people to stay well, and providing them with high quality care and treatment when they need it.

2.10. Neighbourhood services sit within each of our six local places (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield). These places are the primary units for partnerships between NHS services, local authorities, charities and community groups, which work together to agree how to improve people's health and improve the quality of their health and care services.

2.11. The focus for these partnerships is moving increasing away from simply treating ill health to preventing it, and to tackling the wider determinants of health, such as housing, employment, social inclusion and the physical environment.

2.12. These place-based partnerships, overseen by Health and Wellbeing Boards, are key to achieving the ambitious improvements we want to see. However, we have recognised that there also clear benefits in working together across a wider footprint and that local plans need to be complemented with a common vision and shared plan for West Yorkshire and Harrogate as a whole. We apply three tests to determine when to work at this level:

- to achieve a critical mass beyond local population level to achieve the best outcomes;
- to share best practice and reduce variation; and
- to achieve better outcomes for people overall by tackling 'wicked issues' (ie, complex, intractable problems).

2.13. The arrangements described in this Memorandum describe how we will organise ourselves, at West Yorkshire & Harrogate level, to provide the best health and care, ensuring that decisions are always taken in the interest of the patients and populations we serve.

Promoting Integration and Collaboration

2.14. The Partners acknowledge the statutory and regulatory requirements which apply in relation to competition, patient choice and collaboration. Within the constraints of these requirements we will aim to collaborate, and to seek greater integration of services, whenever it can be demonstrated that it is in the interests of patients and service users to do so.

2.15. The Partners are aware of their competition compliance obligations, both under competition law and, in particular (where applicable) under the NHS Improvement Provider Licence for NHS Partners and shall take all necessary steps to ensure that they do not breach any of their obligations in this regard. Further, the Partners understand that in certain circumstances collaboration or joint working could trigger the merger rules and as such be notifiable to the Competition and Markets Authority and Monitor/NHS Improvement and will keep this position under review accordingly.

2.16. The Partners understand that no decision shall be made to make changes to services in West Yorkshire and Harrogate or the way in which they are delivered without prior consultation where appropriate in accordance with the partners statutory and other obligations.

3. How we work together in West Yorkshire and Harrogate

Our vision

3.1. We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All proposals, both as Partner organisations and at a Partnership level should be supportive of the delivery of this vision:

- Places will be healthy - you will have the best start in life, so you can live and age well.
- If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.
- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer and stroke
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

Overarching leadership principles for our partnership

3.2. We have agreed a set of guiding principles that shape everything we do through our partnership:

- We will be ambitious for the people we serve and the staff we employ
- The West Yorkshire and Harrogate partnership belongs to its citizens and to commissioners and providers, councils and NHS so we will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will apply subsidiarity principles in all that we do – with work taking

place at the appropriate level and as near to local as possible

Our shared values and behaviours

3.3. We commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate;
- We support each other and work collaboratively;
- We act with honesty and integrity, and trust each other to do the same;
- We challenge constructively when we need to;
- We assume good intentions; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

Partnership objectives

3.4. Our ambitions for improving health outcomes, joining up care locally, and living within our financial means were set out in our STP plan (November 2016, available at: https://wyhpartnership.co.uk/meetings-and-publications/publications). This Memorandum reaffirms our shared commitment to achieving these ambitions and to the further commitments made in *Next Steps for the West Yorkshire and Harrogate Health and Care Partnership*, published in February 2018.

3.5. In order to achieve these ambitions we have agreed the following broad objectives for our Partnership:

i. To make fast and tangible progress in:
   - enhancing urgent and emergency care,
   - strengthening general practice and community services,
   - improving mental health services,
   - improving cancer care,
   - prevention at scale of ill-health,
   - collaboration between acute service providers,
   - improving stroke services, and
   - improving elective care, including standardisation of commissioning policies.

ii. To enable these transformations by working together to:
   - Secure the right workforce, in the right place, with the right skills, to deliver services at the right time, ensuring the wellbeing of our staff ,

- Engage our communities meaningfully in co-producing services,
- Use digital technology to drive change, ensure systems are inter-operable, and create a 21st Century NHS,
- Place innovation and best practice at the heart of our collaboration, ensuring that our learning benefits the whole population,
- Develop and shape the strategic capital and estates plans across West Yorkshire and Harrogate, maximising all possible funding sources and ensuring our plans support the delivery of our clinical strategy, and
- Ensure that we have the best information, data, and intelligence to inform the decisions that we take.

iii. To manage our financial resources within a shared financial framework for health across the constituent CCGs and NHS provider organisations; and to maximise the system-wide efficiencies necessary to manage within this share of the NHS budget;

iv. To operate as an integrated health and care system, and progressively to build the capabilities to manage the health of our population, keeping people healthier for longer and reducing avoidable demand for health and care services;

v. To act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities.

Delivery improvement

3.6. Delivery and transformation programmes have been established to enable us to achieve the key objectives set out above. Programme Mandates have been developed for each programme and enabling workstream. These confirm:

- The vision for a transformed service
- The specific ambitions for improvement and transformation
- The component projects and workstreams
- The leadership arrangements.

3.7. Each programme has undergone a peer review 'check and confirm' process to confirm that it has appropriate rigour and delivery focus.

3.8. As programme arrangements and deliverables evolve over time the mandates will be revised and updated as necessary.

4. Partnership Governance

4.1. The Partnership does not replace or override the authority of the Partners' Boards and governing bodies. Each of them remains sovereign and Councils remain directly accountable to their electorates.

4.2. The Partnership provides a mechanism for collaborative action and common decision-making for those issues which are best tackled on a wider scale.

4.3. A schematic of our governance and accountability relationships is provided at **Annex 2** and terms of reference of the Partnership Board, System Leadership Executive and System Oversight and Assurance Group are provided at **Annex 3**.

Partnership Board

4.4. A Partnership Board will be established to provide the formal leadership for the Partnership. The Partnership Board will be responsible for setting strategic direction. It will provide oversight for all Partnership business, and a forum to make decisions together as Partners on the range of matters highlighted in section 7 of this Memorandum, which neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum.

4.5. The Partnership Board is to be made up of the chairs and chief executives from all NHS organisations, elected member Chairs of Health and Wellbeing Boards, one other elected member, and chief executives from Councils and senior representatives of other relevant Partner organisations. The Partnership Board will have an independent chair and will meet at least four times each year in public.

4.6. The Partnership Board has no formal delegated powers from the organisations in the Partnership. However, over time our expectation is that regulatory functions of the national bodies will increasingly be enacted through collaboration with our leadership. It will work by building agreement with leaders across Partner organisations to drive action around a shared direction of travel.

System Leadership Executive

4.7. The System Leadership Executive (SLE) Group includes each statutory organisation and representation from other Partner organisations. The group is responsible for overseeing delivery of the strategy of the Partnership, building leadership and collective responsibility for our shared objectives.

4.8. Each organisation will be represented by its chief executive or accountable officer. Members of the SLE will be responsible for nominating an empowered deputy to attend meetings of the group if they are unable to do so personally. Members of the SLE will be expected to recommend that their organisations support agreements and decisions made by SLE (always subject to each Partner's compliance with internal governance and approval procedures).

System Oversight and Assurance Group

4.9. A new system oversight and assurance group (SOAG) will be established in 2018/19 to provide a mechanism for Partner organisations to take ownership of system performance and delivery and hold one another to account. It will:

- be chaired by the Partnership Lead;
- include representation covering each sector / type of organisation;
- regularly review a dashboard of key performance and transformation metrics; and
- receive updates from WY&H programme boards.

4.10. The SOAG will be supported by the partnership core team.

West Yorkshire and Harrogate programme governance

4.11. Strong governance and programme management arrangements are built into each of our West Yorkshire and Harrogate priority and enabling programmes (the **Programmes**). Each programme has a Senior Responsible Owner, typically a Chief Executive, accountable officer or other senior leader, and has a structure that builds in clinical and other stakeholder input, representation from each of our six places and each relevant service sector.

4.12. Programmes will provide regular updates to the System Leadership Executive and System Oversight and Assurance Group. These updates will be published on the partnership website.

Other governance arrangements between Partners

4.13. The Partnership is also underpinned by a series of governance arrangements specific to particular sectors (eg commissioners, acute providers, mental health providers, Councils) that support the way it works. These are described in paragraphs 4.14 to 4.29 below.

The West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups

4.14. The nine CCGs in West Yorkshire and Harrogate are continuing to develop closer working arrangements within each of the six Places that make up our Partnership.

4.15. The CCGs have established a Joint Committee, which has delegated authority to take decisions collectively. The Joint Committee is made up of representatives from each CCG. To make sure that decision making is open and transparent, the Committee has an independent lay chair and two lay members drawn from the CCGs, and meets in public every second month. The Joint Committee is underpinned by a memorandum of understanding and a work plan, which have been agreed by each CCG.

4.16. The Joint Committee is a sub-committee of the CCGs, and each CCG retains its statutory powers and accountability. The Joint Committee's work plan reflects those partnership priorities for which the CCGs believe collective decision making is essential. It only has decision-making responsibilities for the West Yorkshire and Harrogate programmes of work that have been expressly delegated to it by the CCGs.

West Yorkshire Association of Acute Trusts Committee in Common

4.17. The six acute hospital trusts in West Yorkshire and Harrogate have come together as the West Yorkshire Association of Acute Trusts (WYAAT). WYAAT believes that the health and care challenges and opportunities facing West Yorkshire and Harrogate cannot be solved through each hospital working alone; they require the hospitals to work together to achieve solutions for the whole of West Yorkshire and Harrogate that improve the quality of care, increase the health of people and deliver more efficient services.

4.18. WYAAT is governed by a memorandum of understanding which defines the objectives and principles for collaboration, together with governance, decision making and dispute resolution processes. The memorandum of understanding establishes the WYAAT Committee in Common, which is made up of the Chairs and Chief Executives of the six trusts, and provides the forum for working together and making decisions in a common forum. Decisions taken by the Committee in Common are then formally approved by each Trust Board individually in accordance with their own internal procedures.

West Yorkshire Mental Health Services Collaborative

4.19. The four trusts providing mental health services in West Yorkshire (Bradford District Care Foundation Trust, Leeds Community Healthcare NHS Trust, Leeds and York Partnership Foundation Trust and South West Yorkshire Partnership Foundation Trust) have come together to form the West Yorkshire Mental Health Services Collaborative (WYMHSC). The trusts will work together to share best practice and develop standard operating models and pathways to achieve better outcomes for people in West Yorkshire and ensure sustainable services into the future.

4.20. The WYMHSC is underpinned by a memorandum of understanding and shared governance in the form of 'committees in common'.

4.21. Tees, Esk and Wear Valleys NHS Foundation Trust provides mental health services to the Harrogate area.

Local council leadership

4.22. Relationships between local councils and NHS organisations are well established in each of the six places and continue to be strengthened. Complementary arrangements for the whole of West Yorkshire and Harrogate have also been established:

- Local authority chief executives meet and mandate one of them to lead on

health and care partnership;

- Health and Wellbeing Board chairs meet;
- A Joint Health Overview and Scrutiny Committee
- West Yorkshire Combined Authority
- North Yorkshire and York Leaders and Chief Executives

Clinical Forum

4.23. Clinical leadership is central to all of the work we do. Clinical leadership is built into each of our work programmes, and our Clinical Forum provides formal clinical advice to all of our programmes.

4.24. The purpose of the Clinical Forum is to be the primary forum for clinical leadership, advice and challenge for the work of the partnership in meeting the Triple Aim: improving health and wellbeing; improving care and the quality of services; and ensuring that services are financially sustainable.

4.25. The Clinical Forum ensures that the voice of clinicians, from across the range of clinical professions and partner organisations, drives the development of new clinical models and proposals for the transformation of services. It also takes an overview of system performance on quality.

4.26. The Clinical Forum has agreed Terms of Reference which describe its scope, function and ways of working.

Local Place Based Partnerships

4.27. Local partnerships arrangements for the Places bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place, including GPs and other primary care providers, to take responsibility for the cost and quality of care for the whole population. Each of the six Places in West Yorkshire and Harrogate has developed its own arrangements to deliver the ambitions set out in its own Place Plan.

4.28. These new ways of working reflect local priorities and relationships, but all provide a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings.

4.29. There are seven local health and care partnerships (two in Bradford District and Craven and one in each other place) which will develop horizontally integrated networks to support seamless care for patients.

5. Mutual accountability framework

5.1. A single consistent approach for assurance and accountability between Partners on West Yorkshire and Harrogate system wide matters will be applied through the governance structures and processes outlined in Paragraphs 4.1 to 4.12 above.

Current statutory requirements

5.2. NHS England has a duty under the NHS Act 2006 (as amended by the 2012 Act) to assess the performance of each CCG each year. The assessment must consider, in particular, the duties of CCGs to: improve the quality of services; reduce health inequalities; obtain appropriate advice; involve and consult the public; and comply with financial duties. The 2012 Act provides powers for NHS England to intervene where it is not assured that the CCG is meeting its statutory duties.

5.3. NHS Improvement is the operational name for an organisation that brings together Monitor and the NHS Trust Development Authority (NHS TDA). NHS Improvement must ensure the continuing operation of a licensing regime. The NHS provider licence forms the legal basis for Monitor's oversight of NHS foundation trusts. While NHS trusts are exempt from the requirement to apply for and hold the licence, directions from the Secretary of State require NHS TDA to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate. This includes giving directions to an NHS trust where necessary to ensure compliance.

A new model of mutual accountability

5.4. Through this Memorandum the Partners agree to take a collaborative approach to, and collective responsibility for, managing collective performance, resources and the totality of population health. The partners will:

- Agree ambitious outcomes, common datasets and dashboards for system improvement and transformation management;
- work through our formal collaborative groups for decision making, engaging people and communities across WY&H; and
- identify good practice and innovation in individual places and organisations and ensure it is spread and adopted through the Programmes.

5.5. The Partnership approach to system oversight will be geared towards performance improvement and development rather than traditional performance management. It will be data-driven, evidence-based and rigorous. The focus will be on improvement, supporting the spread and adoption of innovation and best practice between Partners.

5.6. Peer review will be a core component of the improvement methodology. This will provide valuable insight for all Partners and support the identification and adoption of good practice across the Partnership.

5.7. System oversight will be undertaken through the application of a continuous improvement cycle, including the following elements:

- Monitoring performance against key standards and plans in each place;
- Ongoing dialogue on delivery and progress;
- Identifying the need for support through a clinically and publically-led process of peer review;
- Agreeing the need for more formal action or intervention on behalf of the partnership; and
- Application of regulatory powers or functions.

5.8. The Programmes will, where appropriate, take on increasing responsibility for managing this process. The extent of this responsibility will be agreed between each Programme and the SLE.

5.9. A number of Partners have their own improvement capacity and expertise. Subject to the agreement of the relevant Partners this resource will be managed by the Partner in a co-ordinated approach for the benefit of the overall Partnership, and used together with the improvement expertise provided by national bodies and programmes.

Taking action

5.10. The SOAG will prioritise the deployment of improvement support across the Partnership, and agree recommendations for more formal action and interventions. Actions allocated to the SOAG are to make recommendations on:

- agreement of improvement or recovery plans;
- more detailed peer-review of specific plans;
- commissioning expert external review;
- the appointment of a turnaround Director / team; and
- restrictions on access to discretionary funding and financial incentives.

5.11. For Places where financial performance is not consistent with plan, the Partnership Directors of Finance Group will make recommendations to the SOAG on a range of interventions, including any requirement for:

- financial recovery plans;
- more detailed peer-review of financial recovery plans;
- external review of financial governance and financial management;
- organisational improvement plans;
- the appointment of a turnaround Director / team;

- enhanced controls around deployment of transformation funding held at place; and
- reduced priority for place-based capital bids.

The role of Places in accountability

5.12. This Memorandum has no direct impact on the roles and respective responsibilities of the Partners (including the Councils, Trust Boards and CCG governing bodies) which all retain their full statutory duties and powers.

5.13. Health and Wellbeing Boards (HWB) have a statutory role in each upper tier local authority area as the vehicle for joint local system leadership for health and care and this is not revised by the Partnership. HWB bring together key leaders from the local Place health and care system to improve the health and wellbeing of their population and reduce health inequalities through:

- developing a shared understanding of the health and wellbeing needs of their communities;
- providing system leadership to secure collaboration to meet these needs more effectively;
- having a strategic influence over commissioning decisions across health, public health and social care;
- involving councillors and patient representatives in commissioning decisions.

5.14. In each Place the statutory bodies come together in local health and care partnerships to agree and implement plans across the Place to:

- Integrate mental health, physical health and care services around the individual
- Manage population health
- Develop increasingly integrated approaches to joint planning and budgeting

Implementation of agreed strategic actions

5.15. Mutual accountability arrangements will include a focus on delivery of key actions that have been agreed across the Partnership and agreement on areas where Places require support from the wider Partnership to ensure the effective management of financial and delivery risk.

National NHS Bodies oversight and escalation

5.16. As part of the development of the Partnership and the collaborative working between the Partners under the terms of this Memorandum, NHS England and NHS Improvement will look to adopt a new relationship with the Partners (which are NHS Bodies) in West Yorkshire and Harrogate in the form of enacting streamlined oversight arrangements under which:

- Partners will take the collective lead on oversight of trusts and CCGs and Places in accordance with the terms of this Memorandum;
- NHS England and NHS Improvement will in turn focus on holding the NHS bodies in the Partnership to account as a whole system for delivery of the NHS Constitution and Mandate, financial and operational control, and quality (to the extent permitted at Law);
- NHS England and NHS Improvement intend that they will intervene in the individual trust and CCG Partners only where it is necessary or required for the delivery of their statutory functions and will (where it is reasonable to do so, having regard to the nature of the issue) in the first instance look to notify the SLE and work through the Partnership to seek a resolution prior to making an intervention with the Partner.

6. Decision-Making and Resolving Disagreements

6.1. Our approach to making Partnership decisions and resolving any disagreements will follow the principle of subsidiarity and will be in line with our shared Values and Behaviours. We will take all reasonable steps to reach a mutually acceptable resolution to any dispute.

Collective Decisions

6.2. There will be three levels of decision making:

- **Decisions made by individual organisations** - this Memorandum does not affect the individual sovereignty of Partners or their statutory decision-making responsibilities.
- **Decisions delegated to collaborative forums** - some partners have delegated specific decisions to a collaborative forum, for example the CCGs have delegated certain commissioning decisions to the Joint Committee of CCGs. Arrangements for resolving disputes in such cases are set out in the Memorandum of the respective Joint Committee and not this Memorandum. There are also a specific dispute resolution mechanisms for WYATT and the WYMHC.
- **Whole Partnership decisions** - the Partners will make decisions on a range of matters in the Partnership which will neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum, as set out in Paragraphs 6.3 below.

6.3. Collaborative decisions on Partnership matters will be considered by the Partnership Board. The Partnership Board has no formal powers delegated by any Partner. However, it will increasingly take on responsibility for co-ordinating decisions relating to regulatory and oversight functions currently exercised from outside the WY&H system and will look to reach recommendations and any decisions on a Best for WY&H basis. The terms of reference for the Partnership Board will set out clearly the types of decision which it will have responsibility to discuss and how conflicts of interest will be managed. The Partnership Board will initially have responsibility for decisions relating to:

- The objectives of priority HCP work programmes and workstreams
- The apportionment of transformation monies from national bodies
- Priorities for capital investment across the Partnership.
- Operation of the single NHS financial control total (for NHS Bodies)
- Agreeing common actions when Places or Partners become distressed

6.4. SLE will make recommendations to the Partnership Board on these matters. Where appropriate, the Partnership Board will make decisions of the Partners by consensus of those eligible Partnership Board members present at a quorate meeting. If a consensus decision cannot be reached, then (save for decisions on allocation of capital investment and transformation funding) it may

be referred to the dispute resolution procedure under Paragraph 6.6 below by any of the affected Partners for resolution.

6.5. In respect of referring priorities for capital investment or apportionment of transformation funding from the Partnership, if a consensus cannot be reached at the SLE meeting to agree this then the Partnership Board may make a decision provided that it is supported by not less than 75% of the eligible Partnership Board members. Partnership Board members will be eligible to participate on issues which apply to their organisation, in line with the scope of applicable issues set out in Annex 1.

Dispute resolution

6.6. Partners will attempt to resolve in good faith any dispute between them in respect of Partnership Board (or other Partnership-related) decisions, in line with the Principles, Values and Behaviours set out in this Memorandum.

6.7. Where necessary, Place or sector-based arrangements (the Joint Committee of CCGs, WYAAT, and WYMHSC as appropriate) will be used to resolve any disputes which cannot be dealt with directly between individual Partners, or which relate to existing schemes of delegation.

6.8. The Partnership will apply a dispute resolution framework to resolve any issues which cannot otherwise be agreed through these arrangements.

6.9. As decisions made by the Partnership do not impact on the statutory responsibilities of individual organisations, Partners will be expected to apply shared Values and Behaviours and come to a mutual agreement through the dispute resolution process.

6.10. The key stages of the dispute resolution process are

i. The SOAG will seek to resolve the dispute to the mutual satisfaction of each of the affected parties. If SOAG cannot resolve the dispute within 30 days, the dispute should be referred to SLE.

ii. SLE will come to a majority decision (i.e. a majority of eligible Partners participating in the meeting who are not affected by the matter in dispute determined by the scope of applicable issues set out in Annex 1) on how best to resolve the dispute based, applying the Principles, Values and Behaviours of this Memorandum, taking account of the Objectives of the Partnership. SLE will advise the Partners of its decision in writing.

iii. If the parties do not accept the SLE decision, or SLE cannot come to a decision which resolves the dispute, it will be referred to an independent facilitator selected by SLE. The facilitator will work with the Partners to resolve the dispute in accordance with the terms of this Memorandum.

iv. In the unlikely event that the independent facilitator cannot resolve the dispute, it will be referred to the Partnership Board. The Partnership Board will come to a majority decision on how best to resolve the dispute in accordance with the terms of this Memorandum and advise the parties of its decision.

7. Financial Framework

7.1. All NHS body Partners, in West Yorkshire and Harrogate are ready to work together, manage risk together, and support each other when required. The Partners are committed to working individually and in collaboration with others to deliver the changes required to achieve financial sustainability and live within our resources.

7.2. A set of financial principles have been agreed, within the context of the broader guiding Principles for our Partnership. They confirm that we will:

- aim to live within our means, i.e. the resources that we have available to provide services;
- develop a West Yorkshire and Harrogate system response to the financial challenges we face; and
- develop payment and risk share models that support a system response rather than work against it.

7.3. We will collectively manage our NHS resources so that all Partner organisations will work individually and in collaboration with others to deliver the changes required to deliver financial sustainability.

Living within our means and management of risk

7.4. Through this Memorandum the collective NHS Partner leaders in each Place commit to demonstrate robust financial risk management. This will include agreeing action plans that will be mobilised across the Place in the event of the emergence of financial risk outside plans. This might include establishing a Place risk reserve where this is appropriate and in line with the legal obligations of the respective NHS body Partners involved.

7.5. Subject to compliance with confidentiality and legal requirements around competition sensitive information and information security the Partners agree to adopt an open-book approach to financial plans and risks in each Place leading to the agreement of fully aligned operational plans. Aligned plans will be underpinned by common financial planning assumptions on income and expenditure between providers and commissioners, and on issues that have a material impact on the availability of system financial incentives

NHS Contracting principles

7.6. The NHS Partners are committed to considering the adoption of payment models which are better suited to whole system collaborative working (such as Aligned Incentive Contracting). The Partners will look to adopt models which reduce financial volatility and provide greater certainty for all Partners at the beginning of each year of the planned income and costs.

Allocation of Transformation Funds

7.7. The Partners intend that any transformation funds made available to the Partnership will all be used within the Places. Funds will be allocated through collective decision-making by the Partnership in line with agreed priorities. The method of allocation may vary according to agreed priorities. However, funds will not be allocated through expensive and protracted bidding and prioritisation processes and will be deployed in those areas where the Partners have agreed that they will deliver the maximum leverage for change and address financial risk.

7.8. The funding provided to Places (based on weighted population) will directly support Place-based transformation programmes. This will be managed by each Place with clear and transparent governance arrangements that provide assurance to all Partners that the resource has been deployed to deliver maximum transformational impact, to address financial risk, and to meet the efficiency requirements. Funding will be provided subject to agreement of clear deliverables and outcomes by the relevant Partners in the Place through the mutual accountability arrangements of the SLE and SOAG and be subject to on-going monitoring and assurance from the Partnership.

7.9. Funding provided to the Programmes (all of which will also be deployed in Place) will be determined in agreement with Partners through the SLE, subject to documenting the agreed deliverables and outcomes with the relevant Partners.

Allocation of ICS capital

7.10. The Partnership will play an increasingly important role in prioritising capital spending by the national bodies over and above that which is generated from organisations' internal resources. In doing this, the Partnership will ensure that:

- the capital prioritisation process is fair and transparent;
- there is a sufficient balance across capital priorities specific to Place as well as those which cross Places;
- there is sufficient focus on backlog maintenance and equipment replacement in the overall approach to capital;
- the prioritisation of major capital schemes must have a clear and demonstrable link to affordability and improvement of the financial position;
- access to discretionary capital is linked to the mutual accountability framework as described in this Memorandum.

Allocation of Provider and Commissioner Incentive Funding

7.11. The approach to managing performance-related incentive funds set by NHS planning guidance and business rules (e.g. the 2018/19 Provider Sustainability Fund and Commissioner Sustainability Fund) is not part of this Memorandum. A common approach to this will be agreed by the Partnership as part of annual financial planning.

8. National and regional support

8.1. To support Partnership development as an Integrated Care System there will be a process of aligning resources from ALBs to support delivery and establish an integrated single assurance and regulation approach.

8.2. National capability and capacity will be available to support WY&H from central teams including governance, finance and efficiency, regulation and competition, systems and national programme teams, primary care, urgent care, cancer, mental health, including external support.

9. Variations

9.1. This Memorandum, including the Schedules, may only be varied by written agreement of all the Partners.

10. Charges and liabilities

10.1. Except as otherwise provided, the Partners shall each bear their own costs and expenses incurred in complying with their obligations under this Memorandum.

10.2. By separate agreement, the Parties may agree to share specific costs and expenses (or equivalent) arising in respect of the Partnership between them in accordance with a “Contributions Schedule” to be developed by the Partnership and approved by the Partnership Board.

10.3. Partners shall remain liable for any losses or liabilities incurred due to their own or their employee's actions.

11. Information Sharing

11.1. The Partners will provide to each other all information that is reasonably required in order to achieve the Objectives and take decisions on a Best for WY&H basis.

11.2. The Partners have obligations to comply with competition law. The Partners will therefore make sure that they share information, and in particular competition sensitive information, in such a way that is compliant with competition and data protection law.

12. Confidential Information

12.1. Each Partner shall keep in strict confidence all Confidential Information it receives from another Partner except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised

disclosure by a Partner. Each Partner shall use any Confidential Information received from another Partner solely for the purpose of complying with its obligations under this Memorandum in accordance with the Principles and Objectives and for no other purpose. No Partner shall use any Confidential Information received under this Memorandum for any other purpose including use for their own commercial gain in services outside of the Partnership or to inform any competitive bid without the express written permission of the disclosing Partner.

12.2. To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.

12.3. The Parties agree to procure, as far as is reasonably practicable, that the terms of this Paragraph (Confidential Information) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this Memorandum.

12.4. Nothing in this Paragraph will affect any of the Partners' regulatory or statutory obligations, including but not limited to competition law.

13. Additional Partners

13.1. If appropriate to achieve the Objectives, the Partners may agree to include additional partner(s) to the Partnership. If they agree on such a course the Partners will cooperate to enter into the necessary documentation and revisions to this Memorandum if required.

13.2. The Partners intend that any organisation who is to be a partner to this Memorandum (including themselves) shall commit to the Principles and the Objectives and ownership of the system success/failure as set out in this Memorandum.

14. Signatures

14.1. This Memorandum may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Memorandum, but all the counterparts shall together constitute the same document.

14.2. The expression "counterpart" shall include any executed copy of this Memorandum transmitted by fax or scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment.

14.3. No counterpart shall be effective until each Partner has executed at least one counterpart.

[INSERT SIGNATURE PAGES AFTER THIS]

Schedule 1 - Definitions and Interpretation

1. The headings in this Memorandum will not affect its interpretation.

2. Reference to any statute or statutory provision, to Law, or to Guidance, includes a reference to that statute or statutory provision, Law or Guidance as from time to time updated, amended, extended, supplemented, re-enacted or replaced.

3. Reference to a statutory provision includes any subordinate legislation made from time to time under that provision.

4. References to Annexes and Schedules are to the Annexes and Schedules of this Memorandum, unless expressly stated otherwise.

5. References to any body, organisation or office include reference to its applicable successor from time to time.

Glossary of terms and acronyms

6. The following words and phrases have the following meanings in this Memorandum:

ALB	Arm's Length Body A Non-Departmental Public Body or Executive Agency of the Department of Health and Social Care, eg NHSE, NHSI, HEE, PHE
Aligned Incentive Contract	A contracting and payment method which can be used as an alternative to the Payment by Results system in the NHS
Best for WY&H	A focus in each case on making a decision based on the best interests and outcomes for service users and the population of West Yorkshire and Harrogate
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
Committee in Common	
Confidential Information	All information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Memorandum
CQC	Care Quality Commission, the independent regulator of all health and social care services in England

GP	General Practice (or practitioner)
HCP	Health and Care Partnership
Healthcare Providers	The Partners identified as Healthcare Providers under Paragraph 1.1
HEE	Health Education England
Healthwatch	Independent organisations in each local authority area who listen to public and patient views and share them with those with the power to make local services better.
HWB	Health and Wellbeing Board
ICP	Integrated Care Partnership The health and care partnerships formed in each of the
ICS	Integrated Care System
JCCCG	Joint Committee of Clinical Commissioning Groups - a formal committee where two or more CCGs come together to form a joint decision making forum. It has delegated commissioning functions.
Law	any applicable statute or proclamation or any delegated or subordinate legislation or regulation; any enforceable EU right within the meaning of section 2(1) European Communities Act 1972; any applicable judgment of a relevant court of law which is a binding precedent in England; National Standards (as defined in the NHS Standard Contract); and any applicable code and "Laws" shall be construed accordingly
LWAB	Local Workforce Action Board sub regional group within Health Education England
Memorandum	This Memorandum of Understanding
Neighbourhood	One of c.50 geographical areas which make up West Yorkshire and Harrogate, in which GP practices work together, with community and social care services, to offer integrated health and care services for populations of 30-50,000 people.
NHS	National Health Service
NHSE	NHS England Formally the NHS Commissioning Board
NHS FT	NHS Foundation Trust - a semi-autonomous organisational unit within the NHS

NHSI	NHS Improvement - The operational name for an organisation that brings together Monitor, the NHS Trust Development Authority and other functions
Objectives	The Objectives set out in Paragraph 3.5
Partners	The members of the Partnership under this Memorandum as set out in Paragraph 1.1 who shall not be legally in partnership with each other in accordance with Paragraph 2.7.
Partnership	The collaboration of the Partners under this Memorandum which is not intended to, or shall be deemed to, establish any legal partnership or joint venture between the Partners to the Memorandum
Partnership Board	The senior governance group for the Partnership set up in accordance with Paragraphs 4.4 to 4.6
Partnership Core Team	The team of officers, led by the Partnership Director, which manages and co-ordinates the business and functions of the Partnership
PHE	Public Health England - An executive agency of the Department of Health and Social Care which exists to protect and improve the nation's health and wellbeing, and reduce health inequalities
Places	One of the six geographical districts that make up West Yorkshire and Harrogate, being Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield, and "Place" shall be construed accordingly
Principles	The principles for the Partnership as set out in Paragraph 3.2
Programmes	The WY&H programme of work established to achieve each of the objectives set out in paras 4.2,i and 4.2,ii of this memorandum
SOAG	System Oversight and Assurance Group
STP	Sustainability and Transformation Partnership (or Plan) The NHS and local councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and care
System Leadership Executive or SLE	The governance group for the Partnership set out in Paragraphs 4.7 and 4.8

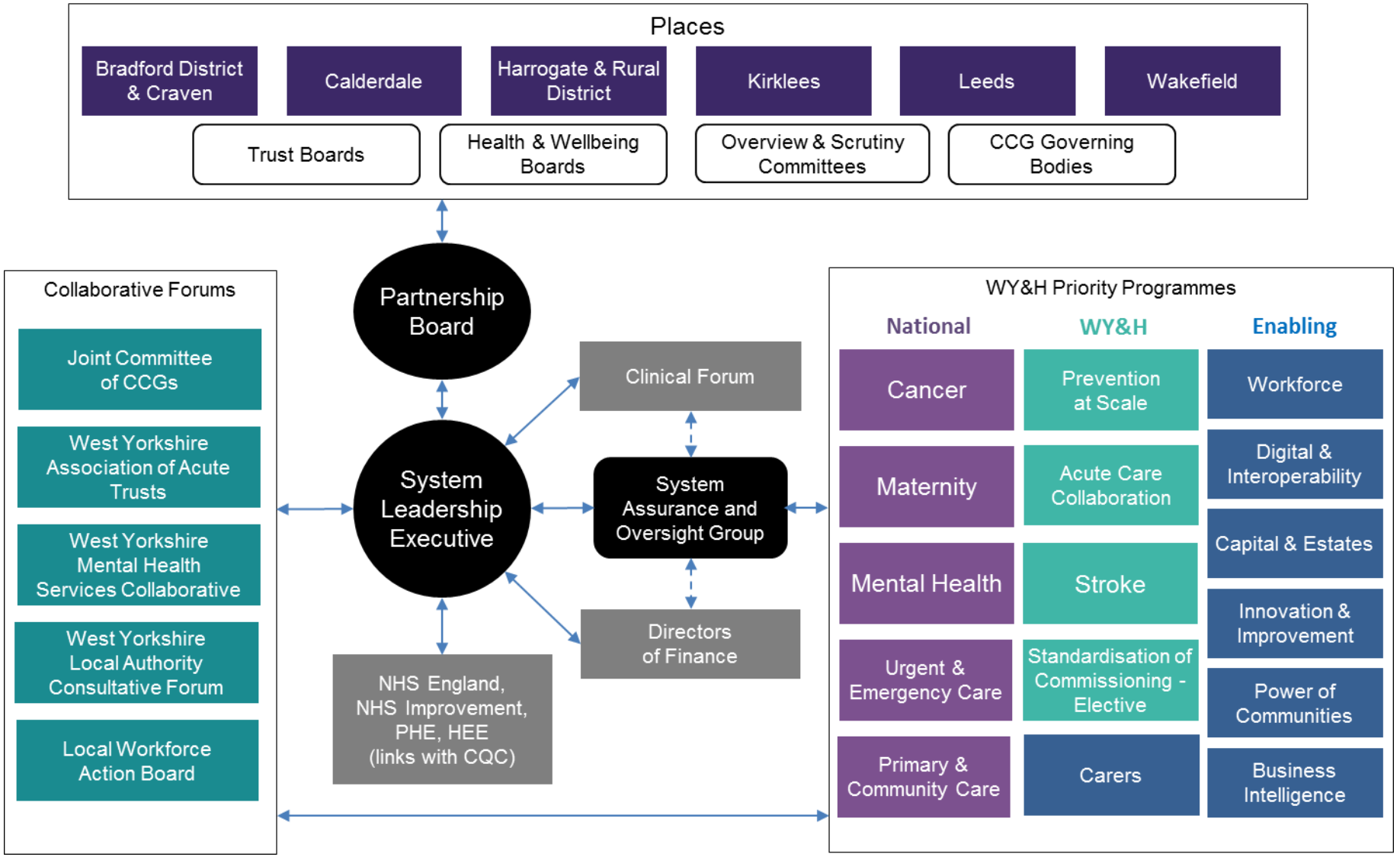
Transformation Funds	Discretionary, non-recurrent funding made available by NHSE to support the achievement of service improvement and transformation priorities
Values and Behaviours	shall have the meaning set out in Paragraph 3.3 above
WY&H	West Yorkshire and Harrogate
WYAAT	West Yorkshire Association of Acute Trusts
WYMHC	West Yorkshire Mental Health Collaborative

Annex 1 – Applicability of Memorandum Elements

	CCGs	NHS Providers[3]	Councils	NHSE and NHSI	Healthwatch	Other partners
Vision, principles, values and behaviour	✓	✓	✓	✓	✓	✓
Partnership objectives	✓	✓	✓	✓	✓	✓
Governance	✓	✓	✓	✓	✓	✓
Decision-making and dispute resolution	✓	✓	✓	✓	✓	✓
Mutual accountability	✓	✓	✓	✓		
Financial framework – financial risk management	✓	✓		✓		
Financial framework – Allocation of capital and transformation funds	✓	✓	✓	✓		
National and regional support	✓	✓	✓	✓		

[3] All elements of the financial framework for WY&H, eg the application of a single NHS control total, will not apply to all NHS provider organisations, particularly those which span a number of STPs.
Locala Community Partnerships CIC is a significant provider of NHS services. It is categorised as an 'Other Partner' because of its corporate status and the fact that it cannot be bound by elements of the financial and mutual accountability frameworks. This status will be reviewed as the partnership continues to evolve.

Annex 2 – Schematic of Governance and Accountability Arrangements



Report author: Steven Courtney
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Report of Head of Governance and Scrutiny Support

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

Date: 18 September 2018

Subject: Chairs Update – September 2018

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

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 July 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 July 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:

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

4. Background papers[1]

4.1 None used

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

Report author: Steven Courtney
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Report of Head of Governance and Scrutiny Support

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

Date: 18 September 2018

Subject: Work Schedule (September 2018)

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

1 Purpose of this report

1.1 The purpose of this report is to consider the on-going development of the Scrutiny Board's work schedule for the current 2018/19 municipal year.

2 Background

2.1 During discussions meeting in 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 transfers 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.
- Follow up on kidney transplant transport provision
- Social Care funding and resources for Third Sector providers
- To maintain an overview of the emerging local health and care arrangements
- 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 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.

3 Main Issues

Developing the work schedule

3.1 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.

3.2 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.

3.3 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.

Current work schedule

3.4 The latest iteration of the work schedule is attached as Appendix 1 for consideration by the Scrutiny Board. The work schedule also identifies the priority areas identified by the by the Scrutiny Board for specific focus and more detailed consideration.

3.5 The following matters are also brought to the Boards attention and have been incorporated into the current iteration of the work programme.

- Older Peoples Breakthrough Project – identified through the Board's working group meeting considering extended use of the Reginald Centre for some services provided by Leeds Community Healthcare NHS Trust. An outline of the project and progress to date has provisionally been scheduled for the Board meeting on 6 November 2018.
- Mental Health Framework – relevant to the Board's overall interest in different aspects of mental health (including the work around dementia and the development of the Improved Access to Physiological Therapies (IAPT) services. This area was also highlighted as a potential area for the Board's consideration at recent discussions with HealthWatch Leeds. An overview of

Leeds Mental Health Framework and progress to date has provisionally been scheduled for the Board meeting on 6 November 2018.

- Yorkshire Ambulance Service NHS Trust (YAS): service changes – initially identified at a recent working group meeting, further research has identified progress against an overall 'transformation programme' being reported to a recent Trust Board meeting. It is proposed to invite representatives from YAS (and relevant service commissioners) to a working group meeting to update members on the Trust's 'transformation programme' and any specific implications for Leeds and Leeds residents.

Local System Review

3.6 It should also be noted that at the time of writing this report, recent communication from the care Quality Commission (CQC) highlighted that Leeds has been identified as one of three further local authority areas where a Local System Review (LSR) will be undertaken to explore how older people move between local health and adult social care services.

3.7 Other local authority areas include Staffordshire and Reading and aim to build on the CQC's national report – 'Beyond Barriers' – published in July 2018; which highlighted the positive outcomes found for older people when leaders in local health and care organisations worked well together and supported their teams in providing high quality person-centred care. In its report the CQC also highlighted poor practice where a lack of co-ordination and co-operation between services had led to fragmented care and badly affected older people's experiences.

3.8 At this stage, the details regarding the LSR are limited, other than the CQC has been asked to review and report individually on the three identified areas by December 2018.

Minutes of meetings

3.9 The following minutes, which may be pertinent to the work of the Board, are also appended to this report for information and/or consideration:

- Draft minutes of the Executive Board meeting held 25 June 2018 (Appendix 2); and,
- Draft minutes of the Leeds Health and Wellbeing Board held 5 September 2018 (Appendix 3).

3.10 Members of the Scrutiny Board are invited to comment on the details presented in the work schedule, and/or suggest any amendments, as appropriate.

Leeds Health and Care Plan

3.11 Maintaining an overview on the development of Leeds Health and Care Plan, including any specific service change proposals that result, is a key role for the Scrutiny Board. This is likely to include a balance between any planned activity happening locally and any proposals being developed on a wider, West Yorkshire and Harrogate footprint.

3.12 A key consideration in this includes undertaking complementary work to that being undertaken through the West Yorkshire Joint Health Overview and Scrutiny Committee arrangements currently under review.

3.13 Consideration of a Memorandum of Understanding (MoU) across the West Yorkshire and Harrogate Health and Care Partnership features elsewhere on the meeting agenda.

Health Service Developments Working Group

3.14 As 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 – and to oversee associated progress and implementation.

3.15 As highlighted at the meeting in June 2018, this is an important aspect of discharging the Council's 'Scrutiny of the NHS' function and is a unique feature of the Scrutiny Board role, which is not reflected in the remit of any other Scrutiny Board or Council body.

3.16 A working group meeting was held on 15 August 2018 and a summary of the matters considered and main outcomes is presented at Appendix 4 (to follow) for consideration.

4 Recommendations

4.1 Members of the Scrutiny Board are asked to consider the details presented in this report and the associated appendices and agree the latest work schedule for the remainder of 2018/19 presented at Appendix 1, incorporating any agreed amendments.

5 Background papers[1]

5.1 None used

6 Appendices

Appendix 1 – Outline Work Schedule 2018/19
Appendix 2 – Draft minutes of the Executive Board meeting held 25 June 2018
Appendix 3 – Draft minutes of the Leeds Health and Wellbeing Board held 5 September 2018
Appendix 4 – Working Group Summary – 15 August 2018 (to follow)

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

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Outline Work Schedule for 2018/19 Municipal Year
(September 2018 update)

26 June 2018	17 July 2018	August 2018
Meeting Agenda for 26/06/18 at 1.30 pm.	**Meeting Agenda for 17/07/18 at 1.30 pm.**	**No Scrutiny Board meeting scheduled**
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) 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)	
Working Group Meetings		
	9 July 2018 – Board Development Session: Leeds NHS Landscape	15 August 2018 – Health Service Developments Working Group. Issues to consider include: • IAPT • Urgent care centres
Site Visits / Other		
11 June 2018 – Introductory Meeting 20 June 2018 – Introductory Meeting (Repeat)	30 July 2018 – West Yorkshire JHOSC	

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, HEALTH AND ACTIVE LIFESTYLES)

Outline Work Schedule for 2018/19 Municipal Year
(September 2018 update)

18 September 2018	October 2018	6 November 2018
Meeting Agenda for 18/09/18 2018 at 1.30 pm.	**No Scrutiny Board meeting scheduled**	**Meeting Agenda for 6/11/18 at 1.30 pm.**
Enabling Active Lifestyles – Update / Response to Scrutiny Board Statement (RT) CQC Inspection Outcomes (May 2018 – July 2018) – Adult Social Care (PM) Quality of Homecare Services in Leeds (PM) Leeds Health and Care Plan Update (PM) West Yorkshire and Harrogate Health and Care Partnership – A Memorandum of Understanding (DB)		Leeds Safeguarding Adults Board Annual Report and Strategic Plan (DB) Outcome of Newton Europe system review Leeds mental health Framework – progress / performance review (PSR) Leeds Health and Wellbeing Strategy – An Age Friendly City (Priority 2) (PSR)
Working Group Meetings		
Men's Suicide – the impact of problem gambling – date TBC	Dementia Inquiry (PSR) (Session 1) – date TBC Yorkshire Ambulance Service NHS Trust – transformation programme (date TBC)	Dementia Inquiry (PSR) (Session 2) – date TBC Health Service Developments Working Group (date TBC)
Site Visits / Other		
	8 October 2018 – West Yorkshire JHOSC	

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, HEALTH AND ACTIVE LIFESTYLES)

Outline Work Schedule for 2018/19 Municipal Year
(September 2018 update)

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**
Congenital Heart Disease Services – Implementation of National Review/Update (RT/ PM) – additional meeting (TBC) Prisoner Health Inquiry – Formal Response to Recommendation (RT) – additional meeting (TBC)	Adults Health & Active Lifestyles Financial Health Monitoring (PM) Performance Report (Adults, Health & Active Lifestyles) (PM) 2019/20 Initial Budget Proposals (PDS) Adult Social Care Annual Complements and Complaints Report (2017/18) (PM) CQC Inspection Outcomes (August 2018 – December 2018) – Adult Social Care (PM)	
Working Group Meetings		
	Health Service Developments Working Group (date TBC)	CAMHS (PSR) – date TBC Health Service Developments Working Group (date TBC)
Site Visits / Other		
5 December 2018 – West Yorkshire JHOSC		West Yorkshire JHOSC – date TBC

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, HEALTH AND ACTIVE LIFESTYLES)

Outline Work Schedule for 2018/19 Municipal Year
(September 2018 update)

19 March 2019	April 2019	May 2019
Meeting Agenda for 19/03/19 at 1.30 pm.	**No Scrutiny Board meeting scheduled**	**No Scrutiny Board meeting scheduled**
Leeds Health and Care Plan Update – developing Local Care Partnerships (PM) CQC Inspection Outcomes – Adult Social Care (PM) Prisoner Health – Recommendation Tracking (RT)		
Working Group Meetings		
Health Service Developments Working Group (date TBC)		Quality Accounts – joint meeting with HealthWatch Leeds to consider draft quality accounts from relevant providers TBC
Site Visits / Other		
	West Yorkshire JHOSC – date TBC	

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, HEALTH AND ACTIVE LIFESTYLES)

Proposed Policy or Service Review Areas (2018/19)
(September 2018 update)

Leeds Health and Care Plan – developing Local Care Partnerships

To consider and make any recommendations for improvement in relation to the:

- Proposed geography of the developing Local Care Partnerships (LCPs) across the City.
- Proposed scope and range of services to form the basis of the developing LCPs across the City
- Ongoing development of Primary Care and access to Primary Care Services across the City.
- Balance between ensuring consistency across the developing LCPs, with the need to reflect local needs and demands.
- Membership and associated roles within the developing LCPs – with a particular focus on the role of elected members.
- Associated infrastructure necessary to support the consistent development of LCPs across the City.

Dementia

To consider and make any recommendations for improvement in relation to the:

- Progress against the Leeds Dementia Strategy (2013-16) and any other relevant strategy or action plan.
- Provision of dementia care in Care Homes across Leeds, including:
  - The current and predicted prevalence of dementia across Leeds.
  - The current number of dementia care and/or specialist dementia care beds.
  - The impact of dementia care provision on hospital discharges.
  - The future strategy for delivering the appropriate level of specialist dementia care.
  - Any workforce development and/or training implications.
- Impact of complex dementia on the local health and care system, including delayed discharges and A&E waiting times.
- Views and experience of carers as part of Leeds' ambition to be a Dementia Friendly City.
- Impact / implications for the developing Local Care Partnerships on the provision of dementia care across the City.

Men's Suicide – the impact of problem gambling

To consider and make any recommendations for improvement in relation to the:

- Prevalence of problem gambling in Leeds and the impact on the level of male suicide in Leeds.
- Public health implications of problem gambling, by examining the work being undertaken across the Communities and Adults and Health portfolios.
- Resources available to support public health and/or wider activity relating to problem gambling in Leeds.
- The impact / implications for the developing Local Care Partnerships on the level of male suicide, particularly those attributed to problem gambling.

SCRUTINY BOARD
(ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Proposed Policy or Service Review Areas (2018/19)
(September 2018 update)

Child and Adolescent Mental Health Services (post December 2018)

To consider and make any recommendations for improvement in relation to the:

- Report of the Healthcare Safety Investigation Branch[1] relating to the transition from child and adolescent mental health services (CAMHS) and adult mental health services (AMHS).
- Relevant agency responses to the Healthcare Safety Investigation Branch report, findings and recommendations.
- Any implications for the Mental Health Framework and/or service delivery in Leeds, arising from the Healthcare Safety Investigation Branch report, findings and recommendations; alongside the various agency responses.
- Impact / implications for the developing Local Care Partnerships on the provision of CAMHS and AMHS across the City.

Other aspects of the Scrutiny Boards work

- Quality of Care – a continued focus on care quality in residential care homes (nursing and non-nursing) and within homecare service providers. This will include the input from the Care Quality Commission.
- Active Lifestyles – response to the Scrutiny Board statement (March 2018) and any subsequent actions/ progress.
- Leeds Safeguarding Adults Board Annual Report (2017/18)
- Adult Social Care Complaint and Compliments Annual Report (2017/18)

Health Service Developments Working Group

The Scrutiny Board has re-established the working group to consider proposed NHS service developments / changes identified during the year. This may include areas where the Scrutiny Board is subsequently invited to formally contribute to the consultation on any substantial proposals. This is likely to include progress against the following areas initially identified during the previous municipal year:

- Community dentistry (from 2017/18)
- Child Development Centre (from 2017/18)
- Maternity Services provision (from 2017/18)
- Adult Community Mental Health Services

Other service development areas identified include:

- Development of urgent treatment centres
- Improving Access to Psychological Therapies (IAPT) services in Leeds
- Yorkshire Ambulance Service NHS Trust – transformation programme / service changes

[1] Details of the report are available at: https://www.hsib.org.uk/investigations-cases/transition-from-child-and-adolescent-mental-health-services-to-adult-mental-health-services/final-report/

EXECUTIVE BOARD

WEDNESDAY, 25TH JULY, 2018

PRESENT: Councillor J Blake in the Chair

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

SUBSTITUTE MEMBER: Councillor A Lamb

APOLOGIES: Councillors A Carter and R Charlwood

32 Substitute Member

Under the provisions of Executive and Decision Making Procedure Rule 3.1.6, Councillor A Lamb was invited to attend the meeting on behalf of Councillor A Carter, who had submitted his apologies for absence from the meeting.

33 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 Appendix 2 to the report entitled, 'Redevelopment of the former Kirkstall District Centre', referred to in Minute No. 46 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 financial or business affairs of a particular person, and of the Council. This information is not publicly available from the statutory registers of information kept in respect of certain companies and charities. It is considered that since this information is subject to one to one discussions with Artisan, it is not in the public interest to disclose this information at this point in time. Also it is considered that the release of such information would or would be likely to prejudice the Council's commercial interests in relation to other similar transactions, in that prospective purchasers of other similar properties would have access to information about the nature and level of consideration which may prove acceptable to the Council. It is considered that whilst there may be a public interest in disclosure, much of this information will be publicly available from the Land Registry following completion of this transaction and consequently, the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.

34 Declaration of Disclosable Pecuniary Interests

No declarations of disclosable pecuniary interests were made at the meeting.

35 Minutes

RESOLVED – That the minutes of the previous meeting held on 27th June 2018 be approved as a correct record.

ECONOMY AND CULTURE

36 European Structural and Investment Funds (ESIF) Programme 2014-2020 Update

The Director of City Development submitted a report which presented an update on the European Structural and Investment Funds (ESIF) Programme for Leeds City Region, detailing the progress which had been made by the Council in developing and implementing the approved projects, and which highlighted the success and achievements to date.

Responding to a Member's enquiry regarding the actions being taken to access alternative funding streams once the programme had concluded, the Board was provided with further information on this, with it being noted that Councillor Blake, in her position as Chair of Core Cities UK, had been invited to attend future meetings regarding such matters, which were organised via the Local Government Association.

RESOLVED –

(a) That the update on the progress made to date by the Council in developing projects funded by the ESIF Programme, as detailed within the submitted report, be noted;

(b) That support be provided to the Leeds City Council applications in appraisal, in particular Phase 2 bids for Ad:Venture and Digital Enterprise, which are aligned to the delivery of the Inclusive Growth Strategy.

COMMUNITIES

37 Draft Safer Leeds Community Safety Strategy (2018-2021)

The Director of Communities and Environment submitted a report which presented the initial proposals for the Council's Safer Leeds Community Safety Strategy, in order to seek the Board's comment and agreement for the draft document to be released for the purposes of consultation.

In presenting the submitted report, the Executive Member for Communities welcomed Steve Cotter, newly appointed Chief Superintendent for Leeds, West Yorkshire Police, together with Paul Money, Chief Officer, Safer Leeds, to the meeting.

Acknowledging a Member's suggestion, officers undertook to include within the associated consultation exercise for the draft strategy, the issue of using vehicles for anti-social and criminal behaviour.

In response to a Member's comments, the Board received further information regarding the ongoing work being undertaken with local communities in respect of the managed area for prostitution, with assurance being provided that this was an area which was being continually monitored.

RESOLVED –

(a) That the draft Safer Leeds Community Safety Strategy for 2018–21, as appended to the submitted report, be approved for the purposes of consultation with the relevant Scrutiny Board and other stakeholders;

(b) That support be provided for the Community Safety Partnership in its further consultation on the Strategy, prior to its resubmission to Executive Board before the draft is submitted to Full Council for approval;

(c) That the funding allocations from West Yorkshire Police and Crime Commissioner for 2018/19, as outlined within the submitted report, be noted;

(d) That it be noted that the Chief Officer for Community Safety (Safer Leeds) will be responsible for the implementation of the Strategy through the Safer Leeds Executive, over the next three years.

(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)

38 A Strategic Approach to Migration in Leeds

Further to Minute No. 45, 17th July 2017, the Director of Communities and Environment submitted a report providing an overview and update of migration activities, together with the support to migrant communities being delivered in Leeds. The report also highlighted the related opportunities and challenges which were being addressed by the service.

Responding to a Member's enquiry, the Board was advised that the submitted report aimed to provide a succinct overview of the wide range of work being undertaken in this area, with Board Members being offered the opportunity to receive further briefing on such matters, if required.

Regarding a Member's comments on the issue of migrants' access to healthcare and the role of community pharmacists, the Board was advised that the Health and Wellbeing Board had established a Migrant Health Board (MHB) to consider such issues, and although it was highlighted that the MHB's initial priority was around regulation changes to the charging for health care services, the MHB would be considering other related issues in due course.

Responding to a Member's enquiry, the Board received an update regarding new asylum contracts for the Yorkshire and the Humber region, and the fact that to date, the Home Office had been unable to award such contracts. The Board noted that the Council had raised its concerns with the Home Office in respect of such matters, with a reassurance being provided by the Home Office that the issue would be addressed shortly.

In conclusion, Members highlighted the valuable work undertaken by Scrutiny with regard to migration, and emphasised the partnership approach which had been taken by the Executive, officers and Scrutiny.

RESOLVED –

(a) That approval be given to the continuation of the strengthened arrangements, which were developed following the Scrutiny Board (Citizens and Communities) inquiry into migration, and which aims for a more strategic, co-ordinated and inclusive approach towards migration, with the Board also providing its endorsement of the current and future work that is planned;

(b) That the responsibility of the Director of Communities and Environment and the Executive Member for Communities for leading this work through the Council's Stronger Communities Breakthrough Programme be noted, with it also being noted that the Chief Officer (Communities) is responsible for leading on the work of the Strategic Migration Board;

(c) That a further update report regarding the progress made in respect of migration activities in Leeds be submitted to Executive Board in July 2019.

(During the consideration of this item, Cllr Blake vacated the Chair and left the meeting. In accordance with Executive and Decision Making Procedure Rule 3.1.5, in the absence of Councillor Blake, Councillor Coupar presided as Chair of the Board whilst Cllr Blake was absent from the meeting)

39 Update on the Delivery of the Leeds High Rise Strategy

Further to Minute No. 96, 19th October 2016, the Director of Resources and Housing submitted a report providing an update on the delivery of each of the High Rise Strategy priorities, and where available, outlined the impact that the actions have had on resident satisfaction and management issues. In addition, following the Board's consideration of a report entitled, 'Grenfell Tower Update' on 17th July 2017 (Minute No. 44 refers), the submitted report also provided information on the actions which had been taken in response to the Grenfell Tower fire.

Responding to a Member's enquiry, the Board received an update on the actions being taken to address any potential fire risk in respect of waste management and the use of refuse chutes within high rise blocks.

In addition, responding to a Member's comment, it was acknowledged that although resident wardens for older residents had been withdrawn, Support Officers were now in place to provide regular ongoing support to residents, with examples of such provisions being provided.

RESOLVED –

(a) That the progress made in delivering the different areas of the High Rise Strategy, be noted;

(b) That the Director of Resources and Housing be requested to continue to monitor the progress being made in delivering the High Rise Strategy and submit a further update report to the Board in 12 months' time;

(c) That the Board's support for the proposal to continue the concierge service pilot during 2018/19, be confirmed;

(d) That the Board's support for the proposal to continue 'Operation Leodis' during 2018/19, be confirmed.

RESOURCES AND SUSTAINABILITY

40 Additional Clean Air Measures

Further to Minute No. 15, 27th June 2018, the Director of Resources and Housing submitted a report which provided details of the citywide clean air strategy, separate to the clean air charging zone provisions. The report highlighted the proposed partnership between Highways England and the Council to deliver a centre of excellence for ultra-low emissions vans in the south of the city and provided information on the associated public engagement campaign.

A Member made reference to work place levy schemes and suggested an initiative involving the Council working in partnership with private firms to promote the use of electric vehicles as part of their respective company car schemes. In response, the Board noted the suggestions, highlighting that the Council was open to looking at new ways of encouraging greater use of electric vehicles.

In response to Members' comments, the Board considered the need to strike the correct balance between establishing short term goals in order to improve the city's air quality to achieve compliance in line with Government regulation, with a longer term vision to ensure that further improvements were made to air quality.

Emphasis was placed upon the role of scrutiny in this area and the value of the work which had been undertaken in respect of air quality. Also, as part of the discussion, the reasons and rationale for the proposed amendment to the CAZ boundary, as discussed at the previous meeting, were reiterated.

In conclusion, the Chair emphasised the importance of a continued cross-party approach when lobbying Government to provide the Local Authority with appropriate assistance in this area.

RESOLVED –

(a) That the necessary authority be delegated to the Director of Resources and Housing, in order to:-

(i) enter into the required legal agreement to support the partnership with Highways England; and

(ii) approve the authority to procure for the low emissions vehicles, the business engagement partner and the associated electric charging infrastructure to support the regional ultra-low emissions vehicle centre.

(b) That a campaign to focus on anti-idling outside schools, be endorsed;

(c) That the Highways Service be requested to examine traffic restrictions on Heavy Goods Vehicles (HGVs), with particular focus on the areas that are now excluded from the CAZ (Clean Air Zone) in the modified boundary;

(d) That support be provided for a publicity campaign which would provide advice on cleaner travel alternatives;

(e) That the Government be requested to provide a targeted scrappage scheme which is aimed at the most polluting older vehicles.

(During the consideration of this item, Councillor Blake returned to the meeting and resumed her position as Chair of the Board, for the remainder of the meeting. At this point, Councillor Coupar left the meeting)

41 Annual Corporate Risk Management Report

The Director of Resources and Housing submitted a report presenting the annual update of the Council's most significant corporate risks and which detailed the arrangements in place, together with the further activity planned during 2018/19 to manage them.

RESOLVED – That the annual risk management report, as submitted, together with the assurances given on the Council's most significant corporate risks, be noted, in line with the authority's Risk Management Policy and the Board's overarching responsibility for their management.

42 Financial Health Monitoring 2018/19 - Quarter 1

The Chief Officer, Financial Services submitted a report which presented the Council's projected financial health position for 2018/19, as at the conclusion of the financial year's first quarter.

Responding to a Member's enquiry regarding the budget pressures in respect of Children Looked After (CLA), the Board received further details on the range of actions and resultant improvements that had been made by the

Council in this field, with it being highlighted how Leeds had bucked the national trend by reducing the number of CLA in the city in recent years.

Members noted that the planned efficiency in 2018/19 arising from the changes to Transport provision was still projected to be achieved from the 18/19 Children and Families directorate budget despite the current pause on SEND transport changes. Responding to a Member's enquiry regarding this, the Board was provided with further information and context on the rationale for introducing such measures for the longer term.

RESOLVED – That the projected financial position of the authority, as at Quarter 1 of 2018/19, be noted.

43 Capital Programme 2018/19 - 2021/22 Quarter 1 Update

The Chief Officer, Financial Services submitted a report providing an update on the Council's Capital Programme, as at Quarter 1 of the 2018/19 financial year, which included details of capital resources, progress on spend and a summary of the economic impact of the capital programme.

RESOLVED –

(a) That the injection of £629.6k in relation to Capital Receipts to be utilised by Ward Councillors under the Capital Receipts Incentive Scheme (CRIS), as detailed within Appendix C of the submitted report, be approved;

(b) That the latest position on the General Fund and Housing Revenue Account (HRA) capital programmes, as detailed within the submitted report, be noted;

(c) That it be noted that the above resolution to inject funding of £629.6k, as detailed within the submitted report, will be implemented by the Chief Officer, Financial Services.

44 Medium Term Financial Strategy 2019/20 to 2021/22

The Chief Officer, Financial Services submitted a report which presented the Council's proposed Medium Term Financial Strategy (2019/20 – 2021/22) for the Board's consideration and approval.

Following a recent announcement by the Ministry of Housing, Communities and Local Government relating to the Local Government Finance Settlement for 2019/20, the Chief Officer, Financial Services provided the Board with details of the announcement. Specifically regarding the Business Rates Retention pilot for 2019/20, the Board noted that Government had confirmed that invitations for the pilot in 2019/20 would be sought, and that the Leeds City Region would not automatically be accepted onto the scheme and would need to submit a bid. It was also noted that the 2019/20 initiative would be for the retention of 75% of Business Rates and not 100%, as in previous years.

Responding to a Member's enquiry, the Board received further information regarding the projections within the report regarding the level of resource

allocation to the Minimum Revenue Provision (MRP), with details being provided on the approach which had been agreed by the Council on the MRP policy in the 4 year period leading up to 2020/21.

In response to an enquiry, the Board received further information on the provision in the Medium Term Financial Strategy for pay awards and the Leeds Living Wage. In addition, responding to the recent Government announcement regarding an increase in public sector pay, although it was noted that Local Government salaries were separate to Government negotiations, should there be any implications for the Council arising from the recent announcement, then the Board would be kept informed, as appropriate.

RESOLVED –

(a) That the 2019/20 – 2021/22 Medium-Term Financial Strategy for both General Fund services and the Housing Revenue Account, as detailed within the submitted report, be approved;

(b) That it be noted that further proposals will be brought forward to address the current identified shortfall as part of the Council's budget process;

(c) That it be noted that the Chief Officer, Financial Services will be responsible for the implementation of the above resolutions.

REGENERATION, TRANSPORT AND PLANNING

45 Update on Progress and Implementation of the Leeds Public Transport Investment Programme (LPTIP)

Further to Minute No. 17, 21st June 2017, the Director of City Development submitted a report providing an update on the significant scheme and package development of the Leeds Public Transport Investment Programme (LPTIP) during 2017/18 and the first quarter of 2018/19, and which also set out the next steps for delivering the programme.

The Board welcomed Mr Nigel Foster, Chair of the associated independent Expert Advisory Panel, who was in attendance at the meeting in order to provide detail on the composition of, and role played by the Panel. Mr Foster also introduced the key points of the Panel's report.

The Board noted the significant level of consultation which had been undertaken when developing the proposals, with the valuable role of the Expert Panel being highlighted.

In response to a Member's enquiry, the Board received further details regarding the aims of the proposed bus priority improvement schemes, with increased reliability and resilience to services being highlighted. In addition, with regard to comments made on the provision of bus services in more rural communities, the Board noted that work continued to be undertaken with bus operators and West Yorkshire Combined Authority (WYCA) on this issue.

With regard to HS2, Members received further information on the actions being taken to ensure that the HS2 station in Leeds would be integrated with the rest of the local and regional public transport network, with the development of the Integration Masterplan being highlighted.

Responding to a Member's enquiry, the Board received further details on the contractual arrangements in place between the Council, WYCA and the bus operator regarding the provision to share profits earned from park and ride facilities at Elland Road and Temple Green, with it being noted that Board Members could be provided with details of the relevant patronage levels required for such arrangements to be activated. Members were also advised that the bus operator bore the financial risk, should either of those two sites not break even. Finally, it was noted that in terms of the proposed Stourton site, such issues would be discussed with the relevant parties as part of any contractual negotiations.

In conclusion, it was highlighted to the Board that should the recommendations within the submitted report be agreed, then the Board would be giving its approval to submit the planning applications for the expansion of the Elland Road Park and Ride site and a new Park and Ride site at Stourton.

RESOLVED –

(a) That the progress made since April 2016 on developing proposals and the public consultations, be noted;

(b) That the report of the independent Expert Advisory Panel, as appended to the submitted report, be noted;

(c) That the development work undertaken on the popular Park and Ride sites be noted; and that support be given on the continued roll out of the park and ride programme including:-

(i) Progress on the feasibility work at Alwoodley Gates in the North of the city;
(ii) Approval of the submission of a planning application for the expansion of the Elland Road Park & Ride site, and subject to the granting of planning permission and the funding approval of the West Yorkshire Combined Authority, approval be given to the expenditure of £5.12m from the LPTIP Capital Programme to carry out detail design and construction of the site;
(iii) Approval to the submission of a planning application for a new park & ride site at Stourton, and subject to the granting of planning permission and the funding approval of the West Yorkshire Combined Authority, approval be given to the expenditure of £23.74m from the LPTIP Capital Programme to carry out detail design and construction of the Park and Ride site;

(d) That the expenditure of £11.98m from the LPTIP Capital Programme to carry out detail design and construction of the Bus Priority measures and cycling improvements on the route from the Stourton site into the city centre along Wakefield Road / Low Road / Hunslet Road, be approved;

(e) That the expenditure of £5.19m to be funded from the LPTIP Capital Programme for the detail design and construction of the following initial schemes, be approved:-

(a) A647 – Bradford to Leeds: Armley Road bus gate and bus stop relocation;

(b) A61(N) – Alwoodley to Leeds –
i Harrogate Road outbound bus lane/gate at Alwoodley Lane
ii Harrogate Road inbound bus lane to Outer Ring Road
iii Harrogate Road inbound bus lane to Street Lane;

(c) A58 – Oakwood & Roundhay to Leeds
i Easterly Road verge hardening for off-carriageway parking provision
ii York Street bus only;

(d) A660 – Adel to Leeds - Holt Lane signalisation.

(f) That it be noted that the Chief Officer for Highways and Transportation is responsible for the implementation of the resolutions as outlined within the submitted report.

(During the consideration of this item, Councillor Coupar returned to the meeting)

46 Redevelopment of the former Kirkstall District Centre

The Director of City Development submitted a report providing an update on the development schemes emerging for the former Kirkstall District Centre site and which also sought approval for the draft terms of disposal of the Council's land interests which form part of that site.

Responding to a concern raised by a Member in respect of the proposals, the Board received further information and context regarding the location, ownership and composition of the site, which had led to the recommended approach, as detailed within the submitted report.

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

RESOLVED –

(a) That the positive progress achieved in securing a redevelopment scheme for land in the heart of Kirkstall, be noted;

(b) That all Council owned land within the site, as detailed within the red line boundary shown in Appendix 1 to the submitted report, including that leased to Tesco, be declared as operationally surplus;

(c) That the disposal of the Council's freehold interest in land forming the site to Artisan Real Estate UK Limited on the draft terms, as set out in exempt appendix 2 to the submitted report, be approved;

(d) That the necessary authority be delegated to the Director of City Development to enable the Director, with the concurrence of the Executive Member for 'Regeneration, Transport and Planning', to approve the final disposal boundary and terms.

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

CHILDREN AND FAMILIES

47 Leeds Children's Services Innovation Programme and Partners in Practice: Update Summer 2018

The Director of Children and Families submitted a report providing a summary of the progress made in respect of the Children and Families directorate's Innovation Programme. In addition, the report provided an update on Leeds' support for sector led improvement as a 'Partner in Practice'.

In presenting the report, the Executive Member for Children and Families provided examples of key areas where innovative work continued to be developed and undertaken.

Responding to a Member's enquiry, the Board received further information on the work that continued to be undertaken by Children and Families in its role in developing sector led improvement, but also on the continued work to support the children and young people of Leeds, with tangible outcomes from that work being provided to the Board. It was highlighted that the Council's service provision in this field had been the subject of external evaluation, and was scheduled to be in the future, with it being noted that when the results of such evaluation were known, they would be submitted to the Board for consideration.

In response to a Member's enquiry regarding Leeds' capacity at a senior management level to deliver its own services when also providing support to Kirklees, the Board received assurances that the Authority continued to have sufficient capacity in this area, with it being highlighted that since the Council's involvement with Kirklees, the Council had received a positive outcome from an unannounced Ofsted inspection into service provision for children in care.

It was also noted that agreement had now been reached with the Department for Education (DfE) for Kirklees Council to recruit its own Director of Children's Services, with it being highlighted that such recruitment was underway.

RESOLVED –That the progress made in Leeds' Children's Services Innovation and Sector Led Improvement work, as detailed within the submitted report, be noted.

LEARNING, SKILLS AND EMPLOYMENT

48 Equality Improvement Priorities Progress Report 2017 - 2018 and Equality Improvement Priorities 2018- 2022

The Director of Communities and Environment submitted a report presenting for the Board's consideration and approval the Council's Equality Improvement Priorities Annual Report for 2017 – 2018, together with the Council's revised Equality Improvement Priorities for the period: 2018 – 2022.

Members welcomed the comprehensive report which had been submitted.

RESOLVED –

(a) That the Equality Improvement Priorities Annual Report 2017 – 2018, as appended to the submitted report, be approved;

(b) That the revised Equality Improvement Priorities 2018 – 2022, as appended to the submitted report, be approved.

DATE OF PUBLICATION: FRIDAY, 27TH JULY 2018

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5.00 P.M., FRIDAY 3RD AUGUST 2018

HEALTH AND WELLBEING BOARD

WEDNESDAY, 5TH SEPTEMBER, 2018

PRESENT: Councillor R Charlwood in the Chair

Councillors S Golton, P Latty, L Mulherin 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 Alastair Cartwright – Digital Programme Director for Leeds City and NHS Leeds Clinical Commissioning Group

Directors of Leeds City Council
Dr Ian Cameron – Director of Public Health
Shona McFarlane – Deputy Director, Adults and Health, LCC
Sue Rumbold – Chief Officer, Children and Families, LCC

Third Sector Representative
Rachel Koivunen - Forum Central

Representative of Local Health Watch Organisation
Dr John Beal – Chair, Healthwatch Leeds
Hannah Davies – Chief Executive, Healthwatch Leeds

Representatives of NHS providers
Andy Weir - Leeds and York Partnership NHS Foundation Trust
Julian Hartley - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

Representative of Leeds GP Confederation
Jim Barwick – Chief Executive of Leeds GP Confederation

19 Welcome and introductions

The Chair welcomed all present and brief introductions were made.

20 Appeals against refusal of inspection of documents

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

21 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

22 Late Items

There were no formal late items, however there was some supplementary information in relation to Item 11 “West Yorkshire & Harrogate Health and Care Partnership – a Memorandum of Understanding”, which was not available at the time of agenda publication. (Minute 29 refers)

23 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

24 Apologies for Absence

Apologies for absence were received from Cath Roff, Dr Sara Munro, Dr Alistair Walling, Steve Walker, Moira Dumma, Supt. Sam Millar and Heather Nelson. The Board welcomed Shona McFarlane, Andy Weir, Alastair Cartwright and Sue Rumbold as substitutes.

25 Open Forum

No matters were raised under the Open Forum.

26 Minutes

RESOLVED – That, subject to an amendment to include Councillor Mulherin’s apologies, the minutes of the previous meeting held 14th June 2018 were agreed as a correct record.

27 Priority 4 - Housing and the Environment Enables all People of Leeds to be Healthy

The Director of Resources and Housing submitted a report in support of discussions on the importance of greater collaboration on housing, the environment and health issues.

The following were in attendance:

- Neil Evans, Director of Resources and Housing (LCC)
- Tony Cooke, Chief Officer for Health Partnerships
- Jenny Fisher, Principal Design Officer (LCC)

The Director of Resources and Housing introduced the report and spoke to a PowerPoint presentation, highlighting the following key areas:

- Housing as a key determinant of health and wellbeing, and understanding the connection between housing and employment.
- The Board identified one of the greatest challenges as being low quality conditions in the private rented sector, particularly in our deprived communities and in the context of a decline in home ownership
- The increase in residential dwellings in the City Centre, and the need for health infrastructure to support the new influx of residents.

- Homelessness trends across the city, including a reduction in the amount of temporary accommodation used to home families. However, the Board were informed of the prominence of issues associated with 'street users', particularly in relation to drug and alcohol abuse.
- The focus on ensuring future developments included child friendly community spaces.

During discussions, the Board considered the following:

- Models of co-location were reported to be successful in shared buildings such as Tribeca House. Although the Board recognised that this approach was not always practical, Members encouraged consideration of co-location for housing and health / social care teams where possible.
- The trend of more affluent areas influencing planning decisions through Neighbourhood Plans, and the need for further engagement with deprived communities to ensure that planning decisions are community led.
- The use of Local Care Partnerships to integrate housing officers into health / social care teams and the third sector.
- That health and care colleagues would benefit from greater knowledge of planning and design, particularly in relation to legislation and barriers to housing improvements.
- The planned increase in residential dwellings in the city centre, and thus the need for strong health and social care infrastructure to support families, along with green spaces.
- That spaces and places undergoing development and redesign must be welcoming for all ages and demographics of our population.
- The need for more systematic lobbying to rise the standards for privately rented homes across the city, to tackle poor living conditions in the sector. This issue was agreed to be incorporated into the Board's work plan.
- The availability of digital technology in future developments and for future generations, as a tool to ensure better connectivity between communities and the services they require.

RESOLVED –

a) To note the Board's suggestions to further integration between housing, environment and health partners at both strategic and operational levels.
b) To note the Board's discussions around priority areas for future consideration and collaboration on housing issues which have an impact on health.
c) To agree to use the learning from the NHS England Healthy New Towns and best practice (including Wakefield Housing, Health and Social Care Partnership) to provide strategic direction and influence for partners including the NHS, Local Care Partnerships, LCC Planning and Highways.

d) To endeavour to help drive the work forward locally and regionally in line with a Health in all Policies approach and the Leeds Health and Wellbeing Strategy.
e) To note the aims, principles and progress of the Planning and Design for Health and Wellbeing group to date.

28 Draft Safer Leeds Community Safety Strategy (2018-2021)

The Director of Communities and Environment and the Chief Officer, Community Safety submitted a report which presented the draft Safer Leeds Community Safety Strategy 2018-21 and provided an opportunity for the Board to provide views; help shape the Strategy and discuss ongoing strategic support around system changes and operational response; where improving health and wellbeing outcomes are directly connected to community safety priorities.

Head of Safer Leeds, Simon Hodgson, introduced the report, and highlighted the following key areas:

- The key ambitions and shared priorities, in line with the Leeds Health and Wellbeing Strategy 2016-2021, and a new approach distinguishing between outcomes focused on victims, offenders and locations.
- Some examples of critical issues, including reference to the prevalence of New Psychoactive Substances (NPS) among street users and the launch of 'Big Change' – an alternative giving scheme coordinated by the third sector to support homelessness.

During discussions, the Board considered the following:

- The need for stronger partnerships with the prison service. The Board were informed that prisoners are currently released on a Friday, which can be detrimental for those with a history of drug and alcohol problems.
- The Board suggested a whole city approach was necessary to deal with some of the critical issues outlined in the report, which could be addressed through the Joint Strategic Assessment (JSA).
- Members noted that the impact of drug and alcohol problems on children and families could be more evident in the report, however welcomed the reference to safeguarding against criminal exploitation in the report. The Board requested that the Strategy focuses on the whole family, with vulnerable families needing tailored support.
- The Board welcomed the publication and implementation of a new drug and alcohol strategy for the city.

RESOLVED –
a) To note and endorse the strategic priorities outlined in the Safer Leeds 'Community Safety Strategy' for 2018-21.
b) To note the Board's discussion in relation to the action the HWB can take collectively and at organisational level to help achieve the

outcome that ‘people in Leeds are safe and feel safe in their homes, in the streets and the places they go’.

c) To note the Board’s discussion in relation to the consultation on the strategy as part of the HWB’s role in providing strategic, place-based direction around wider determinants of health, linked to the Leeds Health and Wellbeing Strategy.
d) To note feedback provided on pertinent issues that support on-going discussions around ‘system changes’ and ‘operational response’; where improving health and wellbeing outcomes are directly connected to community safety priorities.

29 West Yorkshire and Harrogate Health and Care Partnership Update

The Chief Officer, Health Partnerships; and the Head of Regional Partnerships submitted a report which provided an update on the progress of the Memorandum of Understanding.

The following were in attendance:

- Tony Cooke, Chief Officer for Health Partnerships
- Rachael Loftus, Head of Regional Health Partnerships

The Head of Regional Health Partnerships and the Chief Officer for Health Partnerships introduced the report and highlighted the key amendments to the Memorandum of Understanding following consultation, which included:

- A stronger focus on ensuring local government have a key role in democracy and decision making.
- Emphasis on the need for coordination across boundaries to enable quick and easy access to services when people need them the most.
- The introduction of a partnership board at West Yorkshire level, to engage the public and the third sector, and increase political engagement.

The Board commented that the document was a much improved version, welcomed the changes, and thanked the Chair for ensuring the Board maintained influence. However, Members were keen for the document to be viewed as a ‘living’ document, to reflect future changes, particularly in relation to commissioning.

RESOLVED –

a) To note discussions around the text of the Memorandum of Understanding contained in Appendix 1.
b) To agree to sign up to the spirit and content of the Memorandum of Understanding.

30 Leeds System Resilience Plan

The System Resilience Assurance Board (SRAB) submitted a report which provided an overview of the Leeds Health and Care System approach to the

recovery, management, sustainability and transformation of the unplanned health and care system in Leeds.

The report included the Leeds System Winter Plan 2018/19 and a review of the outcomes from winter 2017/18. The report also set out the key performance indicators for 2018/19 to track progress against urgent demand care; acute flow and the Home First Strategy.

The following were in attendance:

- Sarah Miller, Head of Nursing, Neurosciences (LTHT)
- Debra Taylor-Tate, Senior Commissioning Manager (Leeds CCG)
- Liz Ward, Head of Independent Living Service (LCC)
- Fiona Allport, Clinical Pathway Lead for Rehabilitation and Self-Management (LCH)
- Gillian Meakin, Project Manager, Virtual Respiratory Ward and Neurology Services (LCH)

The Board received a presentation on the Stroke Pathway service as an example of change and best practice for care, record keeping and collaboration between partners.

An overview of partnership working between the Independent Living Service and Leeds Community Healthcare Neighbourhood Teams was provided setting out the approach taken to ensure timely discharge from care through a review of patient entry criteria, staff knowledge of the service and how referrals were made.

The following key areas were highlighted during discussions:

- The need to reference links to the LCC Children and Families Services.
- Acknowledgement that pressures still existed when seeking to secure beds following clinical discharge.
- Acknowledgment that the health and care sector was working more closely in partnership and on balance, would be better prepared for this winter's pressures.

The Board noted the offer from the representative of Leeds Older Peoples Forum to work with the SRAB.

RESOLVED - To note the Board's feedback and comments on the approach to developing the Leeds System Resilience Plan.

(Councillor Golton, Thea Stein, Phil Corrigan and Gordon Sinclair left the meeting at this point.)

31 Arts and Health and Wellbeing

Mick Ward, Chief Officer, Transformation & Innovation, (LCC Adults & Health) introduced a report containing a proposal to develop work on the Arts in Leeds, focusing on the potential for the Arts to contribute to improved health

and wellbeing. The Board noted that health and wellbeing groups and artists had already expressed an interest in being involved with this developing project, which aimed to establish a network for groups to communicate, participate and share.

During discussions, the Board acknowledged the role Art can play in the workplace for the general health and wellbeing of staff and Board members as employers were encouraged to support art in the workplace. The success of a recent play supported by Leeds GP Confederation on the theme of dementia was noted, with the Board noting a suggestion that consideration could be given to this type of presentation being supported by HWB in the future.

Additionally, Jim Barwick agreed to act as the lead HWB member to support the emerging creative Leeds Arts and Heath Network and a focus on arts and health in the work of the Board.

RESOLVED –

a) To note the powerful contribution the arts can make to health and wellbeing.
b) To agree to support and develop within direct provision and commissioned services art interventions as a tool to meet health and wellbeing outcomes.
c) To agree to influence arts based commissioning and arts organisations to have a stronger focus on improving health and wellbeing.
d) To support the establishment of an Arts and Health and Wellbeing Network in the city.
e) To note that Jim Barwick was identified as the lead champion from the Health and Wellbeing Board to support this work.

32 For Information: Connecting the work of the Leeds Health and Care Partnership

The Board received, for information, a copy of the report from the Chief Officer for Health Partnerships (LCC) which provided an overview of the work from the April Health and Wellbeing Board informal workshop and the July Health and Wellbeing Board To Board meeting.

RESOLVED – To note the contents of the report.

33 For Information: BCF Quarter 1 2018/19 Return Performance Monitoring

The Board received, for information, a copy of the joint report from the Chief Officer Resources & Strategy, LCC Adults & Health and the Deputy Director of Commissioning, NHS Leeds CCG, detailing the BCF Performance Monitoring return for 2018/19 Quarter 1, which were previously submitted nationally following circulation to members for comment.

RESOLVED – To note the contents of the report.

34 For Information: Leeds Health and Care Quarterly Financial Reporting

The Board received, for information, a copy of the report of 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 contents of the report.

35 Date and Time of Next Meeting

RESOLVED – To note the date and time of the next meeting as Wednesday 12th December 2018 at 1.00 pm (with a pre-meeting for Board members at 12.30 pm)