Public Document Pack

SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 2nd April, 2019 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

Produced on Recycled Paper

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 25* of the Access to Information 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.**	

Item				Page No
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 - 15 JANUARY 2019** To approve as a correct record the minutes of the meeting held on 15 January 2019.	1 - 8
7			**LEEDS SAFEGUARDING ADULTS BOARD - ANNUAL REPORT AND PROGRESS UPDATE** To consider a report from the Head of Governance and Scrutiny Support introducing the Leeds Safeguarding Adults Board 2017/18 Annual Report and a progress update for 2018/19.	9 - 106

Item				Page No
8			**CARE QUALITY COMMISSION (CQC) – ADULT SOCIAL CARE PROVIDERS INSPECTION OUTCOMES - NOVEMBER 2018 TO JANUARY 2019** To consider a report from the Director of Adults and Health on the Care Quality Commission Inspection Outcomes for Adult Social Care providers in Leeds for the period November 2018 to January 2019.	107 - 120
9			**HOMECARE UPDATE** To consider a report from the Director of Adults and Health providing an update on the developments in commissioned home care services since the previous report in September 2018.	121 - 126
10			**CARE QUALITY COMMISSION: LOCAL SYSTEM REVIEW REPORT AND ACTION PLAN** To consider a report from the Head of Governance and Scrutiny Support introducing the Care Quality Commission's report following its review of the local health and care system in Leeds; alongside the associated action plan.	127 - 172
11			**LEEDS HEALTH AND CARE PLAN UPDATE** To consider a report from the Director of Adults and Health on progress against the Leeds Health and Care Plan and the development of Local Care Partnerships.	173 - 186
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.	187 - 188

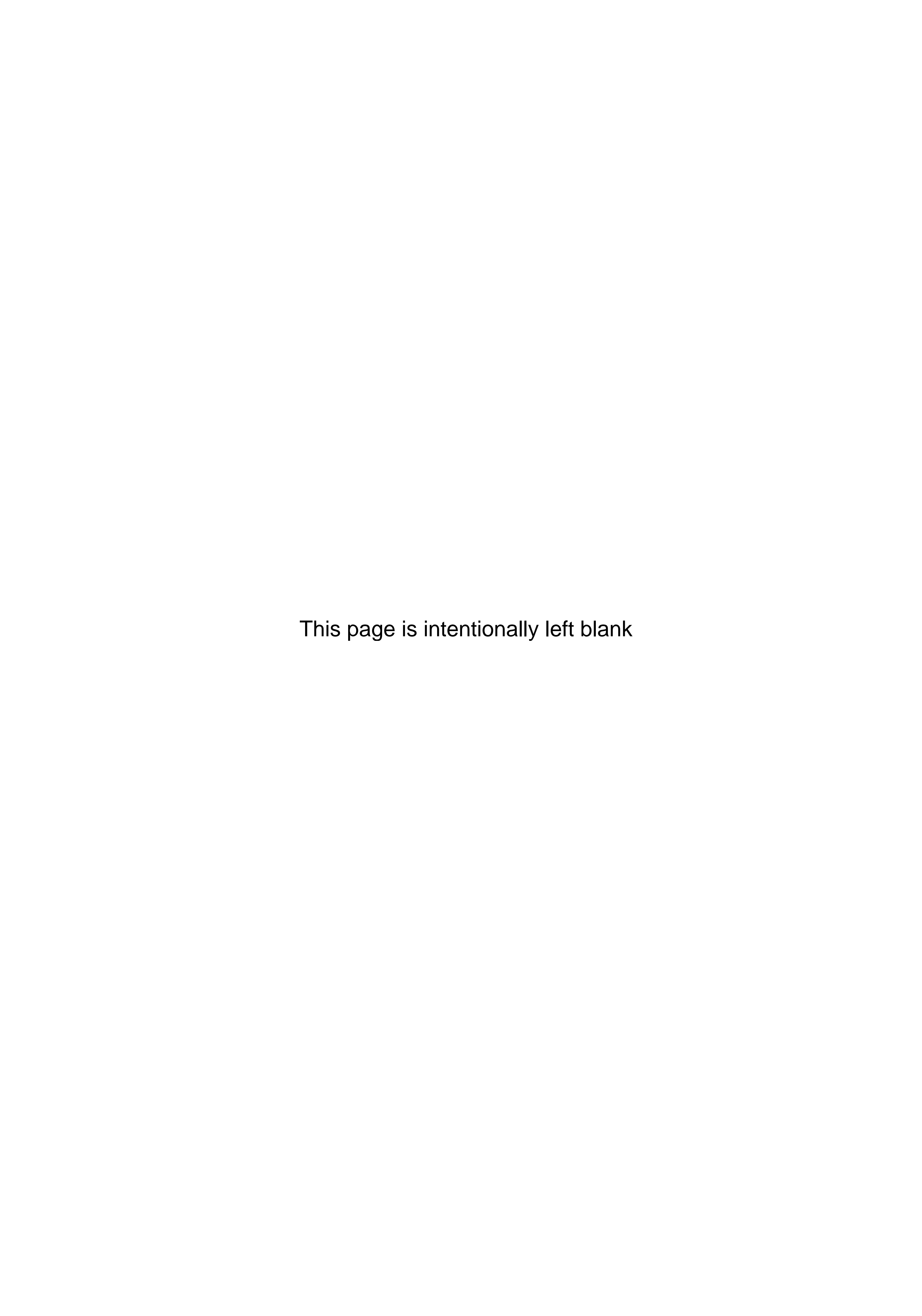
13			**WORK SCHEDULE** To consider the Scrutiny Board's work schedule for the 2018/19 municipal year.	189 - 262
14			**DATE AND TIME OF NEXT MEETING** Tuesday, 23 April 2019 at 1:30pm (pre-meeting for all Board members at 1:00pm).	

THIRD PARTY RECORDING

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

Use of Recordings by Third Parties – code of practice

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


This page is intentionally left blank

SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 15TH JANUARY, 2019

PRESENT: Councillor H Hayden in the Chair

Councillors C Anderson, J Elliott, B Flynn, J Gibson, N Harrington, M Iqbal, D Ragan, K Wakefield and A Wenham

Co-optee present - John Beal

54 Appeals Against Refusal of Inspection of Documents

There were no appeals.

55 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

56 Late Items

There were no formal late items, however the following supplementary information was distributed to at the beginning of the meeting in relation to Item 12, Compliments and Complaints Annual Report 2017-18 (Minute 65 refers.)

- Local Government and Social Care Ombudsman – Leeds City Council Annual Review Letter for 2018

57 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

58 Apologies for Absence and Notification of Substitutes

An apology for absence was received from Councillor S Lay, with no substitute Member present.

59 Minutes - 6 November 2018

RESOLVED – That the minutes of the meeting held on 6th November 2018 be agreed as a correct record.

60 Quarter 2 Performance report: Best Council Plan and Adults and Health Directorate

The Director of Adults and Health and the Director of City Development submitted a joint report that provided an overview of outcomes and service performance related to the council priorities and services within the remit of the Adults, Health and Active Lifestyles Scrutiny Board.

The following were in attendance:

- Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults
- Cllr Mohammed Rafique, Executive Member for Environment and Active Lifestyles
- Shona McFarlane, Chief Officer Access and Inclusion, Adults and Health
- Dr Ian Cameron, Director of Public Health, Adults and Health
- Steven Barker, Business Manager, Active Leeds, City Development
- Peter Storrie, Head of Service, Performance Management and Improvement, Resources and Housing

The officers in attendance introduced the headline performance issues for their respective areas, as detailed in the submitted report.

While recognising positive performance across a number of areas, Members discussed a number of specific matters, including:

- *Safeguarding vulnerable groups*. Members queried the social care points of contact with vulnerable adults, and in particular young adults who were looked-after as children. The Board heard that there are no specific routes for supporting adults who have left the care system through social care, however they may be supported if they have specific care needs such as a disability or learning difficulty. Members also heard that a 'Directions Panel' had been set up to enable multi-agency approach to young adults who had suffered forms of abuse in their childhood.
- *Smoking prevalence*. Members welcomed the reduced smoking prevalence in Leeds, and the focus in the report around the benefits for personal finances as well as health. Members also noted that in respect of 'narrowing the gap', it would be helpful to report and compare smoking prevalence across specific localities that will also help target resources.
- *Male suicide rates*. Members sought detail around projects focused on male wellbeing and suicide prevention, and were informed of a range of projects, including additional funding which has been allocated to various community groups in less affluent areas to tackle social isolation and improve wellbeing and overall health.
- *Reducing the gap for being active*. Members requested further statistics specific to individual wards, and the Executive Member for Health, Wellbeing and Adults informed Members of the correlation between low activity and more deprived areas of the city, and confirmed that conversations around activity levels with individual wards were ongoing. Members also heard that data collection can be

difficult, as informal forms of activity are difficult to monitor and some users do not wish to share their personal data with gyms and sport centres, however work is going with an external company in an attempt to capture more data from a variety of sources.

- *Access to healthy food and nutritional advice*. Members were concerned that deprived communities did not have access to healthy foods and advice to enable them to be healthy, and were informed that the Council had set out its commitment in this area through the recently agreed Healthy Weight Declaration that would support concerted action over a prolonged period of time.
- *Sale of alcohol and cigarettes.* Members expressed concerns around the prominence of 24 hour off-licences selling cheap alcohol and cigarettes in deprived areas, and the impact this has on communities. Members felt that more could be achieved in relation to this matter. The Board was informed that Public Health work in partnership with Licensing and Planning teams, as well as West Yorkshire Trading Standards to create more challenge for licence applications in areas with high levels of alcohol and drug abuse, as well as to tackle the sale of illicit tobacco.
- *High-sugar snacks in Council sports centres.* Members were concerned about the easy access to unhealthy and high in sugar snacks available in vending machines at Council-run sports centres and swimming pools. The Board was informed that a three month trial was taking place to potentially change contracts with providers to provider healthier alternatives.
- *Quality of life survey.* Concern was raised regarding the quality of life survey results relating to carers. Members were advised that more up-to-date data was expected following a more recent survey. The results would be reported through a future performance report to the Board.
- *NHS Health Checks.* Members considered the levels of uptake and were advised of the new contract arrangements whereby the Leeds GP Confederation was responsible for NHS Health Checks across the City, and therefore consistency of approach. .

RESOLVED – That the contents of the report and appendices, along with Members comments, be noted.

61 Best Council Plan Refresh 2019/20 - 2020/21

The Head of Governance and Scrutiny Support submitted a report that introduced the Executive Board report from 19 December 2018, presenting proposals to refresh the Best Council Plan for the period 2019/20 – 2020/21.

The following were in attendance:

- Councillor James Lewis, Executive Member for Resources and Sustainability
- Coral Main, Head of Business Planning and Risk, Resources and Housing

- Shona McFarlane, Chief Officer Access and Inclusion, Adults and Health

The Head of Business Planning and Risk, Resources and Housing briefly introduced the report and the overall approach for refreshing the Best Council Plan.

The Board considered the details presented and confirmed its support for the proposals within the remit of the Scrutiny Board (Adults, Health and Active Lifestyles).

RESOLVED – That the Best Council Plan Refresh initial proposals and approach, as they relate to the remit of the Scrutiny Board (Adults, Health and Active Lifestyles), be supported.

62 Financial Health Monitoring

The Head of Governance and Scrutiny Support submitted a report that introduced the Financial Health Monitoring 2018/19 (Month 7) report presented to the Executive Board at its meeting on 19 December 2018.

The following were in attendance:

- Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults
- Cllr Mohammed Rafique, Executive Member for Environment and Active Lifestyles
- Shona McFarlane, Chief Officer Access and Inclusion, Adults and Health
- Dr Ian Cameron, Director of Public Health, Adults and Health
- John Crowther, Head of Finance (Adult Social Care), Resources and Housing
- Steven Barker, Business Manager, Active Leeds, City Development

The Head of Finance (Adult Social Care) introduced the report, highlighting some of the key messages.

Members discussed a number of matters, including:

- *The Leeds approach to winter pressures.* Members queried the position in Leeds compared to other large cities in regards to managing winter pressures in line with budgets, and were informed that despite the national picture, officers were confident that the strength-based approach in Leeds would continue to alleviate pressures. It was noted that recent changes to the national funding arrangements had resulted in a high level of financial uncertainty, which had a negative impact on the Council's ability plan services in the long-term.
- *External residential care packages.* Members expressed concerns around the substantial cost associated with external residential care packages for Leeds residents with learning disabilities due to

appropriate services for people with challenging behaviours and complex needs not being available in Leeds. The Board was advised that a regional collaborative commissioning framework was being developed across the region, which would look to support people with complex needs moving into the community from long-term hospital care.
- *Aireborough Leisure Centre.* Members requested an update on the delay of refurbishment of Aireborough Leisure Centre, and were informed the delay was largely due to the presence of asbestos, which had been discovered while various different aspects of work were being carried. This had had caused significant delays.

RESOLVED – That the contents of the report and appendices, along with the responses provided at the meeting, be noted.

63 Initial 2019/20 Budget Proposals

The Head of Governance and Scrutiny Support submitted a report that introduced details of the initial 2019/20 budget proposals presented to the Executive Board at its meeting on 19 December 2018.

The following were in attendance:

- Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults
- Cllr Mohammed Rafique, Executive Member for Environment and Active Lifestyles
- Shona McFarlane, Chief Officer Access and Inclusion, Adults and Health
- Dr Ian Cameron, Director of Public Health, Adults and Health
- John Crowther, Head of Finance (Adult Social Care), Resources and Housing
- Steven Barker, Business Manager, Active Leeds, City Development

The Chief Officer Access and Inclusion and Head of Finance (Adult Social Care) introduced the report, providing additional context to the projected savings and financial pressures in 2019/20. Some of the areas highlighted included:

- Additional £14.6M to support demand based services, including an additional £2M to support homecare services.
- An allowance of £2M to support the transforming care agenda
- Reduction in some short-term social care grant areas (approx.£6.8M)
- A cut to the Public Health grant (approx. £1.1M)
- Improved collection rates of income
- Improved level of income from the contribution of partners (where appropriate).

Members sought clarification regarding the cuts in funding to Adult Social Care, and were informed that the directorate had made £100m savings since

2010. Members also considered the level of reserves being used to support Public Health services affected by the cut in grant funding.

RESOLVED – That, while recognising the ongoing financial challenges facing the Council and specifically a number of demand led services across Adults and Health, the 2019/20 budget proposals and general approach in terms of priority areas, be supported.

64 Care Quality Commission (CQC) - Adult Social Care Providers Inspection Outcomes - August 2018 to October 2018

The Director of Adults and Health submitted a report that provided 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.

The following were in attendance:

- Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults
- Caroline Baria, Deputy Director Integrated Commissioning, Adults and Health
- Mark Phillott, Head of Commissioning Contracts and Business Development, Adults and Health

The Executive Member for Health, Wellbeing and Adults introduced the report, noting the progress made across social care providers, including the recent 'outstanding' judgement of a large nursing care home in Leeds.

Members discussed a number of matters, including:

- *Good quality care providers*. Members welcomed the overall increase in care providers rated 'good' and 'outstanding', and requested that a visit be arranged to the care home that had recently received an 'outstanding' judgement.
- *Peer support and shared learning for care providers*. Members expressed concerns about providers who appeared to be deteriorating. The Board heard that a 'culture of excellence' had been created within the industry itself between providers, but that more formal support structures had been put in place in the form of new multi-agency forums, to address work force issues and quality concerns amongst care providers.
- *Home care provider inspection outcomes.* Members requested to be provided with the inspection outcomes for the 12 homecare providers contracted by the Council on an annual basis.
- *Donisthorpe Hall.* In response to a request for update on the progress of Donisthorpe Hall Nursing Home, Members heard that new clinical leads had been employed and that significant improvements had been observed overall.

Members also discussed the ongoing pressures on homecare; particularly in response to reducing delayed discharges for older people from hospital care and to support the overall ‘home first’ approach being implemented.

RESOLVED –

a) That the contents of the report and appendices, and the discussion at the meeting, be noted.
b) That arrangements be put in place to facilitate the visit discussed at the meeting.
c) That the Board’s requests for reporting on homecare services be incorporated into the work programme.

Councillor Iqbal briefly left the meeting at 3:10pm, returning at 3:25pm. Co-opted Member John Beal arrived at the meeting at 3:40pm, during discussion of this item.

65 Compliments and Complaints Annual Report 2017-18

The Director of Adults and Health submitted a report that introduced the 2017/18 Annual Report for Compliments and Complaints.

The following were in attendance:

- Councillor Rebecca Charlwood, Executive Member
- Shona McFarlane, Chief Officer Access and Inclusion, Adults and Health
- Judith Kasolo, Head of Complaints, Adults and Health

The Head of Complaints introduced the report, highlighting some of the key messages. The Chair also noted the 28 compliments received by the complaints section of the service.

Members considered the report and welcomed the overall achievements of the Directorate, as shown throughout the report.

Members also queried whether safeguarding complaints were included in the report, and were advised that safeguarding complaints have a separate reporting system. Members were also advised that the Annual Safeguarding Report and in-year progress would be presented to the Board at its meeting in March 2019.

RESOLVED – That the contents of the report and appendices be noted.

66 Chair's Update

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 September 2018.

The Chair provided an update to the Board regarding a number of matters, including:

- The Chair and Councillor Iqbal's ongoing conversations with the relevant organisations regarding bereavement arrangements, and specifically the timeliness of post mortems and accessibility to non-invasive post-mortems.
- Mental Health Services for Adults and Older people in Harrogate and Rural District. Councillor Harrington also provided a brief update of her recent discussions at North Yorkshire County Council's Scrutiny of Health Committee meeting.
- Contact with the Yorkshire Ambulance Service (YAS) about the various service changes and the impact on the capacity of the service; and a request to meet with appropriate representatives. .
- The recent 'inadequate' CQC inspection outcome of Windmill Health Centre.
- Opportunity for Members to contribute to the development of the Mental Health Strategy for Leeds.
- Next steps for the NHS 10 Year Plan.
- Future planned discussions with Leeds Local Medical Committee.

RESOLVED –
a) That the contents of the report and the verbal update be noted.
b) That the specific approaches regarding bereavement arrangements and Yorkshire Ambulance Service capacity outlined at the meeting, be supported.

67 Work Schedule

The Head of Governance and Scrutiny Support submitted a report which invited Members to consider the Board's work schedule for the 2018/19 municipal year. The Principal Scrutiny Adviser introduced the report and outlined the areas within the work schedule.

RESOLVED – That the outline work schedule presented, with the addition of the requests made during the meeting, be agreed.

68 Date and Time of Next Meeting

Tuesday, 19th March 2019 at 1:30pm (pre-meeting for all Board Members at 1:00pm).

The meeting ended at 16:20pm.

Agenda Item 7

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: 2 April 2019

Subject: Leeds Safeguarding Adults Board – Progress Report

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 for the Scrutiny Board to consider the progress of the Leeds Safeguarding Adults Board (LSAB).

2 Main issues

2.1 A progress report produced on behalf of the Independent Chair of the LSAB is appended to this report for consideration by the Scrutiny Board. Also appended to this report for consideration is the 2017/18 Annual Report and the 2018/19 Strategic Plan.

2.2 The LSAB 2017/18 Annual Report was presented to and considered by the Executive Board at its meeting on 13 February 2019. For completeness, a copy of the Executive Board cover report is also appended to this report. At its meeting, the Executive Board resolved:

(a) That the contents of the Leeds Safeguarding Adults Board Annual Report 2017/18 and the Board's Strategic Plan going forward, as appended to the submitted report, be noted;

(b) That the strategic aims and ambitions of the Leeds Safeguarding Adults Board, which looks to make Leeds a safe place for everyone, be supported.

2.3 The LSAB Independent Chair and appropriate officers from Adults and Health have been invited to attend the meeting to present the report and address questions from the Scrutiny Board. .

3. Recommendations

2.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to note the content of this report and appendices; and to identify any specific actions and/or matters that may require further scrutiny 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.

Report to Leeds City Council: Scrutiny Report

LSAB Progress Report

2nd April 2019

1.0 Introduction

1.1 The Leeds Safeguarding Adults Board is a statutory body as established within the Care Act 2014 (implemented April 2015). The overarching purpose of a Safeguarding Adults Board is to help and safeguard adults with care and support needs from abuse and neglect.

1.2 The Board does this by assuring itself that local safeguarding arrangements are in place and that safeguarding practice is continuously improving to safeguard adults in its area.

1.3 Safeguarding Adults Boards have three core duties. They must:

- develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute
- publish an annual report detailing how effective their work has been
- commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these (see section 3.4)

2.0 Annual Plan 2017/18

The Board's Annual Report for the period April 2017/18 – March 2018/19 is included in Appendix A. It provides an overview of the Board's achievements during this period as well as work undertaken by member agencies to promote the Board's ambitions.

3.0 Strategic Plan 2018/19

The Board's Strategic Plan, includes an Annual Plan for 2018/19. It is included in Appendix B. The plan sets out the ambitions of the Board for this period. The addendum, member organisation commitments set out how each agency plans to support this plan within their own organisation and networks.

4.0 Progress Update

At the time of the report it is approaching the end of the Annual Plan for 2018/19. This progress update provides an overview of achievements and highlights areas for continued development to be taken forward within the next 12 month period.

This update is based around the Board's four key ambitions:

3.1 Ambition One:

Talk to me, hear my voice

Reason for this ambition:

One of the key thrusts of the Care Act 2014 was to promote person-centred approaches to safeguarding, this involves listening to the person, promoting their involvements and working with them to promote the changes they want wherever possible. The ambition was set based upon a desire to actively promote this approach.

The ambition is worded in this way, based upon our learning in Leeds from a Safeguarding Adults Review, in which a person's safety concerns were not recognised. This occurred in part because all communication was through their relative/carer, who unknown at the time, was committing abuse.

Achievements:

During the course of the year the Board has taken an active decision to develop citizen-led approaches. This is more than being person centred. The ambition is to develop at approach over time that is shaped by citizens in Leeds.

During 2018/19 the Board has developed and approved new multi-agency safeguarding adults policy and procedures based around these principles. The Board has worked with eight citizen groups in Leeds to understand what good practice looks and feels like from the citizen perspective and have used this as the basis for our revised policy and procedures. This includes citizen guidance for practitioners, in areas such as risk management planning and management of safeguarding adults meetings. As far as we are aware, no other Safeguarding Adults Board in the country has sought to develop their policy and procedures around the advice of citizens.

To support this approach citizen guides to the procedures and a Citizen-Led Practice Guidance for practitioners are being developed.

The procedures build upon current good practice to seek out the person's desired outcomes and to work towards these wherever possible. It emphasises the importance of involving people and understanding their experience through the process.

During 2018/19 the Board has committed to commissioning an independent organisation to gather feedback from citizens of their support within these multi-agency policy and procedures, learning from which will used to support the development of practice. A tender process is about to commence and the service should be in place by Spring/Summer 2019.

Reflecting this ambition to be more citizen-led, the Board decided to discontinue its Citizen Engagement Sub-group, as it no longer felt appropriate for this to be

a separate work stream. Instead, the Board is seeking each work stream to consider how it can develop its approach to include citizen voices were appropriate. This approach is at an early stage, but has led already to citizen involvement within its new learning and development sub-group and a revised approach to co-producing new engagement materials.

Challenges going forward:

The multi-agency policy and procedures are due to be implemented from 1st April 2019. Individual agencies are responsible for carrying forward the changes they need to make the policy and procedures work effectively.

The Board however will need to ensure that the approach is taken forward in two key ways:

1. The Board is seeking to develop a learning and development framework that ensures key messages, such as the Talk to me, Hear my voice principles are captured within the workforce development actions carried out by individual agencies

2. The development of a more proactive multi-agency approach to quality assurance; with the ambition to bring agencies together more often to understand how we can work best together to safeguard people. The Board is currently seeking to recruit a Quality Assurance Officer to help develop this approach during 2019/2010.

3.2 Ambition Two:

Improve awareness of safeguarding across all our communities

Reason for this ambition:

It is recognised that understanding and awareness of safeguarding and the support available to people is not always well understood. This is not unique to Leeds. Members of the public however will not automatically know how to gain support unless the message is promoted by the Board and member agencies. The Board currently has its own website (www.leedssafeguardingadults.gov.uk), posters, leaflets and cards.

Achievements:

During 2017 the Board invested a new post of a Citizen Engagement Officer. This has enabled the Board to reach out a large number of community groups / third sector organisations to promote awareness of safeguarding. This includes 38 awareness sessions with often smaller community groups; 15 information stalls, and the distribution of information pacts to 140 community, voluntary, faith groups in the city. These contacts have been well received and highlighted that some groups lack a full awareness of safeguarding.

We are currently in the position of reviewing our engagement materials. To help ensure the messages are clear, meaningful and understandable to members of the public we are co-producing these with a citizen group. This is the first time we have sought to develop materials in this way.

During the year we have also developed our use of social media; facebook/twitter to reach more people.

The Board has jointed hosted, together with Safer Leeds and the Leeds Safeguarding Children Partnership, a Safeguarding Week in June 2018. Safeguarding Week is an opportunity to promote awareness of safeguarding and agencies were challenged to do one more thing to promote awareness during this period.

The Safeguarding Adults Board and Safer Leeds also jointed hosted the 16 Days of Action, which is an annual event in Leeds to promote awareness of domestic abuse. This year, the focus was on older people, information packs distributed to relevant organisations and an OBA Event held in November 2018 with a focus on understanding good practice to early intervention.

Challenges going forward:

1. The Board are developing a new website that reflects our new approach – aimed at providing accessible information to members of the public and practitioners.

2. The Board wishes to explore having safeguarding information in other accessible formats on our revised website e.g. video clips produced with/by citizens

3.1 Ambition Three:

Improve responses to domestic abuse

Reason for this ambition:

There are several reasons for the Board adopting this ambition. The focus on domestic abuse within the Care Act; the undertaking of a Safeguarding Adults Review involving domestic abuse as well as the prevalence and impact of domestic abuse in Leeds.

Achievements:

During 2018/19 the Board has completed a Safeguarding Adults Review in relation to a women who experienced domestic abuse. This is due to be published following further consultation with relatives involved. Key learning from this review related to:

- Person-centred practice (Talk to me, Hear my voice)
- Professional curiosity and managing difficult conversations
- Knowledge and awareness of domestic abuse
- Legal literacy around domestic abuse

The Board has held approximately 27 multi-agency workshops during the year, to help practitioners to explore and understand the issues. These workshops received excellent feedback.

The Board has also commissioned a further eight specific workshops for practitioners relating to professional curiosity and management difficult conversations, this being a key finding of this and another Safeguarding Adults Review.

The Board commissioned experts in their field to host three multi-agency legal literacy events/workshops and three relating specifically to domestic abuse. Again these received excellent feedback and consideration is currently being given to making these annual events.

To learn from wider partnerships, where domestic homicide reviews involve a person with care and support needs there is always a representative of the Safeguarding Adults Board on the panel to ensure that learning is shared across Boards.

Challenges going forward:

1. The Board wishes to include people with lived experience in the development of new guidance in relation to responding to domestic abuse of people with care and support needs.

2. The Board will need to ensure that this learning is then captured within our developing approaches to learning and development and quality assurance.

3.4 Ambition Four:

Learn from experience to improve how we work

Reason for this ambition:

This ambition is based on the ambition for continued improvement and learning from individuals experiences of support. We want to make sure that learning changes practice and leads to improved experiences for others.

Achievements:

The Board undertakes Safeguarding Adults Reviews to learn from people's experience and improve responses to how the partnership works to support people to be safe.

This includes during 2018/19, the completion of two reviews relating to:

- Domestic abuse
- Thematic Review of three people who experienced harm from pressure ulcers

The Board is currently also undertaking a Joint Strategic Review together with Safer Leeds and the Leeds Safeguarding Children Partnership regarding Jordan Burling (named included here, as he has been named in the media). Jordan died of neglect within his own home at the age of 19 and the review follow from a criminal prosecution of some relatives. This is due to report later in the year.

The Board has commissioned a Safeguarding Adults Review regarding a man who died in circumstances of self-neglect. The review will be undertaken by the leading authorities on self-neglect in the country.

The Board has also commenced a thematic review in relation to people with street based lives that have died in Leeds over the last year. Currently an independent reviewer is working with a multi-agency stakeholder group to shape the review objectives and methodology.

A scoping process is being undertaken currently in relation to two further referrals for a Safeguarding Adults Review. A scoping process finds out what is known by agencies to inform the decision as to whether to hold a Safeguarding Adults Review.

The Board has recognised the need to focus on learning and development and during the year has established a Learning & Development sub-group. This group having met twice now, is becoming established and has a wide range of multi-agency representation. The sub-group will have a key role in setting standards and seeking assurances from agencies as to their work to develop best practice.

During the year, the Board has hosted a wide range of learning opportunities. This includes 35 in relation to learning from safeguarding adults reviews; and 6 in relation to legal literacy. The Board also hosted a Self-Neglect Conference in October 2018 for approximately 140 participants, with a further conference planned for May 2019. This amounts to the provision of more learning opportunities, than has been provided in any previous period.

Challenges going forward:

1. The Board's recently established Learning & Development Sub-group is working on establishing assurance frameworks in relation to safeguarding learning and workforce development.

3.5 Annual Objectives

Annual Development Objectives

Reason for this ambition:

The Board's Strategic Plan includes separate annual development objectives, as not every desired action fits neatly within the four principle ambitions.

Achievements

Principally action relate to the development of multi-agency policy and procedures, and doing so in an inclusive way that involves practitioners from statutory, independent and third sector organisations alongside citizen perspectives outlined in Ambition One.

These revised policy and procedures are now complete and due to be implemented on the 1st April 2019; and revised initially after 6 months.

Challenges going forward:

1. The Board intends to have focused thematic sessions that enable a reflection on the whole system of support provided to people in particular circumstances. The Board will adopt this approach from next year, and is likely to use this an opportunity to consider the circumstances of people with street based lives, following the thematic review identified in Ambition 4.

2. The Board is also seeking to develop wider intelligence sources that enable it to understand the full range of presenting concerns in Leeds. This involves gather wider information, other than ASC Safeguarding data, such as issues relating to care homes, police or NHS information.

4.0 Plans for next year 2019/20

4.1 The report provides an overview of achievements to promote the Board's ambitions and outlines the subsequent challenges/actions needed to make further progress in these areas.

4.2 The Board decided at its meeting in January 2019 that it will keep the same principle ambitions for next year, but develop its annual objectives for the year ahead.

4.3 Issues identified here as challenges going forward, will be used to shape the Board's Strategic Plan for 2019/20 which is currently being discussed by the Board's Executive Group and will be considered by the Board at its next meeting, in April 2019.

Kieron Smith
Policy and Strategy Manager

On behalf of Richard Jones, CBE
Independent Chair
Leeds Safeguarding Adults Board

22nd February 2019

Appendicies

A. LSAB Annual Report 2017/18

B. LSAB Strategic Plan 2016/19 (updated January 2019)

LEEDS:
A SAFE PLACE FOR EVERYONE

ANNUAL REPORT 2017/18

To report a crime:

- **In an emergency, contact the police: Tel. 999**
- **If the person is not in danger now, contact the police: Tel. 101**

To report a safeguarding concern or seek advice:

- **Contact Adult Social Care: Tel. 0113 222 4401**
- **Out of hours: Tel. 07712 106 378**

Foreword

I am pleased to introduce the Leeds Safeguarding Adults Board's Annual Report for 2017/18.

Two years ago we set out our Three-Year strategic plan with four clear ambitions that have been the focus of our work over the last 12 months:

- Seek out the voice of the adult at risk
- Improve awareness of safeguarding across all of our communities
- Improve responses to domestic violence and abuse
- Learn from experience to improve how we work

This reports summarises our work and achievements as a partnership. This report helps to show the difference we can all make for people in Leeds, by working together with shared aims and ambitions.

This year has been a significant one, we have reviewed our approach and have committed to working more closely with citizens in Leeds as we move forward. This new approach is reflected in the investment in new posts, the involvement of citizens within the development of practice and procedures, and in our developing relationship with citizen groups within the city.

This approach is also reflected in our developing working relationships with Safer Leeds and the Leeds Safeguarding Children Partnership. This year we have held a joint board development session to start exploring how we might work better together to respond to shared issues and concerns.

Our Strategic Plan sets out how we plan to take forward our ambitions over the next 12 months. We have much to do, but the direction is really positive and I look forward to reporting back on our progress next year.

On a personal note I have spent much time this year visiting a wide range of organisations and practitioners and talking to individuals, families and community groups that work to support people to be safe each and every day. I am always mindful that Annual Reports cannot capture all of the work going on in the city, but it is important that all this work is recognised and I would like to thank everyone for their ongoing support and commitment to work together to make Leeds a Safe Place for Everyone.

Richard Jones CBE,
Independent Chair
Leeds Safeguarding Adults Board

“This year has been a significant one, we have reviewed our approach and have committed to working more closely with citizens in Leeds as we move forward.”

Contents

1. Leeds Safeguarding Adults Board 6

1.1 Who we are 6

1.2 What we do 7

1.3 Governance arrangements 8

2. Board Ambitions for Leeds 9

3. Seek out the voice of the adult at risk 10

3.1 Leeds Safeguarding Adults Board, Summary of Achievements 11

3.2 Board Member Organisations, Summary of Achievements 13

4 Improve awareness of safeguarding across all our communities 24

4.1 Leeds Safeguarding Adults Board, Summary of Achievements 25

4.2 Board Member Organisations, Summary of Achievements 28

5. Improve responses to domestic abuse and violence 37

5.1 Leeds Safeguarding Adults Board, Summary of Achievements 38

5.2 Board Member Organisations, Summary of Achievements 42

6. Learn from experience to improve how we work 48

6.1 Leeds Safeguarding Adults Board, Summary of Achievements 49

6.2 Board Member Organisations, Summary of Achievements 55

7. Going forward 64

7.1 Our plans 64

8. Appendices

8.1 Board member organisations list 65

1. Leeds Safeguarding Adults Board 2017/18

1.1 Who we are

The Leeds Safeguarding Adults Board is a partnership of organisations that work to both prevent and end abuse of adults with care and support needs in Leeds.

The Board includes a wide range of organisations that have a role in safeguarding people from abuse and neglect. This includes senior representatives from the Local Authority, Police and NHS Clinical Commissioning Groups (CCGs), as well as other statutory organisations, Healthwatch, the voluntary sector and citizen representatives.

The Board has appointed Richard Jones CBE as its Independent Chair, providing for independent perspective, challenge and support to the Board in achieving its ambitions.

A full list of member organisations is included in the appendix.

1.2 What we do

Safeguarding Adults Boards are a requirement of the Care Act 2014, with specific duties and responsibilities as set out in Schedule 2 of the Act.

The Board works to help and protect adults with care and support needs to be safe from abuse and neglect.

The Board does this by setting out a strategic plan in response to the needs of citizens in Leeds. The Board's role is to coordinate the work of partners, providing support and challenge; and to gain assurances from member organisations of their work to safeguard people in Leeds.

The Board has a Strategy Unit, jointly funded by the Local Authority, NHS Leeds Clinical Commissioning and the Office of the Police and Crime Commissioner, that works to support the Board to achieve its ambitions.

It is important to note that the Board does not commission or deliver direct front-line services. Each partner organisation retains its own lines of accountability and responsibility for safeguarding practice.

More information about the work of the Board, including minutes from meetings and the full strategic plan is available on the Board Website: www.leedssafeguardingadults.org.uk

The Board's Vision, is for Leeds to be:

"A safe place for everyone"

1.3 Governance arrangements

The Board is a multi-agency statutory body which makes decisions about the strategic direction of safeguarding in Leeds. Richard Jones CBE is the Board's Independent Chair. Maureen Kelly, Deputy Director Nursing & Quality Leeds NHS Clinical Commissioning Group, is the Deputy Chair.

The work of the Board is supported through its Executive Group and Sub-groups.

The **Executive Group** of the Board works to plan, support and drive forward the Board's agenda and work plans. It is chaired by Richard Jones, Independent Chair and includes:

- West Yorkshire Police
- Local Authority
- Leeds NHS Clinical Commissioning Group

The Executive Safeguarding Adults Review Group has responsibility for statutory Safeguarding Adults Reviews that enable the Board to identify multi-agency learning about citizen experiences of care and support in Leeds. It is chaired by Maureen Kelly, Deputy Director Nursing & Quality Leeds NHS Clinical Commissioning Group.

The Board also has three sub-groups, each chaired by a key member organisation that supports the Board to take forward its work as a partnership.

Citizen Engagement Sub-group;
- Chaired by Philip Bramson,
  Chief Executive Officer of Advonet

Quality Assurance and Performance Sub-group;
- Chaired by Nigel Parr,
  Head of Safeguarding, Access and Quality, Leeds City Council: Adults and Health

Learning and Improvement Sub-group;
- Chaired by Gill Marchant,
  Head of Safeguarding, Designated Nurse Safeguarding Children and Adults

The Board has close working relationships with a range of organisations and networks that enable the Board to work in partnership towards making Leeds a Safe Place for Everyone. This includes:

- Mental Capacity Act Local Implementation Network
- Leeds Safeguarding Children Partnership
- Safer Leeds, Community Safety Partnership

The Board is funded jointly by the Local Authority, Leeds NHS Clinical Commissioning Group and the Office of the Police and Crime Commissioner. This funding enables the Board to commission an Independent Chair and a Strategy Unit to support it to achieve its ambitions.

2. Board Ambitions for Leeds

The Board has a three-year strategic plan that sets out four key ambitions:

- Seek out the voice of the adult at risk
- Improve awareness across all our communities
- Improve responses to domestic abuse
- Learn from experience to improve how we work

Each year the Board aims to further its achievements in each key area.

In the first year of our plan, much of our work involved listening to partners about what works well and what needs to improve.

In this, our second year, we have sought to learn from citizen groups, develop relationships, build capacity and work more closely with our strategic partners to develop increasingly joined up approaches.

Our plans for next year are set out in our strategic plan. Our focus will be establishing our new multi-agency policy and procedures, intelligence-led approaches, citizen engagement and learning and development.

3. Seek out the voice of the adult at risk

What we want to achieve for citizens in Leeds:

"I am asked if I feel safe and what help I want, and this informs what happens."

Our ambition is to seek out the voice of the adult at risk and for this to be the focus of all our work.

- We will reach out to people who may be at risk of abuse and neglect,
- We will involve people in decisions about how we respond to their concerns,
- We will work with people to achieve the changes they need to feel safe.

3.1 Leeds Safeguarding Adults Board

SEEK OUT THE VOICE: SUMMARY OF ACHIEVEMENTS

Seek out the voice: Summary of achievements

During 2017/18 the Safeguarding Adults Board has continued to maintain its focus on the voice and the lived experiences of citizens throughout its work.

Board Membership

The Board Membership includes:

- Citizen representation from the Alliance of Service User Experts
- Healthwatch Leeds, who are independent champions for consumers and users of health and social care
- Advonet; the Leeds advocacy consortium.

This helps to ensure lived experiences of citizen perspectives are maintained at the strategic level of the Board.

The Leeds Approach

In September 2017 the Board sought to review its approach as a Board and set out its principles of how it will work going forward.

This included a commitment to develop the Board's approach; focusing on 'people not process', 'whole system approaches' and on working with citizens to co-produce work as we go forward.

The Leeds Approach

- Co-production
- Whole system understanding
- People before process

Citizen Engagement sub-group

During 2017/18 the Citizen Engagement Sub-group re-launched with a new Chair; and the investment in the new post of LSAB, Citizen Engagement Officer to take forward this work.

This investment is resulting in the development of good practice principles around citizen engagement and more proactive approaches to engagement with community groups, so as to both promote awareness and hear the views of people in Leeds.

Seek out the voice: Summary of achievements

Producing our multi-agency procedures, with citizens

As part of the Board's increasing commitment to work more closely with citizen groups, and with the investment in Citizen Engagement and Learning and Improvement Officer posts in 2017; this is enabling us to include citizen views in the development of safeguarding procedures in Leeds.

Within the period three workshops were help with citizen groups in:

- Touchstone
- Community Links – Oakwood Hall
- Dial House – Survivor-led crisis service

Each has enabled us to talk to citizens about 'what good looks like', so that our revised procedures focus on the experience as well as the outcomes achieved within the safeguarding procedures. There are many more workshops with other citizen groups planned for the summer / autumn 2018.

Working to achieve people's desired outcomes

Desired outcomes are the changes the person at risk wants to achieve with the support provided. Within the multi-agency safeguarding adults procedures, there is a clear expectation that the person's desired outcomes are always sought and that practitioners check with the person whether these were subsequently achieved. Audits monitored by the Quality Assurance & Performance Sub-group show that we continue to make improvements in maintaining this person-centred focus.

Seeking feedback on people's experiences

During 2017/18, the Board decided to commit expenditure towards commissioning an independent service to seek feedback from people about their experiences of safeguarding, so as to use this learning to improve practice. The Board aims to commission such a service in 2018/19.

Seek out the voice: Summary of achievements

3.2 Board Member Organisations:

SUMMARY OF ACHIEVEMENTS

Leeds City Council: Adults and Health

Adults and Health (Adult Social Care)

- Delivered Safeguarding Procedures for Social Workers training on a regular basis for all new staff and as a refresher for existing staff. This was updated in 2017 to ensure it was inclusive of any Safeguarding changes from the Care Act.

- Delivered Domestic Violence Training on a regular basis which is delivered by the Domestic Violence team and the Safeguarding and Risk Managers which ensures the sessions include real case examples from experienced individuals.

- Over the past 12 months we re-designed and delivered Chairing Safeguarding Conference Training sessions which were then delivered by an independent safeguarding expert for all Safeguarding and Risk Managers, Team Managers and Admin support.

- We offer Continuing Professional Development Assessment of Safeguarding & Risk which looks at serious case reviews in Leeds and the key themes that occurred whilst receiving coaching on completion of RAMTs (Risk Assessments).

- We commission Best Interest Assessor training delivered by Leeds Beckett University.

Adults and Health Commissioning (Housing & Public Health)

- The voice of the client is a key part of the quality framework that was launched in December 2017 to non-regulated commissioned services. Organisations are expected to demonstrate their commitment to giving clients a voice and evidence that their views are listened to and fed through into service delivery. This will be monitored through the contract management process and through the completion of the quality framework.

Seek out the voice: Summary of achievements

- Commissioned services work with vulnerable people and actively seek out their voice. All assessments and support plans are completed with the individual, with their views, needs and aspirations central to the service they receive. As commissioners also have access to this information, they can better support services to meet the individual's needs, for example through case conferencing or working with partners to remove barriers.

West Yorkshire Police

- All officers receive a basic level of safeguarding training that enables them to understand and recognise vulnerability and where to go to seek guidance and support.

- We have a specially trained team of detectives in Safeguarding that specialises in dealing with vulnerability and receive enhanced legal training and enhanced interview techniques in order to obtain the best evidence from vulnerable victims.

Adults & Health Commissioning: Improving joint working

As part of the housing related support services review, consultation with service users highlighted that they wanted to be able to only have to tell their story once.

The Commissioning Team has sourced a new IT system for all housing-related support providers to use for their case management. The aim is to improve joint working and information sharing between services.

Now, if a person moves to another service or present at a later date, their history is available without the person having to tell their story again.

This is also crucial to managing risk, as all services, along with relevant council team, are able to see risk alerts, risk assessments and records relating to safeguarding concerns when they open a client's record.

Seek out the voice: Summary of achievements

- In every interaction or investigation we will always seek out the views of the victim and take this into consideration when dealing with a particular case. We will also ensure that the result of an investigation is communicated with the victim in a way that they can understand and that regardless of the outcome of a criminal prosecution, the victim is properly safeguarded from further harm.
- Leeds Safeguarding Hub has a dedicated police single point of contact to link in with professionals dealing with cases involving adults at risk. This allows for a consistent approach and joint strategy discussions with lead professionals leading to an improved service to the public.
- We have a mental health nurse working in our district command and control hub. They advise on calls involving suspects or victims with mental health concerns and this professional advice has led to better decision making around incidents involving a member of the public exhibiting signs of mental illness.

West Yorkshire Police: Mental health awareness

All officers have received a training input on mental health from MIND. The aim of this training is to raise awareness around mental health and give officers advice and strategies on how best to deal with someone exhibiting signs of mental illness.

Leeds NHS Clinical Commissioning Group (CCG)

- All safeguarding training delivered by the CCG reflects the need for the voice of the adult to be heard and promotes making safeguarding personal.
- The CCG aims to ensure that the patient voice, including where appropriate the voice of the adult at risk, is heard at each Governing Body meeting and the topic is real time experience.

Seek out the voice: Summary of achievements

- We are committed to working in partnership with patients, carers, the wider public and local partners to ensure that the services we commission are responsive to the needs of our population. We are committed to ensuring both the continuous improvement in patient experience and the overall quality of care that is provided locally. Transformational commissioning places local people's experience and involvement at its heart, and approaches decisions from the perspective of patients, service users, carers, families and communities. This means having explicit patient centred outcomes and an ambition for improvement in patient experience.

- We aim to ensure that patient and carer experiences of health services are firmly embedded into all our commissioning activity and decision making. Patient experience helps to inform our business planning, service redesign and procurement decisions, and is used to support the monitoring and assurance of the quality of services.

- The CCG has developed a Patient Experience Framework which describes how we commission quality care by listening, capturing and responding to feedback on experiences, views and opinions on a range of health and care services.

- Patient experience includes the whole experience of services (health care, social care and third sector) from beginning to end. It spans the whole patient journey, from knowing what services are available and how to access them, continuing with the first contact (i.e. appointment letter or phone call) it includes interactions with clinical and support staff as well as transfers between services; it includes experiences of care in all settings e.g. home, community, hospital.

- By capturing patient experience, including the adult at risk we aim to achieve excellence in care by using these experiences to create services that put our patients at the heart of decision making and improve quality and outcomes for physical and mental health through improving services so that they are compassionate, safe, effective and responsive to meet clinical, social and personal needs of patients, carers and the wider public.

- The CCG continues to promote and support the embedding of Routine Enquiry in Primary Care, whereby all females over the age of 16 who attend alone are asked if they have experienced or are experiencing any abuse or violence at home.

- The launch of a SystemOne and EMIS (electronic medical records) compatible template to facilitate the flagging of patients electronic records if the patient

Seek out the voice: Summary of achievements

is an adult at risk, or a victim of, or at risk of domestic violence or abuse (DVA) and recording the outcome of the routine enquiry.

- The launch of a Mental Capacity and Deprivation of Liberty Safeguards electronic template within patient records to prompt the clinicians to gain the views of the adult and record timely and accurately, reflecting their wishes.

- The MCA/DoLs lead within the CCGs worked in partnership with the Local Authority to agree a pilot of two cases which sees the Local Authority completing the cases on behalf of the CCGs. Work has now begun with these cases and following completion the process will be evaluated by the Continuing Healthcare Team and the Local Authority to identify whether this would be an appropriate management strategy for all cases, in terms of costs, resources, expertise and patient satisfaction. The adult's voice will be sought and it will be ensured that is clearly heard throughout this process.

Leeds NHS CCG - Advanced Decision Leaflets

Advanced Decisions are an aspect of the Mental Capacity Act (MCA) which is extremely relevant to primary care. To support practitioners the CCG MCA lead has developed a leaflet which can be utilised when a patient expresses a wish to consider or record an Advanced Decision. The leaflet was designed to be given out to patients at any time but in particular at the initial conversation regarding an Advanced Decision. The leaflet gives the patient information regarding how to instigate an Advanced Decision with links to supporting materials which may be helpful. Paper copies of the leaflet were distributed to individual practices as well as an electronic copy being made available.

Seek out the voice: Summary of achievements

Leeds and York Partnership Foundation NHS Trust (LYPFT)

- When safeguarding referrals are made to the trust safeguarding team, staff are routinely asked what the adult at risk would like to happen and if they have agreed to the safeguarding alert being raised (whilst considering their capacity). This is to ensure that the voice of the adult at risk is heard from the beginning of the process.
- If a safeguarding alert needs to be taken further to the local authority, staff are required to refer to the 'Desired Outcomes Statement'. This is to clearly obtain what the adult at risk would like to achieve via the safeguarding process with the local authority.
- LYPFT safeguarding team will be taking part in safeguarding week- 'pop-up' stands will be put up within patient accessible areas to raise awareness of safeguarding to service users.
- Safeguarding adult specialist practitioner is a member of the Board's Citizen Engagement sub-group.

Leeds Teaching Hospitals NHS Trust (LTHT)

- Following safeguarding feedback from patients, families and carers involved in safeguarding adult enquiries in LTHT, we have ensured that the voice of the adult at risk is firmly central within our organisation's safeguarding practice. LTHT ensures that the voice of the adult at risk is identified and demonstrated in the individual needs of patients and this is reflected in our care and outcome planning. This includes individual's capacity to consent to care and treatment; and how their needs and wishes are responded to including the need for safeguarding or protection from harm.
- We have embedded in practice the Making Safeguarding Personal agenda by ensuring every safeguarding concern or enquiry within the Trust has the views and voice of the adult at risk central within it.

Seek out the voice: Summary of achievements

LTHT - Patient involvement

Two patients who were involved in two safeguarding adult investigations in 2017 are now actively engaged with and working with our safeguarding team to ensure their experience and their voice is now incorporated within various safeguarding initiatives and developments. These two patients are also supporting our safeguarding adult team with future training to ensure their experiences and key thoughts are incorporated within future safeguarding training.

- The Trust Safeguarding team and Mental Capacity Act / Mental Health Act teams are working with the Trust Patient Experience team to deliver bespoke teaching and guidance across the Trust. This will support individuals in their quality improvement roles and will provide strategies to engage people who may not use many words or lack capacity to represent themselves.

Leeds Community Healthcare NHS Trust (LCH)

- LCH has developed a culture which has focused on the personalised outcomes required by patients who have care and support needs and may have been abused, in line with the requirements in the Care Act 2014 (Making Safeguarding Personal).

- LCH staff assess and record the patients mental capacity routinely and also record the wishes of the individual/family/advocate for every safeguarding enquiry, ensuring a person centred approach when working with risk.

Seek out the voice: Summary of achievements

LCH: Rout Cause Analysis -Integrated processes

Members of LCH and Adult Social Care acted on feedback from service users regarding duplication of processes during multi-agency investigations and met to address this issue.

LCH's root cause analysis document was reviewed and revised to incorporate the patient views and consent to the safeguarding process. This revised document now incorporates the requirements of a safeguarding response as well as identifying the root cause of a pressure ulcer. This is providing for high quality investigations which focusses on learning from the incident and the required outcomes for the patient/family/advocate, whilst also reducing duplication of investigations and record keeping.

National Probation Service (NPS)

- Provision and completion of mandatory staff training.
- Practice improvement tool developed to aid / improve understanding.
- Team based learning through discussion of cases/ responses and highlighting areas of good practice.
- Invitation of local agencies to share ideas / ways of working and different perspectives.
- Regular liaison with service users about their experiences both locally and nationally.
- Staff involved in lunch and learns whereby organisations from the local community have an opportunity to share their work with probation staff in Leeds. Voices and perspectives from our service users are considered through reflection.

Seek out the voice: Summary of achievements

West Yorkshire Community Rehabilitation Company (WYCRC)

- Risk assessments & plans completed at the beginning of sentences for cases managed both in custody and in the community. These assessments are dynamic and are continually reviewed and developed throughout a person's sentence.
- Working directly with both victims and perpetrators of crime to reduce re-offending and protect the public.
- Working closely with other agencies to manage risks both to and from perpetrators.
- Partner Link Workers work with the victims of perpetrators on the Building Better Relationships (BBR) perpetrator programme

NPS - Working with personality disorder

Personality Disorder Partnership work teams up Probation staff and psychologists to better understand how to work effectively with difficult to reach and isolated service users diagnosed with a personality disorder. This work and approach has become embedded in Probation practice in Leeds and learning from it transferred to all adults under our supervision. The experience of the service user is paramount in this approach.

Seek out the voice: Summary of achievements

Leeds City Council: Housing Leeds

- In 2017/18 Housing Leeds 93% of Annual Home Visits were completed; these visits give an opportunity to review any issues with the tenancy and discuss support needs/arrangements with all our council tenants. It is also a key way in which safeguarding concerns are identified and appropriate interventions put in place to support individuals and families. For 2018/19 we have improved how we record this information to be able to gain a greater understanding of the different issues to help our tenants.

- From April 2017 the Enhanced Annual Home Visit for all council tenants over 75 was introduced to identify any wellbeing issues.

Seek out the voice: Summary of achievements

- Housing Officers received training to ensure these new questions are part of a quality conversation with tenants, giving individuals a chance to reflect and discuss their support needs. Housing Officers can refer individuals to appropriate services if other care and support packages are required, as we understand that people's needs change over time. We are improving how we use the information collected at this visit to allow us to monitor outcomes, completing regular reviews and providing staff feedback to improve our service.

- Our Older People's Service team of Sheltered Support Officers review individual support files every 6 months, which is an essential way to ensure support needs are being met and to identify safeguarding issues. These reviews are complemented by regular visits and contact to ensure the wellbeing of sheltered residents.

- Housing Leeds continues to support a case conferencing approach – multi agency working to consider wrap around service to tenant / applicant at risk. Housing Leeds are represented on regular case conferences; including the bi-weekly Young Persons Move On Group, daily Front Door Safeguarding HUB and a weekly Adaptations Panel meeting.

West Yorkshire Fire and Rescue Service

- Worked to establish with all front-line staff that as part of making a safeguarding referral, they should consult the person about the concerns, their needs and their desired outcomes.

4. Improve awareness of safeguarding across all our communities

What we want to achieve for citizens in Leeds:

"I receive clear and simple information about what abuse is, and how I can get help"

Our ambition is for everyone to know how to seek help and to have confidence in how we will respond.

- We will promote awareness across the city,
- We will reach out to diverse communities,
- We will assess the effectiveness of the work we do.

4.1 Leeds Safeguarding Adults Board

IMPROVING AWARENESS: SUMMARY OF ACHIEVEMENTS

The Leeds Safeguarding Adults Board has a range of engagement materials to support practitioners and services to promote awareness of safeguarding adults within the city. These include:

- Posters
- Leaflets for staff/volunteers
- Leaflets for members of the public
- Easy Read (pictorial) leaflets
- Cards with key contact numbers
- A Board website: www.leedssafeguardingadults.org.uk

All these materials can be accessed from the Board website or requested free of charge by emailing: LSAB@leeds.gov.uk

Improving awareness: Summary of achievements

Engaging with community groups

In August 2017 the Board invested in appointing a Citizen Engagement Officer, with a role that includes supporting the Board to promote awareness of safeguarding and to work with community groups to help achieve this.

This has enabled the Board to start developing new links and relationships with organisations across the city.

Over the last six months this has included:

- Touchstone
- Private landlords conference
- BAME Hub in Chapeltown
- LGBT dry drop-in
- Yorkshire Housing
- Leeds Black Elders Association
- Working age adult support providers forum
- Sage
- Otley Action for Older People
- Leeds Refugee Education Training Service
- Aireborough Voluntary Services to the Elderly
- BAME Health & Wellbeing Hub
- Friends of Dorothy
- Leeds Black Elders Association
- Refugee Education & Advice Service
- Community Links
- Leeds People First (Leep1)

As well as fairs an events such as:

- Bigger and Better in Leeds
- Boyz2Men Health Fair
- Social Care Market Place Event

This is also helping us to understand the key messages we need to use within our safeguarding materials. We had hoped to revise these during 2017/18 but have chosen to take more time, and produce these with citizens for citizens over the next year to make sure our messages are as meaningful and effective as possible.

Improving awareness: Summary of achievements

During 2017 the Board has also sought to engage more using social media, launching in September on:

facebook.com/LeedsSAB

twitter.com/LeedsSAB

This again has helped us to reach more people and provide ongoing updates on the work of the Board.

Safeguarding Week 2017

The Leeds Safeguarding Adults Board, Safer Leeds and the Safeguarding Children Board jointly hosted a Safeguarding Week in October 2017 to promote awareness of safeguarding across the city.

The Safeguarding Week took place from the 9–15 October and coincided with similar weeks arranged across the region.

The three Safeguarding Boards in Leeds produced a newsletter to promote awareness of a range of issues, including modern slavery, domestic abuse, trading standards, neglect, and Think Family - Work Family approaches in Leeds.

Each strategic board also asked its members and networks to consider what they could do during that week to promote awareness within their services and networks; and many organisations responded with a range of activities for their particular services.

Improving awareness: Summary of achievements

With the success of this over this year and last, it is now planned for this to become an annual event. The three Boards in Leeds are already planning for another Safeguarding Week in June 2018 with a wider range of planned activities.

4.2 Board Member Organisations:

SUMMARY OF ACHIEVEMENTS

Leeds City Council: Adults and Health

Adults and Health (Adult Social Care)

Adults and Health Organisational Development delivers the following training across Adults and Health provider services both internal and external to the council.

This includes private, voluntary and independent sector organisations ie:- residential homes, registered home care services.

- Safeguarding Adults for Managers & Supervisors
- Mental Capacity Act for Provider Services
- Mental Capacity Act for frontline staff
- Mental Capacity Act a practice perspective for fieldworkers
- Safeguarding Adults – The role of the person raising the concern (these are delivered across Leeds in the community)
- Deprivation of Liberty Safeguards (DoLS).

Adults and Health Commissioning (Housing & Public Health)

- The new IT gateway system for housing related commissioned services is crucial to managing risk, since all services, along with relevant council teams who also have access, are able to see risk alerts when they open a client's record as well as full risk assessments and records relating to safeguarding concerns.

- A number of commissioned services actively partake in activities that promote safeguarding as part of safeguarding week.

Improving awareness: Summary of achievements

West Yorkshire Police

- Leeds Safeguarding has promoted a Safeguarding tasking meeting to coordinate a neighbourhood and community based response to all aspects of safeguarding. The approach is to adopt a problem solving approach to difficult cases involving all key statutory and third sector agencies. The aim of this meeting is to promote long-term solutions to cases.

- The District has continued to develop a modern day slavery forum to tackle the difficult subject of Human Trafficking in Leeds. The response and commitment from statutory and third sector partner agencies is good and there have been several joint coordinated operations to tackle this problem.

- The District also has a number of Strategic Engagement Officers who reach out to communities and faith groups to improve understanding and engagement with a number of issues including safeguarding.

WY Police - Independent Advisory Panel

West Yorkshire Police are developing a Safeguarding Independent Advisory Panel made up of representatives from all parts of the community including BME and hard to reach groups. The aim is to explain Safeguarding issues and the police / partnership response to them and also raise awareness of difficult issues such as Domestic Abuse and so called Honour Based Violence, Forced Marriage and Female Genital Mutilation.

Improving awareness: Summary of achievements

Leeds NHS Clinical Commission Group (CCG)

- The Safeguarding Training Programme for GP's includes issues relating to safeguarding adults. Topics include:-

  - o Role of the GP in Safeguarding/Referrals to Adult Social Care
  - o Modern Day Slavery
  - o Human Trafficking
  - o Female Genital Mutilation
  - o Prevent
  - o Mental Capacity Act.

- The awareness of safeguarding adults is promoted throughout the work of the CCG safeguarding team, including the needs of Black and Asian communities. The team utilise a variety of methods to promote key messages and learning, including training, newsletters and topic specific briefings.

- This year has seen an increase in the number of safeguarding adult lead GP's in primary care. The Safeguarding Lead Peer Support Meetings now incorporate both children adult safeguarding topics and are held bi-monthly instead of quarterly to support learning and awareness raising.

- The adult safeguarding repository within Leeds Health Pathways which primary care staff can access for information and advice in terms of their practice and support for patients has been further developed and updated this year.

- To ensure practices are receiving timely updates in relation to safeguarding and the Mental Capacity Act the CCG safeguarding team have developed short "learning briefings" to be shared across primary care. The briefings are no longer than one side and include additional information which can be accessed to consolidate learning. The briefings cover a wide range of topics across the safeguarding agenda for example Human Trafficking and Advanced Decisions.

- As part of our work within the CCG to ensure the principles of the Mental Capacity Act are embedded in practice, the MCA lead developed a self-assessment tool for primary care. The tool was designed to support practices to benchmark themselves against the standards and consolidate and improve their practice in relation to compliance with the Mental Capacity Act. The tool has been developed for internal use, however there was an option to return the form to the safeguarding team once completed if the practice identified areas where they required additional support or guidance. The tool will continue to be available to practises and the

Improving awareness: Summary of achievements

Leeds NHS CCG – Prevent Training

Following last year's successful bid to NHS England for funding in relation to Prevent training, this year the safeguarding team has led on the development of a Prevent electronic training package.

With NHS England approval this E learning pack, it is currently being piloted as an alternative to face to face Level 3 Workshop to Raise Awareness of Prevent (WRAP) training. The project has been a whole health economy approach to training, with colleagues from the CCG and representatives from safeguarding teams within LTHT, LCH and LYPFT all collaborating to develop the package. The package ensures the Leeds approach is captured and it reflects a multi-agency response to training and the Prevent agenda. The product went 'live' in Leeds on the 1st of November 2017, has evaluated positively and is currently being used to support providers from LCH and LTHT in achieving the training compliance target of 85% as set by NHS England.

MCA lead will endeavour to offer the support and guidance required to improve compliance with the Mental Capacity Act across primary care.

Leeds and York Partnership Foundation NHS Trust (LYPFT)

- LYPFT have implemented an operational safeguarding group which is beginning to develop, encouraging attendance from across LYPFT to share up to date safeguarding information and research.
- At present we do not have the system to support scoping for ethnicity with safeguarding alerts. However there are ongoing discussions within the trust of implementing a new reporting system to be inclusive of ethnicity, which will enable focus on appropriate targets, support and information when required.
- 'Drop ins' have now been established Trust-wide, providing greater input and visibility from LYPFT safeguarding to clinical teams.
- Information is disseminated via the Trust intranet and bulletins.

Improving awareness: Summary of achievements

Leeds Teaching Hospitals NHS Trust (LTHT)

- Leeds Teaching Hospitals NHS Trust (LTHT) continues to work to raise the profile of safeguarding practice across the Trust. The aim being for the safeguarding process to be integrated into the work of the LTHT and that staff feel informed and confident in accessing safeguarding advice.

- The Trust Safeguarding Adult team continues to work in partnership with the LTHT Pressure Ulcer Collaborative. An example of developments in practice is the introduction of a flowchart for staff to be able to define when and how to highlight the development of pressure ulcers as a safeguarding issue. This has been positively received by front-line staff.

- Safeguarding adult supervision is now offered across the Trust following the update of the Safeguarding Supervision policy to include guidance on adult supervision. Sessions have been offered in the Critical Care Clinical Service Unit and within the Emergency Departments.

- LTHT Safeguarding and Mental Health Act / Mental Capacity Act teams are working closely with Clinical Service Units across the Trust on a wide range of audit programmes in order to maximise our learning relating to vulnerable patient issues, such as consent, supported decision making, best interests and restraint/restrictive practice.

- LTHT is working in partnership with the newly commissioned Home Office serious and organised crime initiative in Leeds. This relates to trafficked individuals and those people targeted for exploitation because of identified vulnerabilities.

LTHT – Patient Assessments

LTHT is working to ensure that safeguarding is incorporated within all patient assessments. There has been dedicated work to review processes and this has resulted in the recent introduction of a specific safeguarding section into the LTHT Adult Nursing Specialist Assessment.

Continues on next page

Improving awareness: Summary of achievements

A series of safeguarding questions are now included within this assessment that all adult in-patients receive. This ensures that within the assessment of all patients safeguarding questions are always asked. If any safeguarding concern or risk is highlighted then this will be incorporated within the individual patient's record and the new LTHT safeguarding umbrella logo will be flagged within the record. This again will assist clinicians and ensure that the adult safeguarding procedures are maintained and that there is a robust plan developed. By ensuring routine questions are proactively asked within the patient nursing assessment, patients who may not have been identified as having any potential safeguarding concerns may now be identified. This new initiative will be monitored and a future audit is proposed.

Leeds Community Healthcare NHS Trust (LCH)

- The Adult Safeguarding lead represents LCH on the Citizens Engagement sub-group of the LSAB concentrating on how to make 'Leeds a safe place for everyone'.
- A partnership approach across the whole health economy will be used to promote safeguarding week in 2018 and will ensure a consistent Safeguarding message across the whole of Leeds and its community.
- The Adult Safeguarding champions group meet bi-monthly where possible and part of the champion role is to be an ambassador within their own services and clinical areas; raising awareness of safeguarding, ensuring relevant information is available/accessible and fit for purpose.
- The safeguarding team maintain close working relationships with Karma Nirvana and LGBT+

Improving awareness: Summary of achievements

LCH – Domestic violence in LGBT+ communities group

In February this year the Safeguarding lead attended an outcome based accountability (OBA) event on Domestic Violence and Abuse within the lesbian, gay, bisexual, and transgender (LGBT) community. This was aimed at front line staff, managers and commissioners involved in service provision to people in Leeds and particularly those services delivering support to LGBT+ communities and / or people affected by domestic violence and abuse. This event included first hand feedback from the members of the LGBT+ community and was a means to exploring issues of domestic violence and abuse and honour based abuse within the context of LGBT+ relationships.

Following this a DV in LGBT+ communities group was formed with its main priorities being:

- To increase awareness and understanding in LGBT+ communities about domestic violence and abuse.
- Ensure commitment from senior leadership teams within organisations to improve responses for the LGBT+ community when accessing DV services.
- Increase awareness about domestic violence and abuse services for the LGBT+ communities.
- Increased reporting of domestic violence and abuse incidents in Leeds from LGBT+ communities.
- Increased confidence and satisfaction from the LGBT+ community when accessing domestic violence and abuse services.

Improving awareness: Summary of achievements

National Probation Service (NPS)

- Multi-agency work within the local community.
- Information sharing and awareness raising through MAPPA.
- Safeguarding training for staff and staff completing outreach work with agencies in the local community.

West Yorkshire Fire and Rescue Service (WYFRS)

- WYFRS has highlighted Safeguarding as a key theme for the Inclusion Action Group to champion across the organisation and within the community.

Improving awareness: Summary of achievements

West Yorkshire Community Rehabilitation Company (WYCRC)

- All staff within the CRC are required to complete Safeguarding level 1 training.
- Attending and engaging in multi-agency partnership working.
- Providing specialist commissioned services for: Women, South Asian, 18-25 year olds.
- Providing translation services.

Leeds City Council: Housing Leeds

- We offer safeguarding training for all tenants involved in tenant groups so that they can promote awareness in communities. We also offer support to Tenants and Residents Associations (TARAs) to ensure that they have appropriate safeguarding arrangements in place, and this is reviewed on an annual basis.
- In 2018 we are providing safeguarding training for all Housing Leeds staff; this will also include briefings for Safeguarding Lead Officers within partner contractors to ensure that operatives respond appropriately to safeguarding concerns when undertaking repairs.
- Housing Leeds has supported Council / multi-agency publicity campaigns to promote awareness of particular safeguarding issues, for example the 16 Days of Action around domestic violence and abuse. In 2018 Housing Leeds Sheltered Support Officers will receive training around financial exploitation e.g. bogus callers.

5. Improve responses to domestic violence and abuse

What we want to achieve for citizens in Leeds:

"I am confident that professionals will work together and with me to get the best result for me"

Our ambition is for everyone with care and support needs to receive the advice and support they need if they experience domestic abuse and violence.

- We will improve how we respond together, as a partnership.
- We will ensure practitioners have the skills and knowledge to provide the support needed.
- We will learn by continually reviewing practice.

What is domestic abuse and violence?

The cross-government definition of domestic violence and abuse is:

"any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality".

5.1 Leeds Safeguarding Adults Board

DOMESTIC VIOLENCE AND ABUSE: SUMMARY OF ACHIEVEMENTS

During 2017/2018, the Board has worked to support city-wide approaches to safeguarding people experiencing domestic abuse. This includes:

- Supporting Safer Leeds with its statutory role in relation to Domestic Homicide Reviews (DHRs) by being a standing member of the DHR sub-group.
- Supporting Safer Leeds to update the domestic violence and abuse training, which includes learning from safeguarding adults reviews.
- Commencing the development of specific safeguarding adults practice guidance in relation to responding to domestic abuse when the person has care and support needs.

Domestic violence and abuse: Summary of achievements

Awareness of domestic violence and abuse

The Safeguarding Adults Board promotes awareness of domestic abuse through it materials and engagement work aimed primarily at safeguarding people with care and support needs. However, it is also committed to supporting city-wide approaches to promoting awareness and responding to domestic abuse in Leeds.

16 Days of action

16 Days of Action is a global campaign that runs every year from 25th November which strives to eliminate violence and abuse against women and girls around the world.

Led by Safer Leeds, the campaign is supported by each of the safeguarding board's in the city.

This year's theme for 16 Days of Action in Leeds focused on recognising and responding to controlling and coercive behaviour; and the campaign as a whole provides opportunity to promote awareness of the issues and support services available.

White Ribbon Campaign

The White Ribbon Campaign is held as part of the 16 days of action. It takes place each year on the 25th November.

Wearing a white ribbon is a personal pledge by men: Never to commit, excuse or remain silent about male violence against women.

Led by Safer Leeds, but supported by all the Boards in Leeds, this year the campaign included wide range of activities and events, including a charity night, pop-up shops, theme events, publicity and social media.

Aiming to ensure people affected by domestic violence and abuse are safe and feel safe

leedsdomesticviolenceandabuse.co.uk

Domestic violence and abuse: Summary of achievements

Front Door Safeguarding Hub (FDSH)

Tackling domestic violence and abuse is a key priority for Leeds City Council and has been identified as one of the Council's eight breakthrough projects.

The intention behind the breakthrough projects is to bring together council directorates, partner organisations, communities and individuals in new ways to tackle issues that will have the biggest impact on the people of Leeds.

The Domestic Violence Breakthrough Project provides an opportunity to build on significant work that has taken place in the city over a number of years and to identify ways to do things differently for lasting change.

Continues on next page

Domestic violence and abuse: Summary of achievements

The FDSH is an umbrella term which describes the partnership arrangements at Westgate that include police, Children Social Work Services, health, Adult Social Care and Multi-Agency Risk Assessment Conferences (MARACs).

A key element of the Domestic Violence Breakthrough Project is the development of daily domestic violence meetings (MARAC)

The daily domestic violence meetings were established to improve the safety and support of victims of domestic violence and abuse.

Central to the work of the daily domestic violence meeting is the partnership approach, that brings together the support and expertise of a range of organisations, including:

- Police,
- Adult Social Care,
- Children Social Work services,
- Health (LCH and LYPFT and Primary care),
- Substance Misuse services (DISC and CRI),
- LCC Housing Services, third sector housing providers,
- Leeds Domestic Violence Services,
- Probation (CRC and NPS),
- West Yorkshire Fire and Rescue Service,
- Leeds Anti-Social Behaviour Team,
- Youth Offending Service,
- Education and Families First,
- Family Group Conferencing,
- Early Start.

The daily meetings provides for a faster, more co-ordinated and consistent response to domestic violence cases. Key features of the arrangements include, improved information sharing, tasking, and accountability with less duplication in responses.

Domestic violence and abuse: Summary of achievements

5.2 Board Member Organisations:

SUMMARY OF ACHIEVEMENTS

Leeds City Council: Adults and Health

Adults and Health (Adult Social Care)

- Have the Safer Leeds Domestic Violence Quality Mark.
- Deliver Domestic Violence Training on a regular basis which is delivered by the Domestic Violence team and the Safeguarding and Risk Managers which ensures the sessions include real case examples and from experienced individuals.
- Over the past 12 months we re-designed and delivered Chairing Safeguarding Conference Training sessions which were then delivered by an independent safeguarding expert for all Safeguarding and Risk Managers, Team Managers and Admin support.

Adults and Health Commissioning (Housing & Public Health)

- A new commissioned domestic violence and abuse support service became operational on 1st April 2017. This service was commissioned following a comprehensive review.
- The requirement for providers of commissioned services to have (or to commit to getting) the Domestic Violence Quality Mark is included in appropriate service specifications (e.g. housing related support services and drug and alcohol support services).
- The commissioned service and the commissioning team are represented on the Domestic Violence and Abuse Programme Board, ensuring that the commissioned service is linked into and aware of other initiatives taking place in the city.
- The commissioned service and the commissioning team co-produced a performance management framework. The framework includes detailed demographic information which will help identify groups that are under-represented in terms of accessing support and enable focussed work to remove barriers to take place.
- The Commissioning Team is supporting the Domestic Violence Team to review and renew the Domestic Violence Quality Mark held by commissioned services.

Domestic violence and abuse: Summary of achievements

West Yorkshire Police

- Leeds District has continued to invest in a dedicated Domestic Abuse investigation team responsible for investigating and dealing with all domestic abuse crimes. This is supported by domestic violence and abuse coordinators who contact victims, conduct safety planning and refer them on to appropriate agencies within a network of available support.
- The police continue to support the daily Multi-Agency Risk Assessment Conference (MARAC) process and our Integrated Offender Management team identify and manage serious and serial perpetrators of domestic abuse working in partnership with statutory and third sector agencies.
- West Yorkshire Police has also commissioned a dedicated team responsible for presenting civil Domestic Violence Protection Orders at court. These are designed to protect victims of domestic abuse with an interim emergency 28 day order to allow partner agencies to support and advise victims.

Leeds NHS Clinical Commission Group (CCGs)

- The CCG appointed a Specialist Nurse Advisor in December 2017 who's primary responsibility is to work at the Front Door Safeguarding Hub and attend the daily domestic violence and abuse meetings.
- To date a total of 3141 notifications of High Risk victims have been sent to GP's across Leeds. Data collection has been an essential part of identifying high risk areas, in particular GP practices with increased numbers of patients experiencing Domestic Violence.
- In the past two years since a health representative from the CCG safeguarding team has been part of the daily meeting, we have seen a 3 fold increase in referrals from GP practice into the MARAC Process. This correlates with the training and information being delivered and reiterated into primary care.
- Bespoke training sessions have been delivered to high risk identified practices, along with presentations to the GP safeguarding peer review meetings across the city.

Domestic violence and abuse: Summary of achievements

- Close working with the Health and Domestic Violence Co-ordinator from Safer Leeds has enabled the safeguarding team to identify high risk GP areas and offer bespoke training to these area as a priority.
- The launch of a SystemOne and EMIS (electronic medical records) compatible template to facilitate the flagging of patient's electronic records if the patient is an adult at risk, or a victim of, or at risk of domestic violence or abuse (DVA) and recording the outcome of the routine enquiry.

Leeds and York Partnership Foundation NHS Trust (LYPFT)

- The LYPFT safeguarding team continues to attend the daily domestic violence hub. This is with a view to acting as a link between clinical teams within LYPFT and to promote multi-agency working across the city. Information that is obtained at the domestic violence Hub is then shared with the allocated member of staff who is working with either victim or perpetrator. The increasing numbers of referrals and repeat MARACs have been challenging for the team to attend at times due to working capacity. However, this has not impacted on the results of sharing information, as daily research is sent to the hub in our absence. Actions that have been implemented at the DV hub are then received to share with the appropriate staff members to ensure the appropriate risks are managed / referrals to services are made. There is a wider discussion taking place as a health economy on how we can work through this.
- Safeguarding practitioners support and facilitate external Domestic Abuse training in collaboration with Safer Leeds.
- Anecdotal evidence suggests that more staff who are contacting the safeguarding team for advice are using the DASH risk assessment to inform their decision making process.
- Engagement in the new established Domestic Violence and LGBT + task and finish group. This is to further expand the responses to domestic abuse in the LGBT+ community and how the trust can meet those needs.
- We have just completed an audit to look at how well the actions from the hub are progressed within the organisation.

Domestic violence and abuse: Summary of achievements

Leeds Teaching Hospitals NHS Trust (LTHT)

- Domestic Abuse continues to be a high priority for the Trust in line with the LSAB and local authority partners vision for the city to be a safe place for all its citizens.
- A number of 'light bite' sessions continue to be delivered covering domestic violence and honour based violence across the Trust.
- LTHT has introduced Routine Enquiry of domestic abuse into both our Emergency Departments.
- We have successfully developed a new LTHT Domestic Abuse Policy for staff in LTHT in partnership with our Human Resources colleagues.
- Women's Aid has drop in facilities based within the Emergency Department at Leeds General Infirmary.
- We have recently introduced safeguarding questions into the Nursing Specialist Assessment, this includes a specific question on domestic abuse.
- Domestic Abuse training is now part of the new starters to the Trust's induction programme in Emergency Departments and continues in midwifery and children's services too.

LTHT – Routine Enquiry

Routine enquiry of domestic abuse is fully embedded within maternity services. LTHT has been working to develop this practice within our Emergency Departments (ED), with the continued commitment of the ED clinicians, safeguarding adults team and the drive and support of our lead ED Consultants, routine enquiry of domestic abuse has now commenced within both our ED's at LTHT. Training is being provided to support the clinicians so they feel equipped and competent to undertake this provision of care.

Domestic violence and abuse: Summary of achievements

- We are currently developing a number of system alerts which will share ‘urgent / relevant’ information with care providers at the point of care.

Leeds Community Healthcare NHS Trust (LCH)

- Domestic violence is incorporated into the trust induction programme, electronic Adult Safeguarding training, and a stand-alone module available on our Electronic Staff Record (ESR).
- LCH is rolling out routine enquiry into Domestic Violence and Abuse training for its staff members and will continue to work with Safer Leeds to raise awareness and educate as many staff as possible throughout the next year.
- Domestic homicide, lessons learned have been widely disseminated and are available to all staff via the trust intranet.
- A Domestic Violence and Abuse policy and guidance with regard to supporting affected employees is in its final draft and its launch will be supported by the safeguarding team and the production of a one minute guide.
- Prior to the roll out of routine enquiry training it was acknowledged there may be an impact on staff who may be experiencing domestic violence and abuse at home therefore a 15 minute presentation of the key indicators for recognising domestic violence and abuse in colleagues has been made available/ delivered to all LCH staff, alongside information regarding assistance.

National Probation Service (NPS)

- Front door safeguarding hub work.
- Liaison within Multi-agency public protection arrangement (MAPPA) partners in relation to Domestic Violence.
- Information provided to courts in relation to responses to Domestic Violence.
- Women’s Project.

Domestic violence and abuse: Summary of achievements

West Yorkshire Community Rehabilitation Company (WYCRC)

- Working with the Front Door Safeguarding Hub we provide a Senior Case Manager (Probation Officer) to attend and contribute to meetings on a daily basis.
- We work with both perpetrators and victims of Domestic Abuse with the aim of protecting victims, reducing re-offending and managing risk.
- Deliver group work accredited interventions aimed at male perpetrators of Domestic Abuse.
- Provide all staff training regarding domestic violence and abuse.
- Attending and engaging in multi-agency partnership working.
- Provide staff working with groups supervision and counselling support.

Leeds City Council: Housing Leeds

- Housing Leeds staff are represented on Front Door Safeguarding HUB to ensure that housing needs of cases are proactively managed.
- Housing Leeds is working to achieve the Safer Leeds Domestic Violence Quality Mark which recognises high minimum standards of service. As part of this approximately 60% of our staff have received domestic violence and abuse training.
- We have 27 Domestic Violence & Abuse Champions and 1 Lead Officer; the group meet on a bi-monthly basis to look at best practice and act as a peer support group.
- A new Domestic Violence and Abuse toolkit and policy has been developed and will be launched to staff in May 2018.

West Yorkshire Fire and Rescue Service (WYF&R)

- WYFRS continues to prioritise referrals where domestic abuse and violence is highlighted, providing early intervention and advice to maintain occupant safety.

6. Learn from experience to improve how we work

What we want to achieve for citizens in Leeds:

“I am confident that my feedback and experience will help others.”

Our ambition is for us to improve how we work, based on the experiences of those concerned.

- We will ask people to give us feedback.
- We will learn from people’s experiences
- We will put this learning into practice.

6.1 Leeds Safeguarding Adults Board

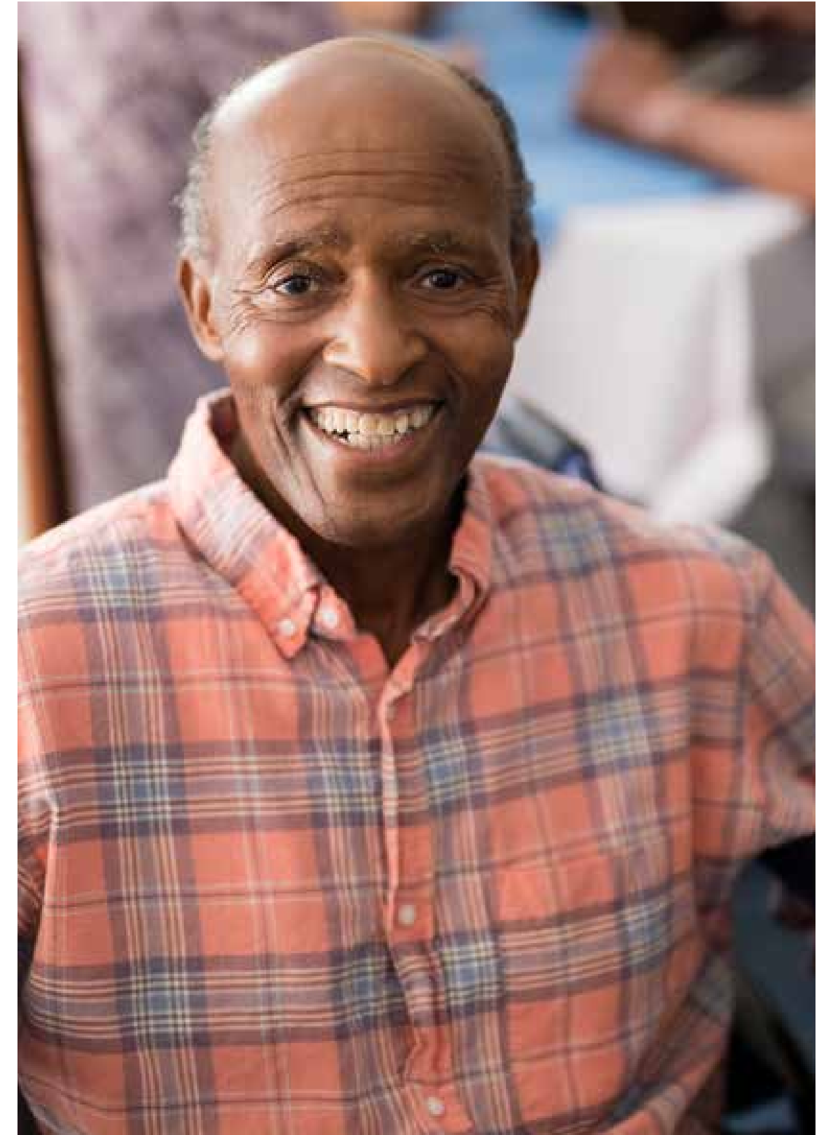
LEARN FROM EXPERIENCE: SUMMARY OF ACHIEVEMENTS

The Leeds Safeguarding Adults Board is committed to adopting inclusive approaches – building from the experiences and knowledge of citizens and practitioners within the city.

Investing in learning from experience

In June 2017, the Board decided to invest in the creation of a Learning and Review Officer post, to support the Board in developing its approach to learning from experience.

During 2017/18, this has enabled the Board to learn from citizen groups, to develop our approach to learning and improvement and support the work of Safeguarding Adults Reviews (SARs).



Learn from experience: Summary of achievements

Learning and Development Sub-group

Preparatory work has been undertaken to relaunch the Board's Learning and Development sub-group, with a wide range of agencies from across the city, including third sector, commissioned providers and citizen representatives.

This group will be launched in May 2018, with a role that is wider than consideration of training matters. It will work to support organisations to enable and provide assurance that workers and volunteers:

- are skilled, knowledgeable and supported to work within the safeguarding adults legal framework and comply with the Leeds multi-agency policy and procedures;
- practice in a way that is person-centred and outcome-focused;
- work collaboratively to prevent abuse and neglect where possible;
- provide timely and proportionate responses when abuse or neglect have occurred;
- reflect and seek to continuously improve safeguarding practice;
- learn from Safeguarding Adults Reviews and other statutory reviews in Leeds.

Learning through consultation

Following consultation with organisations across statutory, independent and third sectors organisations during 2016/17, the Leeds Safeguarding Adults Board decided to review and revise its multi-agency safeguarding adults policy and procedures

Learn from experience: Summary of achievements

Adopting an inclusive multi-agency approach, the Board held further workshops in September/October 2017 with Adults Social Care, NHS organisations and Independent/Third Sector Organisations, before establishing a small multi-agency reference group in November 2017 to support this work.

The approach has been to include citizen groups in the work, to understand 'what good looks like and feels like' from the point of view of those being supported. During the period, focus groups have been held with:

- Touchstone
- Community Links – Oakwood House
- Osmondthorpe Hub / Networking and Wellbeing Centre for Disabled People

There are a number of further focus groups being planned for April 2018 onwards; but this has been helpful in developing citizen-led guidance for practitioners.

An example from these early focus groups is included here:

Citizen Voices & Expectations
Planning and Risk Management
Speak to me about it - hear my voice
Ask me what I would like to happen and why
Don't presume you know what I want
Talk to me about the options - and explain them
Ask me if there are any services I would like to be referred to
Let's agree - what I am going to do
Let's agree - what you are going to do
Don't take over - help me make my own decisions
If you need to make decisions I don't agree with, explain to me why
Enjoy helping people

Learn from experience: Summary of achievements

Learning through Safeguarding Adults Reviews

The Leeds Safeguarding Adults Board (LSAB) is committed to continuous learning and development. One of the ways in which this happens in Leeds is by undertaking Safeguarding Adults Reviews (SARs). Section 44 of the Care Act 2014 provides the statutory framework for conducting such reviews.

There is a duty to undertake a SAR when:

'.....an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. SABs must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect'. [1]

The Board manages the SAR process through its Executive Group, reporting to every full Board meeting on its activity and progress.

[1] Care and Support Statutory Guidance 2016

Safeguarding Adults Reviews Completed in 2017-18

The Board undertook a Safeguarding Adults Review that concluded in 2017 concerning Mrs B. Mrs B was a person with dementia and other physical conditions that impacted on her day to day life, meaning that by her death she was physically very frail and unable to communicate; her husband was her carer and he refused services to help him look after her. Mrs B had experienced domestic violence for much of her adult life and died as a result of harm that may, the Coroner concluded, have been caused by an assault from by her husband.

The Board has learned from Mrs B's experience and has commissioned learning and development workshops to share that learning.

In 2017, the Board also undertook a thematic Safeguarding Adults Review of the experience of three women in Leeds receiving care and support services who have died where avoidable harm from pressure ulcers had been a contributory factor.

LSAB Executive Group members are aware that avoidable harm from pressure ulcers is an area of significant concern in Leeds as well as across the country. For that reason, it decided to conduct this SAR in two parts, both of which have informed the development of a learning pack, a series of seminars

Learn from experience: Summary of achievements

/ workshops for frontline commissioned provider managers and targeted training for Police, as well care providers and safeguarding coordinators.

Independently facilitated multi-agency seminars and workshops provided the Board with clear learning themes to enable the development of safeguarding in this area.

The key learning themes were:

- The need to provide frontline practitioners with the knowledge and tools to both prevent and respond to pressure harm;
- The importance of professional curiosity and working within a sensitive and open culture that encourages seeing the whole person and understanding the reasons for people's behaviour;
- Consistency in the application of Mental Capacity Act principles, duties and framework;
- Enhancement of systems to minimise risks when moving settings or changing care provider;
- The need for the Board to provide clear messages to frontline practitioners about when to share information about risks and why they should not fear doing so;
- Applying advocacy duties and working with advocacy services to support the empowerment of people.

The Board commissioned an internationally renowned tissue viability expert to guide the review and she also supported the second part of the review, the development of a multi-agency practitioner group that shares good practice and identifies learning needs.

The learning from both aspects of this thematic review has been disseminated within initial workshops and seminars and through targeted sessions.

Safeguarding Adults Reviews Commenced in 2017-18

The Board has joined Safer Leeds and the Leeds Safeguarding Children Partnership in undertaking a Joint Statutory Review of the experience of a young man who was eighteen when he died of bronchopneumonia caused by three factors: malnutrition, immobility, and infected pressure sores. This Joint Statutory Review is independently chaired and authored and having paused for the criminal trial of his family, will continue during 2018/19.

The LSAB Executive Group has also recommended that the Board should undertake a Safeguarding Adults Review in relation to a man who died at home of extreme self-neglect. This Review will be reported on in 2018/19.

Learn from experience: Summary of achievements

Safeguarding Adults Review Referrals Not Progressed

The LSAB received a referral in 2017 for a Safeguarding Adults Review of the experience of a young man who was murdered in Leeds in 2016. The Board decided not to progress this referral because, having conducted extensive assessment of information held by a large number of agencies across the country, it was agreed that he did not have care and support needs, did not experience abuse or neglect and the evidence showed that contrary to the criteria set out a Section 44 of the Care Act 2014, agencies worked highly effectively to support him.

The good practice evidenced in the Board's assessment of this information has however, provided learning for Leeds and is being fed into its work in developing the Leeds Approach to Safeguarding and the associated multi-agency policy and procedures.

Learning with strategic partners

The Three Safeguarding Boards in Leeds; Leeds Safeguarding Adults Board, Leeds Safeguarding Children Board and the Safer Leeds Community Safety Partnership have been working together to identify shared objectives and ambitions.

This work culminated in a Three Board Development Session that was held on 29th September 2017. This, based on the experiences of each Board, identified that there may be opportunities to work together more closely to respond to issues such as:

- Violence in the home,
- Exploitation
- People at high risk of harm (people at the edge of services)

This work will be taken forward in 2018/19, with a view to seeking out opportunities to work together regarding areas such as:

- Early identification, intervention and prevention
- Workforce development, learning and applications
- Sharing Intelligence and information to inform response and commissioning of activity
- Developing clearer pathways for support
- Promoting engagement and involvement

Learn from experience: Summary of achievements

6.2 Board Member Organisations:

SUMMARY OF ACHIEVEMENTS

Leeds City Council: Adults and Health

Adults and Health (Adult Social Care)

- On 25/1/18 Leeds held its first Valuing Social Work Conference where Safeguarding held a prominent place, learning was imparted on the basis of a workshop in terms of "safeguarding and positive risk taking," learning was taken from the formulation of Risk Assessments (RAMTs) and the general development of practice within positive risk taking including relevant case law. The strength-based approach positively encourages this practice and the learning from case work has been developed and shared in order to increase confidence on the basis of organisational support.
- A number of sessions have been held in terms of learning from the Mental Capacity Act and practice has been developed with regards to "Right To Decide and Deciding Right." This is our approach to consent and capacity learning and the sharing of good practice. Case law has informed practice and as such we have responded positively to this. BIA champions are encouraged to challenge the MCA LIN membership in order to further progress the agenda of capacity and consent. As a result of this approach a number of sessions are planned with GPs and Dentists.
- We have also informed our practice with regards to forced marriage awareness, modern day slavery and human trafficking. Learning has been taken from national and local examples and media coverage.
- In addition learning has also been taken from collaborative work with housing colleagues, specifically in the arena of hoarding behaviour, this has taken the guise of case work reflection and discussion at both the vulnerable people's pathway meetings and the Directions Panel.

Learn from experience: Summary of achievements

- Organisational Development have adapted the delivery of training sessions through continuous learning ensuring that community based organisations have easier and more local access to them, specifically in terms of safeguarding. Feedback has been received in terms of the timing and content of sessions and as such these have been amended to meet change in need and demand. Safeguarding training is now offered in a variety of formats and also supports providers to meet their CQC requirements to improve safeguarding awareness and understanding.
- With regards to domestic homicide reviews the learning is fed into the Organisational Development cycle and priorities from Domestic Homicide Reviews (DHRs) are embedded within the Organisational Development offer. This learning also synergises with the Continuing Professional Development requirements for professional registration and on a proactive basis a number of internal case work reviews have been carried out following initial scoping which has meant that we can proactively respond to where lessons can be learned.

Adults and Health Commissioning (Housing & Public Health)

- The Commissioning Team has developed a Quality Management Framework (QMF) which all commissioned services will be assessed against. There are 5 themes to the QMF, one of which is that we expect all commissioned services to be able to demonstrate that they are “Safe”. This includes: demonstrating that the service has robust policies and procedures in place for safeguarding and protecting children, young people and adults at risk; reporting of and co-operation with driving up standards/incorporating lessons learnt from serious untoward incidents, including death in service/ Domestic Homicide Reviews; and managing risk appropriately.
- The Commissioned Service attend Domestic Homicide Reviews and complex case reviews; findings are shared with all staff.
- Lessons learnt from Domestic Homicide Reviews are shared with all commissioned services.
- The Commissioning Team has now established a monthly Death in Service review meeting to review all deaths in service that have occurred. Further development is now required to take this forward and ensure that any lessons learnt and examples of good practice are shared with all commissioned services.

Learn from experience: Summary of achievements

West Yorkshire Police

- The Police continues to engage in domestic homicide reviews, safeguarding adult reviews and lessons to learn reviews and acts promptly on any recommendations making sure any learning is disseminated to officers through the Safeguarding Central Governance Unit at Head Quarters.
- Police also actively seek to identify cases that we feel would benefit from a review in order to identify any learning across the partnership that can improve future practice.

Leeds NHS Clinical Commission Group (CCGs)

- The Implementation of the domestic violence and safeguarding electronic templates originated from learning from Domestic Homicide Reviews (DHRs) and Safeguarding Adults Reviews (SARs).
- The Safeguarding Team continue to work closely with Local Authority colleagues to explore the number of adult safeguarding referrals that are made by primary care practitioners and how this information can be utilised to improve practice.
- The learning from DHRs, SARs and Learning Lesson Reviews (LLRs) are incorporated within all safeguarding training and the safeguarding team are supporting primary care to embed this learning.
- The CCG has revised the GP Standards for Safeguarding. These standards set out the quality of safeguarding practice that commissioners would expect to see in General Practice. Many of the standards have been developed as a direct result of learning from safeguarding incidents and recent Statutory Case Reviews, including Serious Adult Review and Domestic Homicide Reviews locally and regionally across West Yorkshire. The standards are designed to assist practices to benchmark and review their current processes:
  - o To support improvements in practice the responses were evaluated in terms of key trends and learning needs. Actions were then developed to respond to these such as: circulating information in relation to roles and responsibilities within FGM reporting, and the launch of the Mental Capacity and Deprivation of Liberty Safeguards electronic template.
  - o Any practices which identified that they were not fully compliant with the standards or requested further support were contacted individually by a member of the safeguarding team and individual support and guidance given.

Learn from experience: Summary of achievements

- The CCG provides expert advice to the providers that they commission on serious incident management which includes safeguarding adults incidents.
- We gain assurance that our providers have robust processes in place to support the serious incident process.
- We quality assure provider's responses to serious investigation to ensure learning has been implemented and to reduce recurrence.
- We support staff within the CCG and primary care to conduct root cause analysis investigation and identify learning.
- The CCG has commenced joint work with the Local Authority to review, monitor and improve where required the care delivered within Care Homes that the CCG commission.
- The CCG is leading on The Learning Disabilities Mortality Review (LeDeR) Programme across the health economy. The LeDeR Programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially

CCG - Quality Surveillance Process

This year has seen the development of the Quality Surveillance Process which enables the CCG to identify within the Providers that we commission, risks to quality as early as possible and to ensure action is taken to mitigate these risks, resolve issues locally where possible, and drive quality improvement.

Learn from experience: Summary of achievements

modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere. A number of staff across the CCG have been trained to complete Learning Disabilities Mortality Reviews. Anonymised learning points and actions are shared as appropriate to ensure learning is embedded and action plans are taken forward.

Leeds and York Partnership Foundation NHS Trust (LYPFT)

- LYPFT Safeguarding Team is contributing to our new LIMM (learning from incidents and mortality meeting) which is providing a helpful exchange of information ensuring safeguarding is cited within the relevant internal reviews and those that need referring for external reviews are identified in a more robust and timely way.
- A recent domestic homicide review identified a lack of trauma focussed care provision within LYPFT and other agencies. This learning has been fed into an internal trauma task and finish group and the report and actions are awaited.
- The safeguarding committee oversee action plans arising from serious incident reports- SAR's and DHR's.
- Our performance reporting is evolving and we are looking to set up a new data system to enable better data capture.

Leeds Teaching Hospitals NHS Trust (LTHT)

- LTHT has reviewed and developed a new safeguarding mandatory training programme in response to feedback and wider consultation across the organisation. The new training has been developed to ensure that it meets and reflects the needs and requirements of all LTHT employees across the Trust. By developing a new and wider training programme our mandatory safeguarding and other internal training offered within the Trust ensures we meet the needs of all LTHT staff whilst remaining compliant with our statutory requirements. The training has been developed and is based upon the feedback and consultation from LTHT staff in order to meet their needs. The training uses a 'lean' model to integrate both adult and child agendas, moving the level 2 training online and producing a new level

Learn from experience: Summary of achievements

3 pack which is based on case study and learning aimed at senior clinicians. Feedback and evaluation from the training is positive and staff identify it reflects the issues and experiences they encounter within the Trust.

- From local and National Domestic Homicide Reviews and Safeguarding Adult Reviews the Trust has developed a variety of alternatives to share learning across the safeguarding agenda. This includes the LTHT safeguarding adult intranet pages that are easily accessible for all LTHT staff. Within the safeguarding intranet page is a variety of safeguarding information, links to local and national safeguarding information and helpful documents.
- LTHT is a large acute Trust with a large number of employees and volunteers to ensure safeguarding is accessible across the whole organisation the Trust has Safeguarding Champions within Clinical Service Units. The champion model ensures that staff on wards and departments across the Trust have access to a safeguarding champion as well as the support and specialist advice from the Trust safeguarding adult team.

LTHT Involvement: Truth Project

LTHT is currently working in partnership with the Truth Project as part of the National Independent Inquiry into Child Sexual Abuse to contribute to this national work and project. LTHT was invited to and participated in the national panel of the Independent Inquiry into Child Sexual abuse (IICSA) last year and we remain fully committed to this essential area of work.

Learn from experience: Summary of achievements

Leeds Community Healthcare NHS Trust (LCH)

- LCH participated in a number of Domestic Homicide Reviews (DHR) in the past year, anonymised summaries and learning from these processes have been shared and discussed at LCH safeguarding committee, the content was published in Community Talk and is available to all staff via LCH's intranet, and learning has also been shared during the 15 minute face to face domestic violence and abuse presentations to staff.
- Learning from DHRs identified the value of routine enquiry into domestic violence and abuse which has been addressed by the organisation.
- LCH ensure learning from Safeguarding Adult reviews is embedded in the same way as DHRs, and part of that learning is recognising and acting upon issues earlier in a preventative manner.

LCH – Domestic Homicide Review Learning Workshops

LCH safeguarding committee is held bi-monthly, last year saw us introduce a series of workshops held with a view to increasing knowledge and learning across the team. In December Adult Safeguarding facilitated a workshop where the learning from a series of DHRs was presented and discussed and actions set to embed the learning across the organisation.

Actions included:

- o Routine Enquiry Training to be rolled out to the Adult Business Unit throughout 2018-19.
- o Greater focus on publicising training opportunities.
- o Routine enquiry to form part of the appraisal process.
- o DV policy to be ratified, launched and added to the intranet.

Learn from experience: Summary of achievements

National Probation Service (NPS)

- Policies regularly reviewed and updated.
- Ensure all learning from case reviews is taken forward.
- Development of new training for all staff

  Practice guidance has been produced to support NPS staff working with offenders in the community who:

  o Pose a risk of harm to known adults at risk;

  o Pose a risk of harm to adults at risk in general;

  o Are adults at risk.

West Yorkshire Community Rehabilitation Company (WYCRC)

- Implementation of Integrated Quality Assurance Assessment Matrix. This framework builds upon feedback from HMPI reports and audit requirements and feeds into a local Quality Improvement Plan.
- All staff are required to complete a minimum of level 1 Safeguarding Training and are encouraged to complete addition training as required.
- All staff completed Child Sexual Exploitation training.
- All staff complete risk of serious harm training.
- Embedding learning from all reviews, and inspections.

Leeds City Council: Housing Leeds

- Housing Leeds have Safeguarding Lead Officers in place across our teams/services. These officers attend Council wide Safeguarding Lead Officer meetings, where good practice and lessons learnt are discussed; taking back key messages to share with front line teams.
- In 2018 Housing Leeds has launched a new Safeguarding Action Plan that includes four key priorities; to improve our training for staff, to raise awareness with communities, review the outcomes of safeguarding cases referred by Housing Leeds, and look at how we support communities to be aware of safeguarding issues.

Learn from experience: Summary of achievements

- Housing Leeds have launched a new Safeguarding Newsletter providing regular updates to staff on safeguarding / Safeguarding Case of the Month in weekly staff "Housing Leeds Month" email bulletin. Updates / cases discussed at weekly team meetings.
- Housing Leeds senior manager co-ordinates Housing Leeds role in Domestic Homicide Reviews and Serious Case Reviews, and considers learning opportunities to improve our procedures and responses across a range of issues.

West Yorkshire Fire and Rescue Service

- Quarterly reviews of Safeguarding Concerns are held every quarter and learning shared across the district.

7. Going Forward

7.1 Our Plans

Our three year plan for 2016-2019 sets out our ambitions for the period.

During 2017/18 we will continue to work towards achieving our four ambitions for Leeds:

1. Talk to me, hear my voice (rephrased from Seek out the voice of the adult at risk).
2. Improve awareness of safeguarding across all our communities.
3. Improve our responses to domestic violence and abuse.
4. Learn from experience to improve how we work.

We have updated our Strategic Plan, with specific objectives for 2017/18. These include:

- Develop our multi-agency safeguarding adults policy and procedures, with citizens.
- Developing our approach to learning and improvement.
- Developing intelligence-led approaches to inform our work.
- Review our engagement materials and develop our approaches to promoting awareness of safeguarding adults.
- Develop shared objectives with Safer Leeds and Leeds Safeguarding Children Partnership.
- Develop safeguarding practice guidance for responding to domestic abuse when the person at risk has care and support needs.
- Undertake and share learning from Safeguarding Adults Reviews (SARs).
- Commission an independent service to gather learning from peoples experiences of safeguarding.
- Develop reflective practice sessions to promote good safeguarding practice.

Our Strategic Plan for 2016/19, together with our Annual Plan for 2017/18 is available to read in full on the Board's website: www.leedssafeguardingadults.org.uk

8. Appendix: Board Member Organisations

Member Organisations:

Leeds City Council: Adult Social Care

West Yorkshire Police

Leeds Clinical Commissioning Groups

Leeds Teaching Hospital NHS Trust

Leeds and York Partnership NHS Foundation Trust

Leeds Community Healthcare NHS Trust

Healthwatch Leeds

West Yorkshire Fire & Rescue Service

Leeds City Council: Housing

Leeds City Council: Community Safety

Leeds City Council: Public Health

Leeds City Council: Children Services

National Probation Service

West Yorkshire Community Rehabilitation Company

Advonet

The Alliance of Service Experts

HMP Leeds & Wealstun

To report a safeguarding concern or seek advice:

- Contact Adult Social Care: Tel. 0113 222 4401
- Out of hours: Tel. 07712 106 378

To report a crime:

- In an emergency, contact the police: Tel. 999
- If the person is not in danger now, contact the police: Tel. 101

Strategic Plan 2016/19

Leeds – A safe place for everyone

Updated Jan 2019

Foreword:

Over the last 18 months we have engaged in extensive consultations with citizens and partners from across the third sector, independent sector and statutory organisations in Leeds.

As we move into 2018/19 we are able to start shaping our new approach, with the ambition to work more closely with citizens and partners in the development of safeguarding in Leeds.

This is reflected in the new actions and challenges we have set ourselves for 2018/19, in particular in relation to:

- Developing multi-agency policy and procedures (Objective 5.5)
- Developing our approaches to learning and developments (Objectives 1.3b-d)
- Developing our links and involvement with citizen groups (Objectives 1.1)
- Working more closely with partner strategic boards (Objectives 4.1d, 5.4)

Collectively, these new actions should help us to take significant steps forward over the coming year.

We were pleased during 2017/18 to welcome the Mental Capacity Act Local Implementation Group to our Board; a multi-agency group that promotes best practice in the city to safeguard the rights of citizens in Leeds. This helps to strengthen us as a partnership. We have this year included their work plan for 2018/19, as together this helps show more of the work being undertaken across agencies to make Leeds a Safe Place for Everyone.

As always, I look forward to working with our partners and citizens over the coming year, to help move forward together with each of our ambitions for Leeds.

Richard Jones,
Independent Chair
Leeds Safeguarding Adults Board

Our Vision:

Leeds –
A safe place for everyone

The Leeds Safeguarding Adults Board is a statutory body made up from a range of organisations across the city, including:

- the police
- the local authority and
- NHS organisations.

The Board works together and with partners to end abuse of adults in Leeds.

Together we will:

- Prevent abuse
- Challenge abuse wherever it is found
- Campaign to raise awareness
- Reach out to provide people with the help they need
- Enable people to have choices and control over how they want to live
- Help people to recover from their experience of abuse and neglect
- Continually learn and improve how we work to safeguard people in Leeds.

Our Ambitions for 2016/19

Ambitions for 2016/19

The Board's Strategic Plan sets out how the Board will work towards achieving its Vision, Leeds – A safe place for everyone.

Four key ambitions will be the focus of our work over the next three years.

1. Talk to me, hear my voice
2. Improve awareness of safeguarding across all our communities
3. Improve responses to domestic abuse
4. Learn from experience to improve how we work

Each year we will set out the actions we will take to achieve each of these ambitions.

Ambition 1: Talk to me, hear my voice
 "I am asked if I feel safe and what help I want, and this informs what happens." Our ambition is to seek out the voice of the adult at risk and for this to be focus of all our work. • We will reach out to people who may be at risk of abuse and neglect, • We will involve people in decisions about how we respond to their concerns, • We will work with people to achieve the changes they need to feel safe.

Ambition 2: Improve awareness of safeguarding across all our communities
 "I receive clear and simple information about what abuse is, and how I can get help" Our ambition is for everyone to know how to seek help and to have confidence in how we will respond. • We will promote awareness across the city, • We will reach out to diverse communities, • We will assess the effectiveness of the work we do.

Ambition 3:
Improve responses to domestic abuse

"I am confident that professionals will work together
and with me to get the best result for me"

Our ambition is for everyone to receive the advice and support they need if they experience domestic abuse.

- We will improve how we respond together, as a partnership
- We will ensure practitioners have the skills and knowledge to provide the support needed,
- We will learn by continually reviewing practice.

Ambition 4:
Learn from experience to improve how we work

'I am confident that my feedback and experience
will help others'

Our ambition is for us to improve how we work, based on the experiences of those concerned.

- We will ask people to give us feedback,
- We will learn from people's experiences,
- We will put this learning into practice.

Our Plans for 2018/19

The Annual plan sets out specific actions each year, that help the Board achieve its Ambitions:

1. Talk to me, hear my voice
2. Improve awareness of safeguarding across all our communities
3. Improve responses to domestic abuse
4. Learn from experience to help others

Alongside these ambitions are Annual Development Objectives, new arrangements we need to put in place to support the ongoing development of safeguarding in Leeds.

This plan is reviewed at each Board meeting to make sure we are on track to achieve our aims.

Progress is rated on the following scale, as a quick guide to our progress:

Progress rating			
Blue Action Complete	Green Action on Track	Amber Action Delayed	Red Action not being achieved

If any person feels an important action has been missed out of this plan, they may make recommendations to:

Richard Jones, Independent Chair of the Leeds Safeguarding Adults Board,
c/o Safeguarding Adults Board, Strategy Unit, 2nd Floor, 2 Great George Street, Leeds, LS2 8BA

Email: LSAB.Chair@leeds.gov.uk

1. Talk to me, hear my voice

Year 3 objectives: 2018/19	Actions	Measures	Target	Lead	Progress (comments and rating)	
1.1 Include "I am asked for my views and this informs what happens"	a. Develop the Leeds Safeguarding Adults Board approach to involving citizens in the on-going work of the board.	• Model considered and approved by the Board	March Board 2019	Executive Group	Ambitions to work towards being citizen-led agreed and the approach is being established across many work streams. Measures of success to be established; ongoing development into the next period.	Blue
1.2 Listen "I am asked what would make me feel safe and this directly informs what happens."	a. The adult at risk is always asked what outcomes/changes they want to achieve from the support provided within the multi-agency safeguarding procedures.	• Annual audit • Year on year improvement	March Board 2019	Quality Assurance and Performance Sub-group	These measures are part of quarterly performance reports that allows for monitoring of trends and progress. Revised multi-agency policy and procedures developed during the year are focused on these citizen-led principles. It is expected that this objective will be complete at year end.	Green
	b. The outcomes/changes people want to achieve are defined by them.	• Annual audit • Year on year improvement	March Board 2019	Quality Assurance and Performance Sub-group		
	c. Safeguarding practitioners will always ask if we have achieved the changes the person wanted.	• Annual audit • Year on year improvement	March Board 2019	Quality Assurance and Performance Sub-group		

1.3 Involve "I am involved in safeguarding, as much as I can be and as much as I want to be"						
	a. Develop the Leeds Approach to Multi-Agency Safeguarding Adults Policy and Procedures around citizen expectations and experiences.	• Revised approaches approved by the Board	July Board 2019	Executive Group	Revised policy and procedures complete. Implementation date: April 2019.	**Blue**
	b. Develop a Leeds Approach to Safeguarding Learning and Development Framework	• Framework approved by Board	March 2019	Learning and development Sub-group	The sub-group is considering this issue. Work may need to continue on this issue during the next period.	**Amber**
	c. Ensure the principle of '*talk to me, hear my voice'* is a core message in safeguarding adults learning activity in Leeds. All activity will promote an approach that is focused on the person's views and wishes; safeguarding practice is built on appreciation of the person's lived experience.	• Guidance issued • Member assurance reports received	March Board 2019	Learning and Development Sub-group		

2. Improve awareness of safeguarding across all our communities

Year 3 objectives: 2018/19	Actions	Measures	Target Date	Lead	Progress (comments and rating)	
2.1 Spread the word "I receive clear and simple information about what abuse is, and how I can get help"	a. Support citizens and communities to understand safeguarding Review key messages and develop a range of materials that support engagement across diverse communities, including black, minority ethnic communities.	• Revised materials updated and published	March Board 2019	Citizen Engagement Sub-group	Citizen-led workshops being held. On-line surveys being undertaken. Drafts may be complete, but final version not likely to be complete until next period.	**Amber**
	b. Develop networks Establish links and relationships with diverse communities in Leeds	• Key links and networks to identified	March Board 2019	Citizen Engagement Sub-group	Links and relationships being established. Anticipated to be complete at end of the year	**Green**
	c. Strategic partnerships: Work with Safer Leeds and Leeds Safeguarding Children Board to raise citywide awareness of safeguarding.	• Jointly host Safeguarding Week • Support Leeds Domestic Abuse Campaigns	March Board 2019	Citizen Engagement Sub-group	16 days of action will focus on older people will be jointly hosted. Safeguarding week undertaken with partner boards and with shared learning events	**Blue**
	d. Promote the work of the Board	• Use a range of media to promote positive messages	March Board 2019	Citizen Engagement Sub-group	Being achieved through engagement and learning events and increased use of social media. LSAB website also being developed.	**Green**

3. Improve responses to domestic abuse

Year 3 objectives: 2018/19	Actions	Measures	Target Date	Lead	Progress (comments and rating)	
3.1. Skilled responses "I am confident that professionals will work in the best way to support me with domestic abuse"	a. Provide specific guidance as to how domestic abuse concerns should be managed within the multi-agency safeguarding adults procedures	• New guidance approved and published	July Board 2018	Executive Group	Support to develop guidance is to be commissioned. Likely to be complete in next period.	Amber
	b. Develop and disseminate a safeguarding adults / domestic abuse learning pack based on lessons from Leeds DHRs concerning people with care and support needs and SARs.	• Learning Pack issued • Member assurances received	October Board January Board	Learning and Development	Learning pack no longer being developed. 16 workshops held sharing learning from SARs during 2018.	Amber
	c. Leeds Approach to Safeguarding Learning and Development Framework to provide for informed responses in relation to domestic abuse. (See 1.3b)	• Framework agreed	March Board 2018	Learning and Development	The sub-group is considering this issue. Work may need to continue on this issue during the next period.	Amber
	d. Ensure that all safeguarding learning activity provides practitioners with key messages about the interface between safeguarding adults and domestic abuse, enabling them to respond effectively.	• Member assurance reports received	September 2018	Learning and Development		
	e. Monitor and support the development of the Front Door Safeguarding Hub, which provides multi-agency responses to domestic abuse	• Evaluation reports received and considered	March Board 2019	Board & Member organisations	Update report to be requested.	Green

Page 95

4. Learn from experiences to improve how we work

Year 2 objectives: 2018/19	Actions	Measures	Target Date	Lead	Progress (comments and rating)	
4.1 Find out people's experience of safeguarding "I am confident that my feedback will help others"	a. The views of the adult at risk are sought in relation to their experience of safeguarding.	• An Independent Service is commissioned to gather feedback	March Board 2019	Executive Group	Commissioning process being established. Anticipated to be complete at end of the year	Green
	b. Provide/support network events for third sector / care providers and practitioners, to share learning, gather feedback and support practice development.	• Schedule of ongoing network events established	March Board 2019	Safeguarding Strategy Unit	Some events held in relation to multi-agency policies and procedures. Action to continue into new year.	Green
	c. Develop the Leeds Approach to Multi-agency Safeguarding Adults Policy and Procedures using learning and feedback from across the partnership.	• Multi-agency workshop events held • Leeds multi-agency guidance / procedures produced	July Board 2018	Executive Group	Revised policy and procedures approved in principle by the Board. January 2019 Board to confirm. Plan for implementation in April 2019	Green
	d. Development of a Joint Learning and Improvement Framework (JLIF), including a consistent approach to city-wide notification processes and joint learning dissemination.	• Joint Framework agreed by each Board	March Board 2019	Three Boards Managers' Group	Action to be reviewed by Three Board Managers meeting. SAR learning has been shared by joint events during the year.	Amber
	f. Develop Multi-Agency Reflective Practice Sessions to support the development of safeguarding practice.	• Framework agreed by sub-group	March Board 2019	Quality Assurance & Performance Sub-group	New Project Officer post once recruited, will take forward. Action to continue into next period.	Amber

5. Annual Development Objectives

Year 3 objectives: 2018/19	Actions	Measures	Target Date	Lead	Progress (comments and rating)	
5.1 The Board to develop a revised approach to reducing vulnerability in the city.	a. Revised approach to Board Meetings includes its wider strategic role.	• Revised approach, developed and implemented	March Board 2019	Executive Group	Theme/subject to be identified. Likely to be taken forward in next period.	Amber
5.2 Provide improved clarity on the scope of the multi-agency safeguarding adults procedures.	a. Review and re-issue guidance on which concerns should be reported within the safeguarding adults procedures.	• Guidance published.	July Board 2018	Executive Group	Guidance re-issued within revised multi-agency procedures.	Blue
5.3 Develop a broader understanding of vulnerability issues in the city.	a. Develop multi-agency, intelligence-led approaches to identifying Board priorities.	• Develop approach through sub-group action plan	March Board 2019	Quality Assurance & Performance Sub-group	Discussion held at Board and sub-group. Approach and actions required likely to extend into next period.	Amber
5.4 Work with other strategic Boards to identify shared priorities and opportunities to work together in the interests of people in Leeds.	a. Develop a joint working protocol across each Board setting out agreed priorities and shared approaches	• Protocol agreed by each Board.	March Board 2019	Independent Chair / Executive Group	There is considerable closer working across Boards. The written protocol is less urgent.	Green
5.5 Implement the Leeds Approach to Multi-Agency Safeguarding Adults Policy and Procedures	a. Formal consultation to be conducted in relation to proposed multi-agency policy and procedures	• Ambassador model established	Board 2018	Board Member Agencies	Consultations complete	Blue

	b. Member agencies to advise on implications, challenges and proposed solutions to implementation	• Feedback report provided	October Board 2018	• Board Member Agencies	Revised policy and procedures approved in principle by the Board. January 2019 Board to confirm. Plan for implementation in April 2019	**Green**
	c. Consultation with Third Sector, Independent Providers and Citizen Groups	• LSAB, Strategy Unit	October 2018	• LSAB, Strategy Unit		
	d. Multi-agency policy and procedures considered for approval by the Board	• Policy and Procedures considered for approval	October 2018	• LSAB Board		
	e. Learning and Development Plan informed by individual agency implementation plans and partnership audit	• LAS Multi-agency policy and procedures; L&D Plan considered for approval	October 2018	• LSAB Board	Learning and Development Framework to reflect the revised approach. This may need to be complete in the next period.	**Amber**
	f. Implementation date to be agreed	• Implementation date agreed	October 2018	• LSAB Board	Proposed implementation date is April 2019.	**Green**
	g. Review undertaken	• Review held (3 – 6 months) after implementation	Date to be agreed	• LSAB Board	Timescale to be agreed.	**Green**

Progress rating			
Blue Action Complete	Green Action on Track	Amber Action Delayed	Red Action not being achieved

Associated Action Plans:

Mental Capacity Act Local Implementation Network (MCA LIN)

The work of the Mental Capacity Act Local Implementation Network to promote the safeguards of the Mental Capacity Act and the rights, safety and wellbeing of citizens in Leeds, both informs and complements the work of the Leeds Safeguarding Adults Board.

Objectives of the Mental Capacity Act LIN for 2018/19 are included here:

- Implementation of the Deprivation of Liberty Safeguards (DoLS) Audit Action Plan implementation,

  Plan has been developed from an audit of the Supervisory Body's role and responsibilities in relation to Deprivation of Liberty Safeguards, and comprises quality assurance and system changes.

- Develop guidance and promote best practice in relation to Advanced Care planning

- Establishment of Best Interest Assessment Hub

- Host two events during 2017/18 promoting best practice in relation to Mental Capacity Assessments, setting out for practitioners "what good looks like"

- Oversee a Mental Capacity Act Champions forum with bi-annual feedback to the MCA LIN feedback to inform the ongoing work and priorities of the LIN.

- Completion of Deprivation of Liberty Safeguards Annual Report

This page is intentionally left blank

Report author: Shona McFarlane

Tel: 0113 37 83884

Report of Director of Adults and Health

Report to Executive Board

Date: 13 February 2019

Subject: Safeguarding Adults Board, Annual Report 2017/18 and Strategic Plan 2016/19

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

Summary of main issues

1. This report presents members of the Executive Board with the Leeds Safeguarding Adults Board Annual Report for 2017/18 and its Strategic Plan 2016/19.

2. In April 2015, the Safeguarding Adults Board became a statutory body. During 2016/17 the Board took the opportunity to undertake a significant review of its membership, structures, sub-groups and future priorities. This report provides an update on the work of the Board in taking forward its ambitions to make Leeds a safe place for everyone.

3. The Annual Report is available to access here: https://leedssafeguardingadults.org.uk/Documents/Board/Safeguarding%20Adults%20report%202018_FINAL.pdf

4. LSAB Strategic Plan 2016/19 is available to access here https://leedssafeguardingadults.org.uk/Documents/Board/LSAB%20Strategic%20Plan%202018-19.pdf

5. Recommendations

5.1 Members of the Board are requested to note the contents of the Leeds Safeguarding Adults Board Annual Report 2017/18 and the Board's Strategic Plan going forward.

5.2 Members of the Board are asked to support the strategic aims and ambitions of the Safeguarding Adults Board to make Leeds a safe place for everyone.

1. Purpose of this report

1.1 This report introduces the Safeguarding Adults Board's Annual Report 2017/18 at Appendix 1 with an 'easy read version' at Appendix 1a, and Strategic Plan at Appendix 2. Together these documents summarise the Board's achievements over the last 12 months and set out its ambitions for the coming year.

2. Background information

2.1. The Leeds Safeguarding Adults Board became a statutory body in April 2015, in accordance with the requirements of the Care Act 2014. Richard Jones CBE is the Independent Chair, appointed by Leeds City Council Chief Executive in October 2015.

2.2. The Board includes representation from a broad range of key organisations within the city, including local authority, police and clinical commissioning group who are all statutory members of the Board. The full list of member organisations on the Board is included within the Annual Report.

3. Main issues

3.1. Annual Report 2017/18

3.2. The Leeds Safeguarding Adult Board Annual Report 2017/18 details the achievements of the Board over the last 12 months.

3.3. This year, as in recent years, the Annual Report is accompanied by an Easy Read Version that is intended to make the information accessible to a wider range of people, including those with learning disabilities.

3.4. The Board has built on its restructure in 2016/17 and has seen both the Executive Group and the sub-groups become more effective.

3.5. In addition to the existing sub-groups the Board accepted the Mental Capacity Act local implementation network as a formal sub-group. This ensures that the Board is kept abreast of developments and issues that arise within this legal framework.

3.6. Over the last 12 months, the Board has invested in setting its foundations, and identifying clear ambitions going forward.

3.7. Key areas of development and success however have been in relation to developing multi-agency responses and approaches to abuse and neglect. This has involved developing new multi-agency safeguarding adults' policy and procedures, to be compliant with the expectations of the Care Act and the Care and Support Statutory Guidance.

3.8. The LSAB has been developing its own multi-agency safeguarding adults' policy and procedures .This collaborative approach provides for the sharing of knowledge and expertise across the region. The changes within the multi-agency procedures support the Board to take forward its ambitions.

3.9. Central to this approach is a greater focus on a personalised approach to safeguarding through:

- Developing procedures with citizen involvement. Listening to and working towards the person's desired outcome
- Ensuring people have the support they need to take part in the safeguarding process
- More flexible and individually tailored responses
- Proportional and timely responses.

3.10. Similarly, the Board has continued to support the development of multi-agency responses to domestic abuse and violence, through the support of its member agencies to the Front Door Safeguarding Hub. The Front Door Safeguarding Hub brings together relevant agencies so as to respond to concerns as a partnership, with a shared understanding of risk and opportunities to provide support.

3.11. <u>Strategic Plan</u>

The Board's vision is for Leeds to be a 'Safe Place for Everyone'.

In support of this vision, the Board has developed a three year strategic plan, identifying four key ambitions that will be the focus of all its work going forward.

Four key ambitions will be the focus of our work over the next three years.

1. Talk to me, hear my voice
2. Improve awareness of safeguarding across all our communities
3. Improve responses to domestic abuse
4. Learn from experience to improve how we work

3.12. The Board Strategic Plan includes an Annual Plan with more specific objectives for each year.

3.13. The Strategic Plan includes an addendum document. This sets out Board Member Organisation commitments to safeguarding adults, at Appendix 3. It identifies what each agency will do within its organisation and networks to help promote each of these ambitions.

4. Corporate Considerations

4.1. **Consultation and Engagement**

4.2. The LSAB has undertaken engagement work with community groups to understand safeguarding issues. This work is supporting the development of multi-agency policy and procedures.

4.2.1. The Board has consulted and worked with partners including:

- Health and Wellbeing Board
- Domestic Violence Programme Board
- Safer Leeds Executive
- Leeds Safeguarding Children Board
- Healthwatch – newsletter, Take 10 Network and social media
- Adult Social Care – full circle newsletter and social media
- Leeds Forum Network
- Voluntary Action Leeds Network

4.3. **Equality and Diversity / Cohesion and Integration**

4.3.1. The Leeds Safeguarding Adults Board ambitions recognise the need to promote awareness across Leeds diverse communities. The Board is currently exploring approaches and networks that will help us to achieve this going forward.

4.4. **Council Policies and Best Council Plan**

4.4.1. The Safeguarding Adults Board works together with the Leeds Safeguarding Children Partnership and the Safer Leeds Executive to support people in Leeds to be safe from abuse and neglect. As such this work contributes to the Best Council Plan priority of 'Keeping people safe from harm' and Breakthrough Project: Tackling Domestic Violence and Abuse. It also links through, from a Leeds City Council perspective to the Best Council Plan ambition for a 'Strong Economy, Compassionate City' which then leads through to the relevant outcome for Leeds citizens to 'be safe and feel safe'.

4.5. **Resources and value for money**

4.5.1. The Board is funded jointly by Leeds Adult Social Care, Leeds Clinical Commissioning Group and, from this year, the office of the Police and Crime Commissioner West Yorkshire.

4.6. **Legal Implications, Access to Information and Call In**

4.6.1 Paragraphs 3 and 4 of Schedule 2 to the Care Act 2014 require every Safeguarding Adults Board to produce a Strategic Plan and an Annual Report for each financial year. The documents annexed to this report are produced in accordance with the provisions of Schedule 2.

4.6.2 The decision is eligible for Call In.

4.7. **Risk Management**

4.7.1. This report is part of the risk management and assurance arrangements for Leeds City Council. As such there is a link through to the corporate risk on 'Safeguarding

Adults' "Failure of (a) staff in any Council directorate to recognise and report a risk of abuse or neglect facing an adult with care and support needs in Leeds; (b) staff in Adult Social Care to respond appropriately, in line with national legislation and Safeguarding Adults procedures"

5. Conclusions

5.1. The Annual Report provides evidence that the Board has delivered on the actions outlined in the 2017/18 plan.

5.2. During 2018 we will adopt new multi-agency safeguarding adults' policy and procedures. This provides the foundation for more flexible and individually tailored responses, in line with Care Act 2014 and *Making Safeguarding Personal* principles.

5.3. The Strategic Plan sets out a clear focus for the Board's work going forward, and the Member Organisation commitments help to illustrate how partners have committed to a continuing programme of work designed help us all achieve the Board's ambitions for people in Leeds.

6. Recommendations

6.1 Members of the Board are requested to note the contents of the Leeds Safeguarding Adults Board Annual Report 2017/18 and the Board's Strategic Plan going forward.

6.2 Members of the Board are asked to support the strategic aims and ambitions of the Safeguarding Adults Board to make Leeds a safe place for everyone.

7. Background documents[1]

7.1 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.

Agenda Item 8

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: 19th March 2019

Subject: Care Quality Commission (CQC) – Adult Social Care Providers Inspection Outcomes November 2018 to January 2019

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 A system of routinely presenting and reporting CQC inspection outcomes to the Scrutiny Board has now been established. The processes involved continues to be developed and refined in order to help the Scrutiny Board maintain an overview of quality across local 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

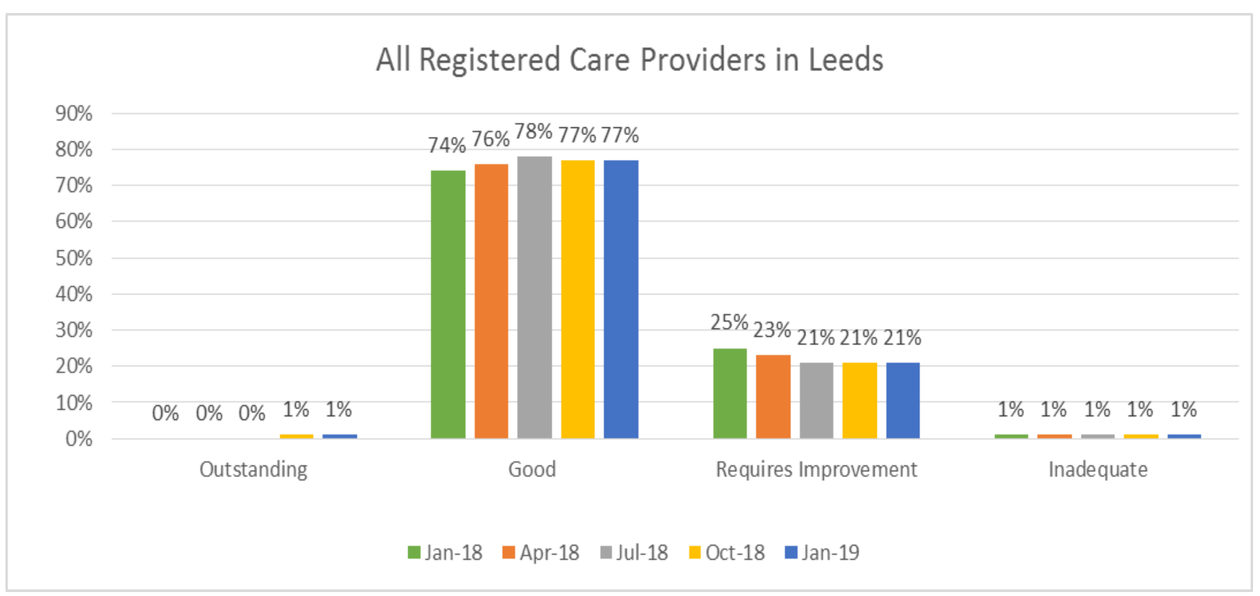
3.1 Appendix 1 provides a summary of the inspection outcomes for adult care services across Leeds published between November 2018 and January 2019.

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.

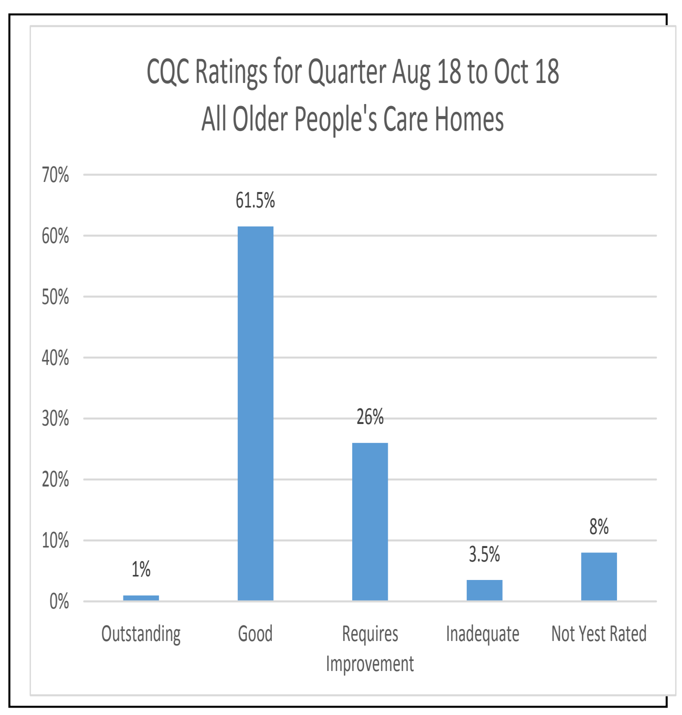
3.3 During the period covered by this report CQC published 40 inspections. Of these services:

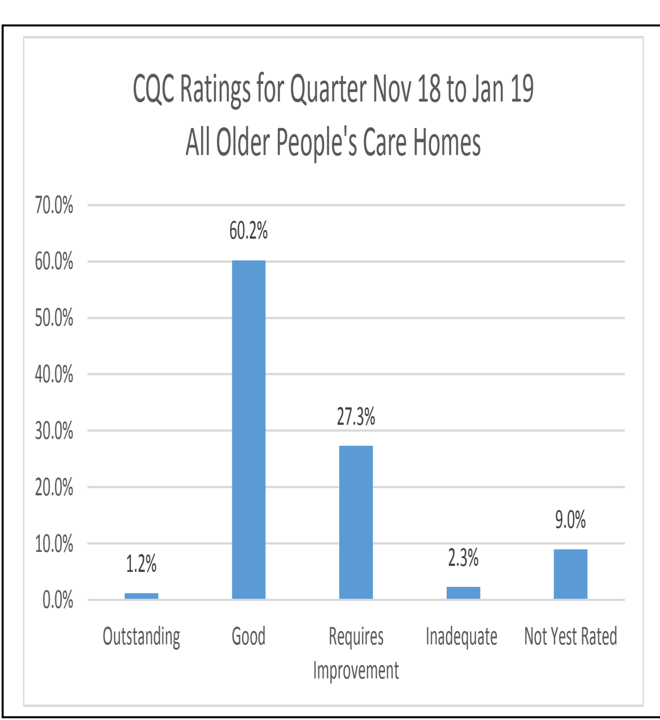
- 25 are rated Good.
- 14 are rated as Requires Improvement.
- 1 had a repeat inspection of Inadequate.
- 7 organisations have improved their rating since their last inspection, with 6 moving from Requires Improvement to Good and 1 from Inadequate to Requires Improvement.
- 20 organisations have remained at the same rating since their last inspection with 15 receiving a Good rating and 4 receiving Requires Improvement and one a repeat Inadequate rating.
- 6 organisations have received a poorer rating, all moving from Good to Requires Improvement.
- For 7 organisations it is their first inspection.

3.4 The following chart shows the ratings for all adult social care registered services in the city who have been inspected, which includes all care homes and home care organisations, as stated by CQC in their local area profile. The chart shows no change in the overall percentage since the last quarter.



3.6 The following two Charts show a comparison of ratings from the previous quarter for all older people's care homes:





3.7 The following figures show the ratings for older people's care homes in the independent sector in the city as at the 31st October 2018:

All Older People's Care Homes

- 88 independent sector care homes in total
- 1 rated Outstanding – 1.2%
- 53 rated Good – 60.2%
- 24 rated Requires Improvement – 27.3%
- 2 rated Inadequate – 2.3%
- 8 not yet rated – 9%

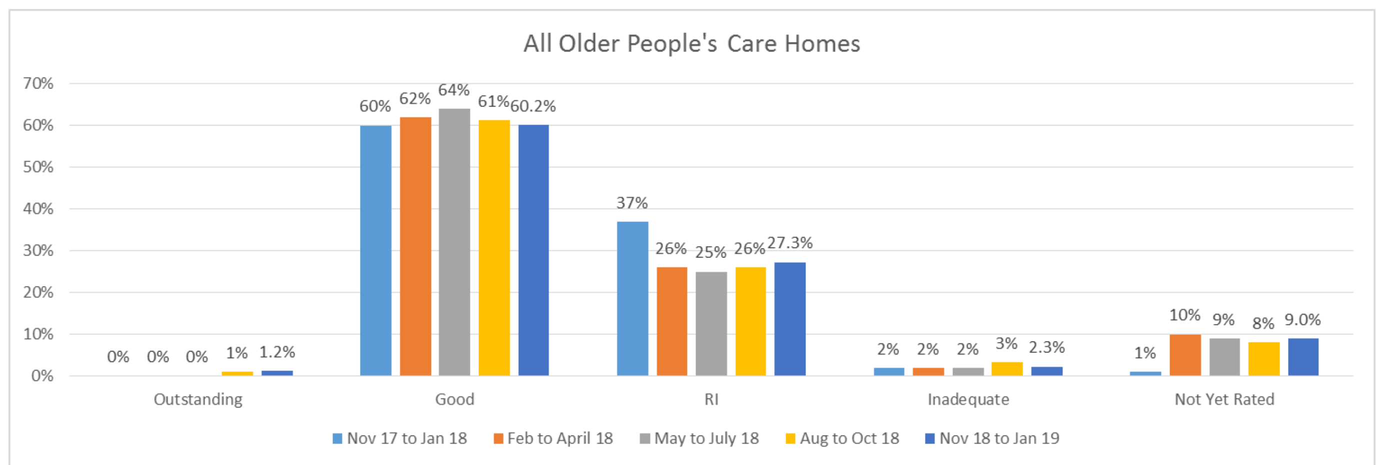
Residential Homes

- 49 independent sector care homes in total
- 35 rated Good – 71.4%
- 9 rated Requires Improvement – 18.4%
- 1 rated Inadequate – 2%
- 4 not yet rated – 8.2%

Nursing Homes

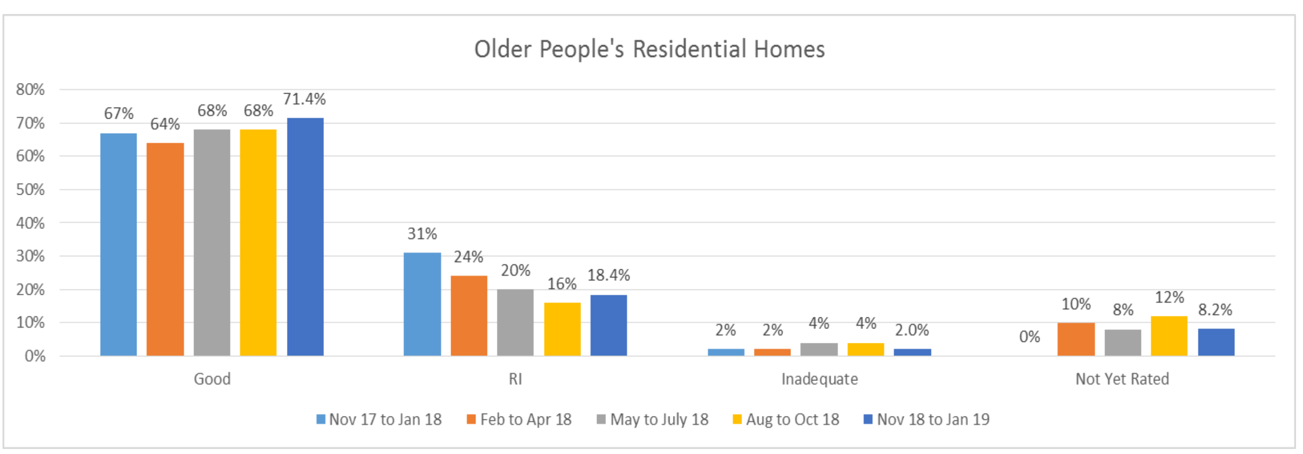
- 39 independent sector care homes in total
- 1 rated Outstanding – 2.5%
- 18 rated Good – 46.2%
- 15 rated Requires Improvement – 38.5%
- 1 rated as Inadequate – 2.5%
- 4 not yet rated – 10.3%

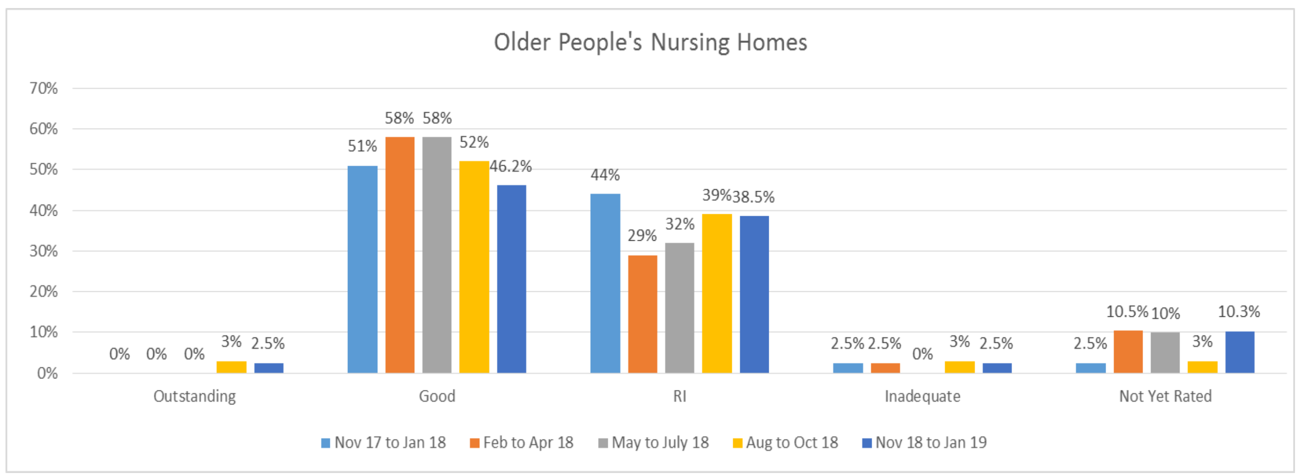
3.8 The following 3 graphs show ratings for all independent sector care homes since the last report and over the course of the last financial year.



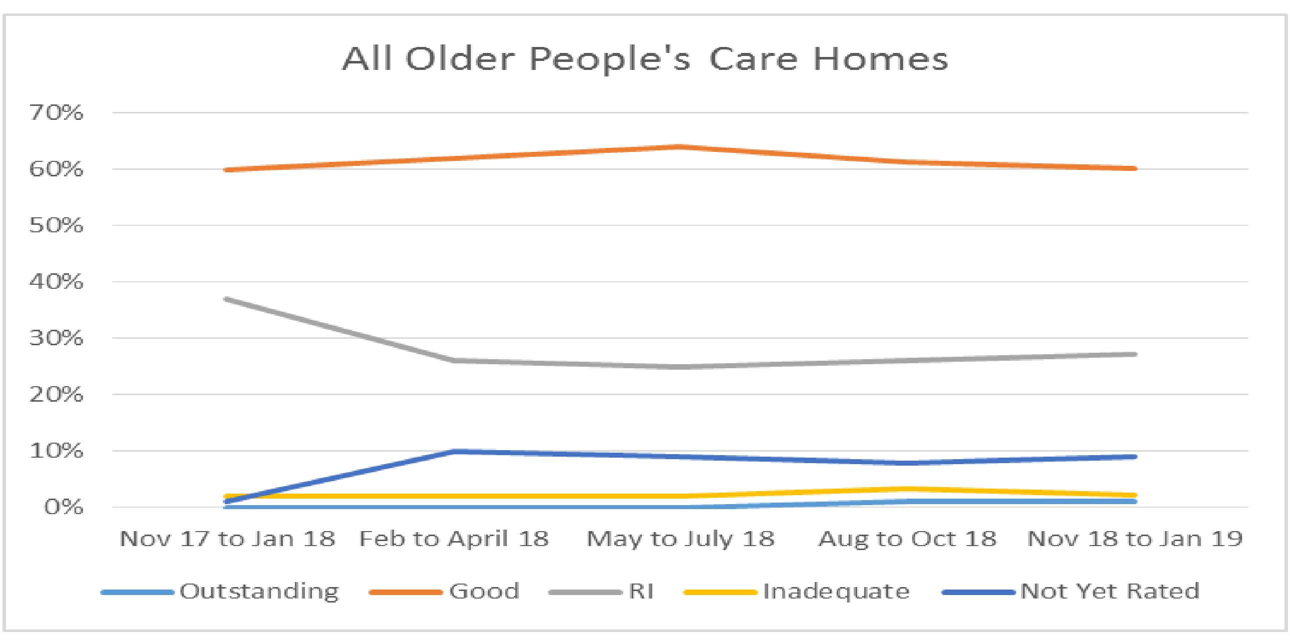
During the reporting period (November 18 to January 19), the changes that have affected the rating above are:

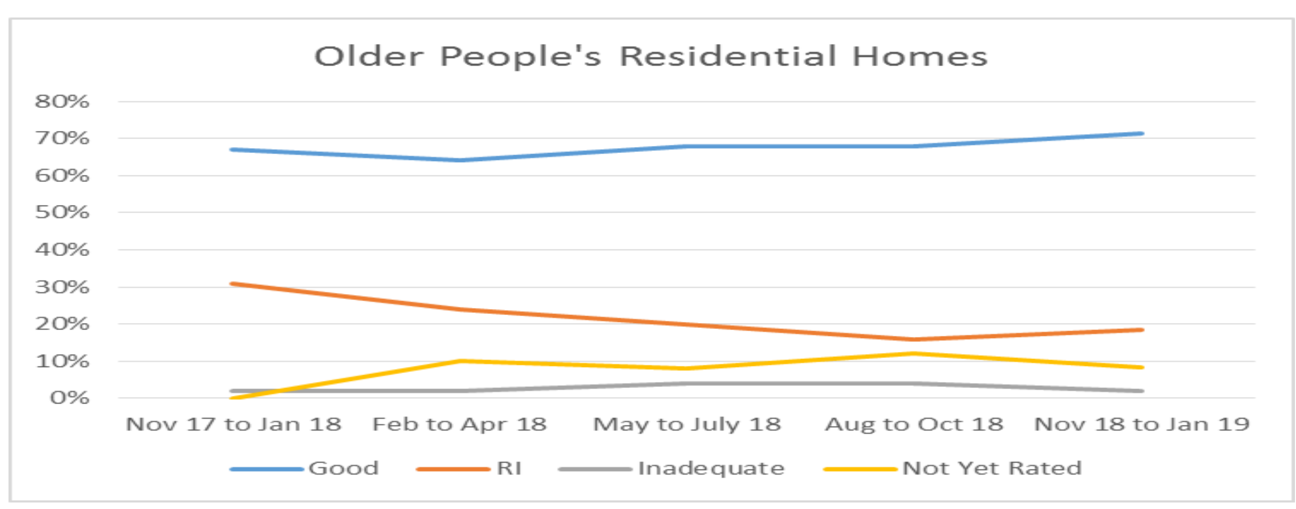
- One residential home has re-registered for nursing.
- There have been 3 nursing homes and 1 residential home who have moved from a Good rating to a Requires Improvement rating.
- 1 residential and 1 nursing home have moved from a Requires Improvement rating to Good.
- 1 residential home has moved from not yet rated to a Good rating.
- 2 nursing homes have now become not yet rated due to a change of registered provider, one previously had a Good rating and one a Requires Improvement rating.

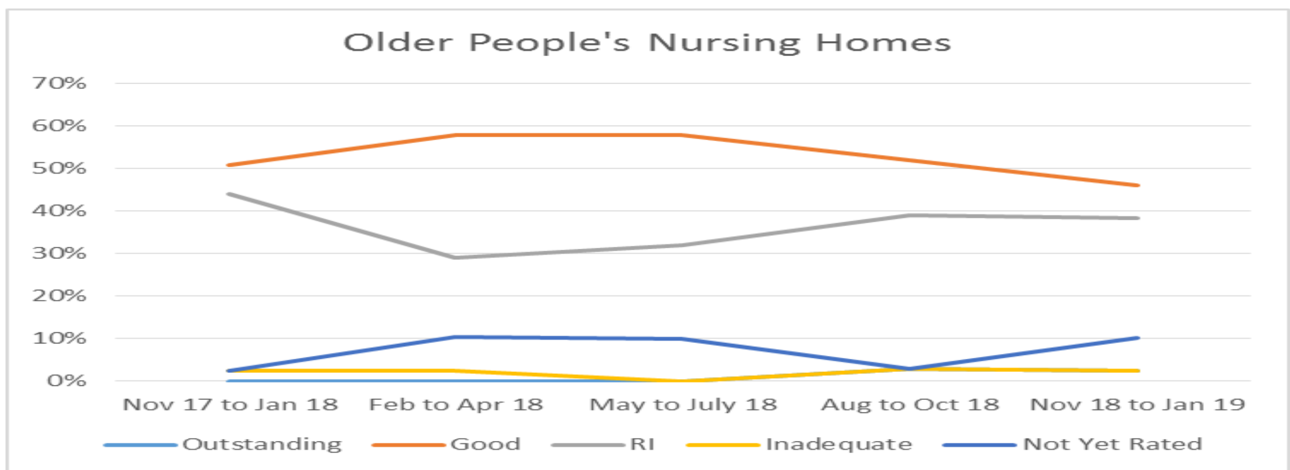




3.9 The following three charts show the trend data for care home ratings over the last year:







3.10 Since the last report, issues have risen with a residential home which has now imposed a voluntary suspension on further placements. As reported in the previous Scrutiny Board report in January, CQC were taking action against Radcliffe Gardens Nursing Home and are currently in the process of de-registering the home. Details of the homes mentioned above can be found in the Confidential Appendix 2.

3.11 As part of the One City Care Home project, a number of workstreams have within the Quality Action Plan are now being commenced/implemented in the city:

- Trusted assessor model – The Trusted Assessor scheme has been agreed by the system (Adults and Health, CCGs, LTHT, LYPFT and care Providers) and is being introduced in partnership with the Leeds Care Association (LCA). As reported in the previous Scrutiny Board, the model will operate through two dedicated workers employed through LCA who will be able to undertake assessments on patients in hospital to facilitate early discharge of those patients directly to a care home placement. One of the new Trusted Assessors has now commenced their employment at the LCA and has now stared to make links with the care home providers in the city who are both members and non-members of the LCA.

3.13 Adults and Health continue to work closely with the Leeds CCG Quality Team 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. Much greater emphasis is placed on ensuring that issues in relation to the sector are considered on a system wide basis including full involvement of the independent sector care home providers.

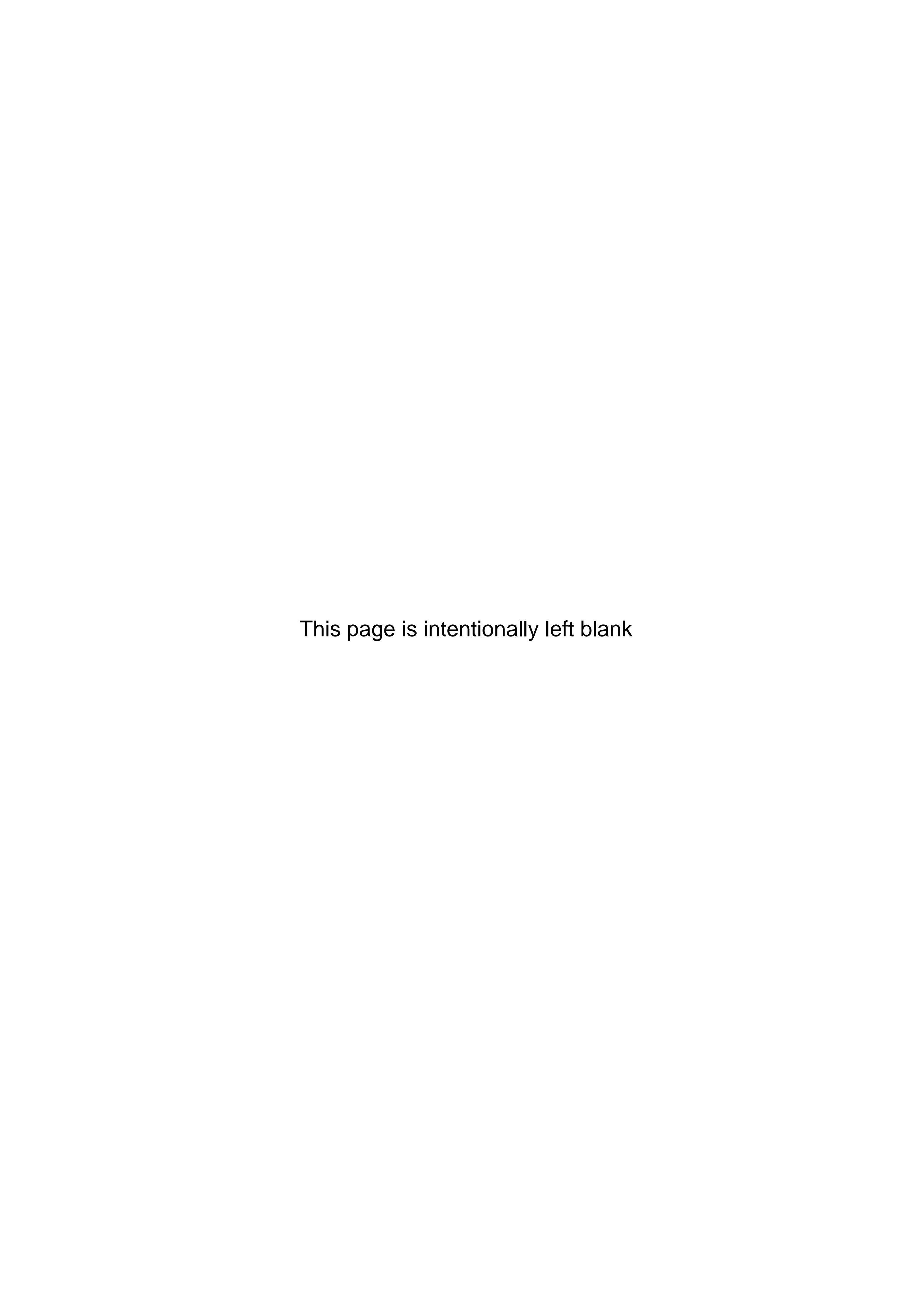
4. Recommendations

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.


This page is intentionally left blank

Appendix 1

Scrutiny Board (Adults & Health)
Care Quality Commission (CQC) - Inspection Outcomes
November 2018 – January 2019

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	
Daniel Yorath House	Brain Injury Rehabilitation Trust	No	Residential Home	LS25 2HA	01/11/2018	http://www.cqc.org.uk/location/1-134123755	G	G	G	G	G	G	01/04/2016	G	→
Mears Care Limited Leeds	Mears Care Limited	Framework	Home Care	LS10 3DQ	06/11/2018	http://www.cqc.org.uk/location/1-4251220913	RI	RI	G	G	G	RI	N/A	N/A	N/A
Voyage (DCA) Pennines	Voyage 1 Limited	Spot	Home Care/ supported living	LS12 1EG	07/11/2018	http://www.cqc.org.uk/location/1-4555403173	G	G	G	G	G	G	N/A	N/A	N/A
Outreach Office	Westward Care Limited	No	Home Care	LS6 2DD	09/11/2018	http://www.cqc.org.uk/location/1-224415641	G	G	G	G	G	G	08/04/2016	G	→
United Response - 14 Lingwell Approach	United Response	Spot	Residential Home	LS10 4TJ	15/11/2018	http://www.cqc.org.uk/location/1-123018698	G	G	G	G	G	G	25/03/2016	G	→
Primrose Court	Anchor Hanover Group	Spot	Residential Home	LS20 9EP	16/11/2018	http://www.cqc.org.uk/location/1-126242712	G	G	G	G	G	G	29/04/2016	G	→
Park Lodge	Villa Care Limited	Framework	Nursing Home	LS8 2JH	16/11/2018	http://www.cqc.org.uk/location/1-305225538	RI	RI	RI	RI	RI	RI	15/02/2016	G	↓
Creative Support -	Creative Support Limited	Block Contract	Extra Care	LS9 8NH	20/11/2018	http://www.cqc.org.uk/location/1-1072972554	G	G	G	G	G	G	27/04/2016	G	→

DRAFT

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	
Hampton Crescent															
Cared4Leeds	Cared4 Leeds Ltd	No	Home Care	LS15 4TA	20/11/2018	http://www.cqc.org.uk/location/1-4380604105	G	G	G	G	G	G	N/A	N/A	N/A
Hillcrest Residential Home	LMB Hillcrest Home Limited	Framework	Residential Home	LS12 3SG	20/11/2018	http://www.cqc.org.uk/location/1-516775598	G	G	G	G	G	G	21/04/2016	G	→
Paisley Lodge	Indigo Care Services Limited	Framework	Residential Home	LS12 3UA	22/11/2018	http://www.cqc.org.uk/location/1-2583919829	G	G	G	G	G	G	26/10/2017	RI	↑
Cookridge Court	Cookridge Court Limited	Framework	Residential Home	LS16 6NB	22/11/2018	http://www.cqc.org.uk/location/1-457462588	RI	RI	RI	G	G	RI	17/11/2018	I	↑
Extra Care Service	Leeds City Council	In-house	Extra Care	LS14 5HU	28/11/2018	http://www.cqc.org.uk/location/1-283352948	G	G	G	G	G	G	06/04/2016	G	→
Hales Group Limited - Leeds	Hales Group Limited	Primary Home Care provider	Home Care	LS9 6PW	29/11/2018	http://www.cqc.org.uk/location/1-2620325812	RI	G	RI	G	G	RI	30/05/2018	RI	→
Radcliffe Gardens Nursing Home	The Alder Health Care Group Limited	No	Nursing Home	LS28 8BG	30/11/2018	http://www.cqc.org.uk/location/1-4757678675	I	I				I	31/08/2018	I	→
Trust Life Care	Miss Margaret Anne Morrison	Spot	Home Care	LS15 4TA	04/12/2018	http://www.cqc.org.uk/location/1-1116629728	G	G	G	G	G	RI	23/10/2017	RI	↑
Farfield Drive	Aspire Community Benefit Society Limited	Block Contract	Residential Home	LS28 5HN	04/12/2018	http://www.cqc.org.uk/location/1-2064565003	RI	G	RI	G	G	RI	04/06/2016	G	↓
Grayson Home Care	Grayson Home Care Limited	Spot	Home Care	LS23 6BH	05/12/2018	http://www.cqc.org.uk/location/1-1783337738	G	G	G	G	G	G	05/01/2016	G	→

DRAFT

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	
Cross Heath Grove	Aspire Community Benefit Society Limited	Block Contract	Residential Home	LS11 8UQ	07/12/2018	http://www.cqc.org.uk/location/1-2064542599	RI	RI	RI	G	G	RI	11/06/2016	G	↓
Love In Care	Love In Care Limited	No	Home Care	LS7 4DR	07/12/2018	http://www.cqc.org.uk/location/1-2490562579	RI	RI	RI	G	G	RI	20/10/2017	RI	→
Carr Croft Care Home	Carr Croft Care Home Limited	Framework	Residential Home	LS7 2PS	14/12/2018	http://www.cqc.org.uk/location/1-146208801	G	G	G	G	G	G	05/05/2016	G	→
Harewood Court Nursing Home	Solutions (Yorkshire) Limited	Framework	Nursing Home	LS7 4HA	14/12/2018	http://www.cqc.org.uk/location/1-155030449	RI	RI	G	G	G	RI	06/10/2017	RI	→
Adjuvo (North) Support for Living Limited	Adjuvo (North) Support for Living Ltd	Spot	Home Care	LS19 7RW	14/12/2018	http://www.cqc.org.uk/location/1-5270768765	RI	RI	RI	G	RI	RI	N/A	N/A	N/A
Mulgrave House Nursing Home	Camellia Care Ltd	Framework	Nursing Home	LS26 0BD	15/12/2018	http://www.cqc.org.uk/location/1-1938554612	RI	RI	G	G	RI	RI	19/05/2016	G	↓
Alexandra Court Residential Home	Alexandra Court Residential Home Ltd	Framework	Residential Home	LS16 5BB	15/12/2018	http://www.cqc.org.uk/location/1-281226875	G	G	G	O	G	G	17/03/2016	G	→
Vive UK Social Care Limited	Vive UK Social Care Limited	Spot	Home Care	LS9 7DZ	18/12/2018	http://www.cqc.org.uk/location/1-122175223	G	G	G	G	G	G	09/11/2017	RI	↑
Simon Marks Court	Anchor Hanover Group	Framework	Residential Home	LS12 4BE	19/12/2018	http://www.cqc.org.uk/location/1-126242079	RI	RI	RI	G	G	RI	14/06/2016	G	↓
Nesfield Lodge	Indigo Care Services (2) Limited	Framework	Residential Home	LS10 3LG	29/12/2018	http://www.cqc.org.uk/location/1-4280860376	G	G	G	G	G	G	N/A	N/A	N/A

DRAFT

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	
Medacs Healthcare PLC	Medacs Healthcare PLC	Primary Home Care provider	Home Care	LS25 2GH	01/01/2019	http://www.cqc.org.uk/location/1-3063105629	G	G	G	G	G	G	30/12/2017	RI	↑
Raynel Drive	Aspire Community Benefit Society Limited	Block Contract	Residential Home	LS16 6BS	08/01/2019	http://www.cqc.org.uk/location/1-2064564806	G	G	G	G	G	G	04/06/2016	G	→
People Matters	People Matters (West Yorkshire)	No	Home Care	LS11 9RT	10/01/2019	http://www.cqc.org.uk/location/1-4459498615	G	G	G	G	G	RI	N/A	N/A	N/A
RecoveryHub @EastLeeds	Leeds City Council	In-house	Residential Home	LS14 6JL	11/01/2019	http://www.cqc.org.uk/location/1-136455703	G	RI	G	G	G	G	14/05/2016	G	→
Corinthian House	Maria Mallaband 17 Limited	Framework	Nursing Home	LS12 4EZ	11/01/2019	http://www.cqc.org.uk/location/1-1494575220	G	G	G	G	G	RI	20/12/2017	RI	↑
Holmfield Court	S K Care Homes Ltd	Framework	Residential Home	LS8 1AY	15/01/2019	http://www.cqc.org.uk/location/1-120101275	RI	RI	RI	RI	RI	I	08/11/2017	RI	→
Owlett Hall	Care Worldwide (Bradford) Limited	Framework	Nursing Home	BD11 1ED	15/01/2019	http://www.cqc.org.uk/location/1-141599363	RI	RI	G	G	G	RI	18/07/2018	G	↓
Wetherby Manor	Hadrian Healthcare (Wetherby) Limited	Framework	Nursing Home	LS22 6RS	19/01/2019	http://www.cqc.org.uk/location/1-663231663	G	G	G	O	G	G	06/05/2016	G	→
The Spinney Residential Home	Mr R M & Mrs P P Duffy	Framework	Residential Home	LS12 3QH	23/01/2019	http://www.cqc.org.uk/location/1-112270555	G	G	G	G	G	G	25/06/2016	G	→
Interserve Healthcare - Yorkshire	Interserve Healthcare Limited	No	Home Care	LS2 8PA	24/01/2019	http://www.cqc.org.uk/location/1-4529298167	RI	G	G	G	RI	RI	N/A	N/A	N/A

DRAFT

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	
Rievaulx House Care Centre	Meridian Healthcare Limited	Framework	Residential Home	LS12 4LL	25/01/2019	http://www.cqc.org.uk/location/1-123208495	G	G	G	G	G	G	10/06/2016	G	→
Heathcotes (Morley)	Heathcotes Care Limited	Spot	Residential Home	LS27 0EX	25/01/2019	http://www.cqc.org.uk/location/1-2490407301	G	G	G	G	G	G	30/12/2017	RI	↑

DRAFT

This page is intentionally left blank

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

Report of the Director of Adults and Health

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

Date: 2 April 2019

Subject: Homecare Update

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 members of the Scrutiny Board with an update on the developments in commissioned home care services since the previous report in September 2018.

2 Background

2.1 The Director of Adults and Health submitted a report to the Scrutiny Board in September 2018, which provided an update to the Board on the operation of the commissioned homecare contract and the quality of services being provided. This report is will provide members of the board with an interim update on some of the developments that have taken place in respect of the contract since September 2018, with a more detailed report being provided later in the year.

3 Summary of main issues

Update on primary, framework and spot providers.

Primary providers

3.1 In September 2018, it was reported that all 4 Primary providers under the contract were rated as Requires Improvement by the CQC. Since this time, Medacs, the primary provider for the east and south east areas of the city, has been re-inspected and has achieved an overall rating of Good, with Good in all 5 domains. CASA has now rebranded its business as Be Caring and will be due to be inspected by CQC within the next couple of months. Hales were re-inspected in November 2018 and whilst they retained an overall rating of Requires Improvement, they increased the number of domains rated as Good from 1 to 3 in Safe, Caring and Responsive.

Framework providers

3.2 In November 2018, CQC issued a notice under their statutory responsibilities that Allied Healthcare were in danger of immanent financial failure. The company was put into administration and as this was a national issue affecting nearly all council's in England, planning and communication was coordinated through the Association of Directors of Adult Social Services. The outcome of this process was that Allied Healthcare was purchased as a complete entity by Health Care Resourcing Group Ltd and continued to trade as Allied Healthcare. The Framework contract was novated to the new company following a delegated decision by the Director of Adults and Health on the 21st January 2019. There was no disruption in service for any of the Allied service users.

3.3 Two businesses under the framework have been transferred to other providers. AJ Community Care has been sold to Synergy, who are currently a framework provider and Radis homecare business in Leeds has been transferred to Lotus Care who are a spot provider. This leaves the current number of framework providers at 6.

Spot provision

3.4 There are currently approximately 38 spot providers who are delivering care packages for adults and Health. At present, the spot providers continue to deliver approximately 33% of the total volume of services however, Adults and Health are working with the Primary and Framework providers to reduce this and ensure as much work as possible is provided under the contracted providers.

<u>Payment for Service User Hospitalisation</u>

3.5 The main concerns relating to the primary providers is their ability to provide sufficient capacity because of difficulties in recruiting and retaining sufficient care staff to enable them to deliver the volume of services required. Over the past few months officers have been meeting with the providers regularly to determine how Adults and Health can support them to improve capacity.

3.6 Following discussions with the primary providers about the difficulties in staff retention, we have sought to vary the terms of our contract in relation to payments made to providers when a service user is admitted to hospital. Until recently, the process has been to cease the package of care after the first 24 hours when a service user is admitted to hospital. This means that the Council ceases payment for the package of care and as a result, the provider is not able to pay their care staff for the hours that they would otherwise have been delivering. One provider stated that in any one month, they could have 500 care hours which they do not get paid for because the service has been cancelled when service users go in to hospital. This has been identified as one of the main causes of a higher turnover of care staff. This also helps ensure availability of the staff to restart the package of care as soon as the service user is ready to be discharged from hospital during that two week period, thereby preventing avoidable delays.

3.7 We anticipate that by agreeing to pay providers for up to two weeks when a service user is admitted into hospital, we will see a reduction in the numbers of people delayed in hospital awaiting a care package and we are anticipating that this will have a positive effect on staff retention.

3.8 The Director took a delegated decision (Reference: D48206) on the 21st December 2018 to vary the current contract to allow a payment to the provider for a period of two weeks from the date a service user goes into hospital and this has now been implemented.

Rapid Response Service (now known as the Interim Homecare Service

3.9 The issues around delayed transfers of care are well documented and various periods throughout the year compound these issues with people staying in hospital longer than necessary due to difficulties in arranging appropriate care and support to enable timely discharge. This has a system wide negative impact but can also be detrimental to the individual involved, and their carers, as people are at greater risk of ill health e.g. hospital acquired infections and increased levels of dependency.

3.10 In order to alleviate these issues the Director took a delegated decision on the 21st December 2018 (Reference: D48205) to establish a pilot scheme to allow the providers to fund a staffing model which will facilitate discharge of a person with the appropriate support within 24hrs of someone being deemed medically fit to leave hospital. This is an invest to save model as the longer people stay in hospital the more likely it is that their needs will increase resulting in more intense and costly care and support packages.

3.11 This service was originally referred to as the Rapid Response Service however, given a number of other services in the community with a similar name, it has been decided to call this service the Interim Homecare Service to avoid any possible confusion.

3.12 Through the pilot service we are seeking to test different arrangements where the providers recruit a small team of staff who are all on salaried contracts. We would like to see if changes to the employment contracts between the provider and their care staff will help attract more care staff into home care and result in a lower rate of staff turnover.

3.13 A pilot scheme is already in operation with Be Caring in the south of the city and officers are in discussions with other primary and framework providers to establish the service in the other areas of Leeds.

Bringing home care services in-house

3.14 Finance colleagues have undertaken high level calculations of the cost of bringing all the externally commissioned home care services in house. Based on the current volume of home care hours being commissioned from external providers; and using 2018/19 fee levels, the estimated cost on an in-house service would be significantly more than the current projected cost of £24.37m. Further details and breakdown of the estimated additional cost will be provided to Scrutiny Board members by way of a confidential briefing note.

3.15 Within the Care Act 2014, Section 5 (1) has placed a new duty on the local authority to promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market —

- has a variety of providers to choose from who (taken together) provide a variety of services;
- has a variety of high quality services to choose from.

3.16 This duty does not just apply to the local authority commissioned services but to the care market as a whole.

3.17 Section 5 (2) d also states that in performing the duty in 5 (1) local authorities must have regard to the importance of ensuring the sustainability of the market (in circumstances where it is operating effectively as well as in circumstances where it is not).

3.18 The statutory guidance that accompanies the Care Act also refers to local authorities having a responsibility for the sustainability of the market. Section 4.35 of the statutory guidance states:

> "*Local authorities should consider the impact of their own activities on the market as a whole, in particular the potential impact of their commissioning and re-commissioning decisions, and how services are packaged or combined for tendering, and where they may also be a supplier of care and support. The local authority may be the most significant purchaser of care and support in an area, and therefore its approach to commissioning will have an impact beyond those services which it contracts. Local authorities must not undertake any actions which may threaten the sustainability of the market as a whole, that is, the pool of providers able to deliver services of an appropriate quality.*"

Payment of the local living wage

3.19 The Council allocated a fee increase of between 6% and 6.7% for 2018/19 to enable the providers to increase their pay to care staff of a minimum of £8.25 per hour. Our monitoring activities show that the primary providers are paying their staff an average of £8.45 per hour with some providers paying £9.00 per hour. The providers have also increased their pay for travel time and mileage to reflect the actual costs of travel.

3.20 We have been working with the primary providers to regularly consult with their staff regarding their contract terms and conditions, including offering their staff minimum guaranteed hours whilst ensuring there is some flexibility offered to those staff who want to work on reduced hours due to their other commitments. This has taken various forms with direct financial benefits such as increased pay rates including payment for travel, increased training, team meetings and supervision. We have been monitoring the changes that the providers have been implementing.

Engagement with the Unions

3.21 Adults and Health have facilitated a meeting between TU representatives and the primary providers and have encouraged the providers to invite the TUs to their offices to meet with care staff.

3.22 Adults and Health have assisted in issuing Unison's Ethical Care staff survey, encouraging providers to circulate the survey to their care staff and to encourage the care staff to complete these. The response rates of the survey have been very low and so officers have been working with the primary providers to simplify the wording

of the questionnaire to make it more accessible to care staff. We have also enabled the survey to be returned to the Council and have provided pre-paid envelopes to encourage a higher response rate. We have agreed to assist with the questionnaire being circulated on a more routine basis.

3.23 Adults and Health have established a new resource to undertake routine monitoring of compliance with the principles of the Ethical Care Charter across the contracted home care providers. These staff will also start to monitor staff pay and conditions across other local home care providers and other adult care service areas and we will continue to monitor the primary and framework home care providers' compliance with Ethical Care Charter as part of routine contract monitoring.

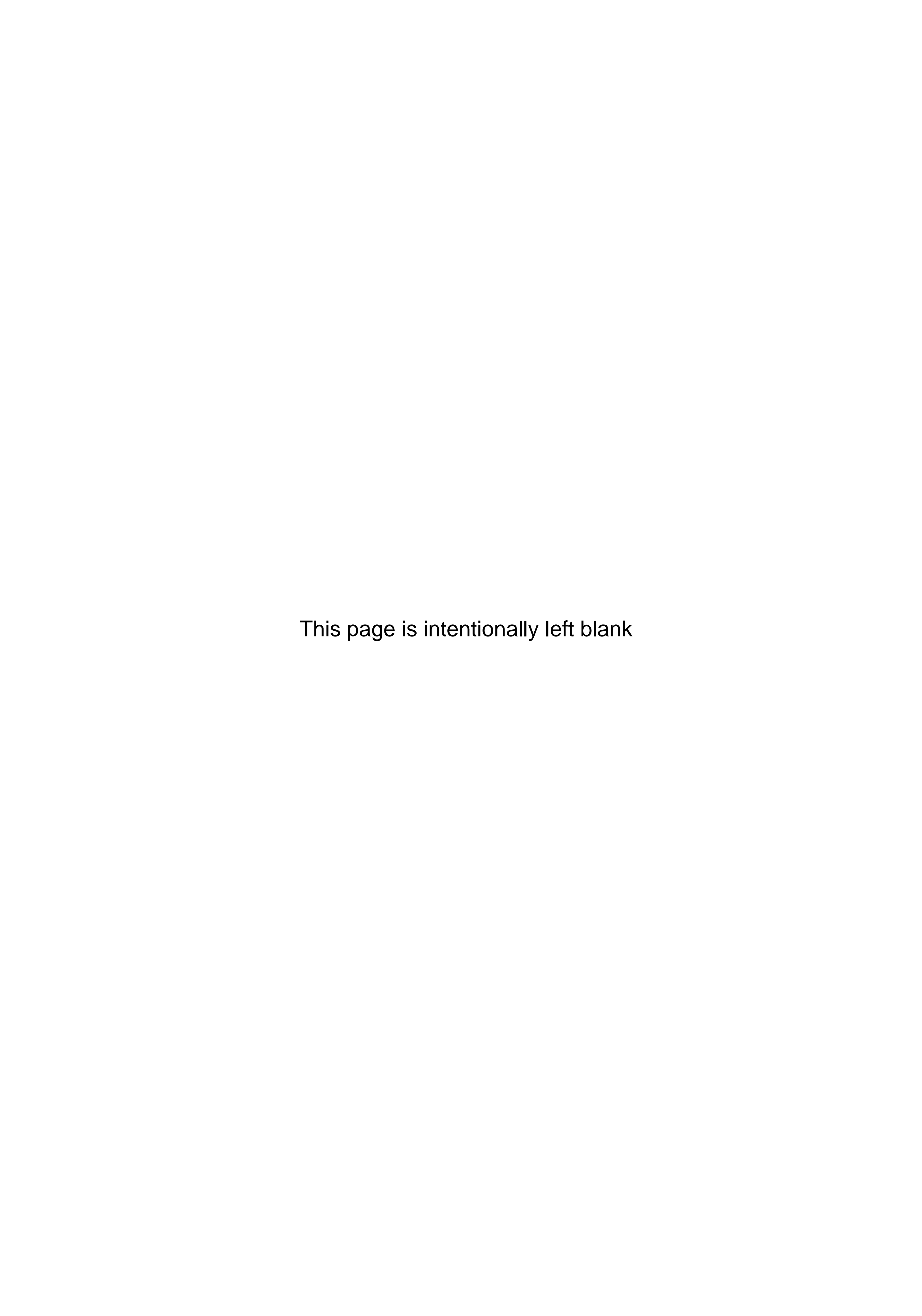
4 Recommendations

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]

5.1 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.


This page is intentionally left blank

Agenda Item 10

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: 2 April 2019

Subject: Care Quality Commission Local System Review and Action Plan

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 Care Quality Commission (CQC) Local System Review and associated Action Plan.

2 Background

2.1 Following the government's 2017 Spring Budget announcement of additional funding for adult social care, there was a joint request from the Secretary of State for Health and Social Care and the Secretary of State for Housing, Communities and Local Government that led to the Care Quality Commission (CQC) undertaking a series of local system reviews to find out how services are working together to support and care for people aged 65 and over.

2.2 The initial series of reviews involved 20 local authority areas. The system review reports for these other local areas can be accessed on the Care Quality Commissions website (CQC - Local Systems Review).and were summarised in the CQC's Beyond Barriers report (published in July 2018).

2.3 In September 2018, the CQC announced it would be following progress in three of the previously reviewed areas and undertaking further system reviews in three local area, including Leeds. Again the focus of these reviews would be on how older people (people aged 65 and over) moved through the local health and social care system, and how local services worked together.

3 Main issues

3.1 Leeds local system review took place in October 2018 and considered how hospitals, community health services, GP practices, care homes and homecare agencies work together to provide seamless care for people aged 65 and over living in Leeds. The final report was published on 21 December 2018 and is appended to this report for consideration.

3.2 The CQC report provides a balanced overview of the health and care system in Leeds, highlighting positives for residents, whilst also reflecting on some of the pressures impacting on the system. The detailed findings of the report are presented under the following main headings:

- Are services in Leeds well led?
- How are people in Leeds supported to stay well in their usual place of residence?
- How are people supported during a crisis?
- How are people supported to return home or to a new place following and admission to hospital?
- Maturity of the system
- Areas for Improvement

3.3 Following publication of the CQC report, the Leeds health and care system was required to develop and submit an action plan aimed at addressing the identified areas of improvement. This was submitted to the CQC on 29 January 2019, and is attached at Appendix 2 for consideration.

3.4 Appropriate representatives have been invited to attend the meeting to help members consider the information in more detail and address questions from the Scrutiny Board. .

3. Recommendations

3.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to note the content of this report and appendices; and to identify any specific actions and/or matters that may require further scrutiny 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.

Leeds

Local system review report

Health and Wellbeing Board

Date of review:

15 to 19 October 2018

Summary of findings

Published: December 2018

What are older people's experiences of care in Leeds?

- Older people who lived in Leeds were supported by well-established multidisciplinary Neighbourhood Teams to remain well at home. The focus of the Neighbourhood Teams was on rehabilitation, promoting independence, preventative care and supporting self-management to keep older people out of hospital. There was a commitment to build on the model to include a wider range of disciplines and partners. These are called Local Care Partnerships (LCPs) and were not fully developed with inconsistencies across the city. However, frontline staff were very positive about their development.
- There was a vibrant voluntary, community and social enterprise (VCSE) sector in Leeds with many opportunities for people to receive support to keep them well, particularly for people at risk of social isolation and loneliness.
- There was also long-standing investment in Neighbourhood Networks. These are 35 community based, locally led organisations that enable older people to live independently and pro-actively participate within their own communities by providing services that reduce

social isolation, provide opportunities for volunteering, act as a "gateway" to advice/information/services promote health and wellbeing and thus improve the quality of life for the individual.

- We found positive work going on in relation to asset-based community development that enabled people to develop responsive services to support local communities, meet local need and encourage people to remain included and involved. Some people we spoke with were not always aware of the services available; there was an opportunity to raise awareness of the services available so the services were accessible to all.
- There was limited support in primary medical services to support people living in care homes to remain there when they became acutely ill. Admissions to hospital from care homes were higher than the national average.
- When older people attended hospital, admission rates were higher than the England average and once people were admitted it was difficult for them to return home. At the time of our review, delayed transfers of care were significantly higher than national and comparator averages. We did not find that a 'home first' culture was embedded across the system and early discharge was not always prioritised.
- Some older people had poor experiences when they were in hospital. They were often moved to, or placed in, a setting that was not suitable for their needs. For example, the clinical decision unit based in A&E was being used as a medical admissions unit due to a lack of capacity on the wards.
- When people were due to return home, the discharge process was not always well planned or coordinated. Discharges from hospital could take place at inappropriate times of day and people did not always have access to medicines or transport in a timely way.
- When older people were discharged from hospital, reablement services were available to help them regain independence. This provided people with good support towards regaining their independence. National data confirmed that once people were discharged and in receipt of reablement services, they were less likely to be readmitted to hospital and more likely to remain in their own homes.
- We also found good support put into care homes caring for people with dementia. A specialist support service was available from the mental health trust for care homes caring for people with complex needs - the service provided support for up to six weeks to support care home staff in settling a person in to their new home.
- Carers that we spoke with found that access and communication with services could be difficult. For example, they were not always informed if plans or appointments relating to the people they supported were changed or rescheduled.
- Carers did not always feel that there were opportunities to have their say in the shaping of services. Their support organisation, Carers Leeds, captured views and fed back into the system, but carers themselves were not always aware of the outcomes or how effectively they were being listened to.

Is there a clear shared vision and common purpose, underpinned by a credible strategy to deliver high quality care which is understood across the system?

- System leaders in Leeds had a shared vision that was supported and understood across health and social care organisations. The 2016 Health and Wellbeing Strategy was built on the joint strategic needs assessment (JSNA) developed in 2015. Representation of health and social care organisations on the Health and Wellbeing Board (HWB) meant that the vision was clearly shared and understood by all partners.
- The Leeds Plan (the delivery plan for transformation within the Health and Wellbeing Strategy) was well developed and reflected the needs of the population, supported by operational delivery plans.
- There was a shared understanding across partners of system-wide issues. A review by an independent consultancy in July 2018 had established 'one version of the truth' with regard to the issues around discharges from hospital that system leaders were working collectively to address. The Leeds Health and Care Plan had not yet been updated to reflect some of the findings. There were not strategies in place to address issues such as continuing healthcare (CHC).
- Healthwatch and representatives from the VCSE sector were represented on the HWB, and were partners in the system. Independent social care providers were not included and did not always feel they were fully recognised as partners in the system.
- There was long-standing investment in Neighbourhood Networks which enable proactive support to be delivered in local communities. System leaders were aligned in prioritising investment in preventative services. For example, a five-year funding agreement was in place with the Neighbourhood Networks which provided the stability to transform services in a sustainable way.
- Although the strategy and direction of travel for Leeds was understood by system leaders, it was not always understood at different levels within the organisations. For example, there were 13 Neighbourhood Teams which system leaders described as 'evolving' into 18 Local Care Partnerships. However, this was not always understood by operational staff.
- The Partnership Executive Group (PEG) brought together chief officers across the system and was established as a decision-making group for the Leeds system; however, it did not have executive decision-making powers.
- Collaboration between system leaders took place across the local authority, the clinical commissioning group (CCG), the trusts and the VCSE. While there was GP representation on the PEG, some GPs still did not feel engaged in the design and delivery of strategy.

System leaders told us that there was a Strategic Directions Forum to enable engagement with the care home sector.

Are there clear governance arrangements and accountability structures for how organisations contribute to the overall performance of the system?

- There were clear governance and accountability structures which flowed from the HWB. Reporting into the HWB was the PEG, which was formed in 2015 to enable a 'one system approach' to leadership. While this was not a statutory body, its members held executive decision-making powers. Its membership included system leaders across health and social care, including the VCSE sector. The HWB had oversight of the Leeds Plan, which was reported into the PEG through the Leeds Plan Delivery Group.
- There were strong relationships between leaders in the PEG which provided the foundation needed for them to collectively take forward the findings from the external review and drive improvements for the system. The PEG was the locally agreed forum where system leaders came together to hold each other to account.
- There were accountability structures within organisations, such as the Operational Discharge Group and an understanding of performance. However, it was not clear how this effectively translated into planning and strategy across the system. For example, on the wards, regular meetings were held to monitor bed numbers and where the blockages were, but when we interviewed staff we did not feel that there was a sense urgency about enabling people to return home. There was a lack of bed management and oversight on the wards which meant that there was not always an understanding about people whose discharges had been significantly delayed.
- Monitoring, evaluation and learning were not strongly embedded across the system. There were elements of shared learning within the system but this was driven by individual organisations rather than by the joined-up governance framework across health and social care. We heard from community health staff and other frontline staff how learning was shared. Although system leaders had an outward-facing approach where best practice could be learned from neighbours, this learning was not yet embedded. There was a reliance on external diagnosis; for example, when we asked system leaders what the issues and barriers were, they referred to the findings of an external consultancy.

Are there arrangements for the joint funding, commissioning and delivery of services to meet the needs of older people?

- The last JSNA was published in 2015 and was being updated at the time of our review. On completion it would be used as a live document to inform strategic and commissioning decisions. The commissioning of some community health and social care was based around neighbourhoods that reflected the needs of the local population; other services are commissioned on a city-wide basis. Local Care Partnerships (LCPs) had been developed with GPs that also reflected communities. Public Health at the local authority described a good understanding of population need and commissioning of adult social care services reflected this.
- There was not an integrated commissioning strategy for the Leeds system; but there were good building blocks in place to address this. We were told that a strategy was in development at the time of our review. Three previous CCGs had combined to form one organisation. There was a (recently recruited) single Director of Strategy employed by the Leeds CCG and a Deputy Director for Integrated Commissioning who worked across the CCG and local authority. A single GP confederation had formed. We saw some good examples where health and social care budgets had been pooled to support local needs, for example, to support people living with dementia. However, there was not yet a clear plan as to how the system would commission health and social care services in an integrated way.
- There was a lack of market management which was recognised by system leaders as an area for development. There was a high number of independent residential providers but a shortage of providers providing nursing care. The standard contract did not address variations in need such as the additional support required for people with complex needs. Although system leaders told us there were processes to address this, they were complex and providers we spoke with were not aware of this. The CCG and LA were working together improve the quality of nursing and residential care, reporting to the HWB and the Overview and Scrutiny Committee. The Care Quality Team had worked to improve the quality of older people’s care homes and there had been an improvement over a two-year period.

Are people who work in the system encouraged to collaborate and work across organisational boundaries to meet the needs of older people?

- Collaboration between frontline staff was a real strength in the system. We heard that communication and relationships had improved when social workers, community nurses, therapists, pharmacy technicians and community geriatricians worked together in shared offices as part of Neighbourhood Teams. This was a strong model of collaborative working to build the Local Care Partnerships upon.
- The Leeds Care Record was a well-developed information sharing system which facilitated collaborative working. Frontline staff could access detailed information about different aspects of care including diagnosis, therapies that were already in place for people using services, as well as contact details for relevant professionals. Work was underway to allow citizens to access and share their own information with those relevant to their care
- There were many strands of activity to address workforce issues but not a clear joint workforce strategy across health and social care in Leeds. We heard about pockets of practice where staff supported other professionals such as GPs training paramedics (Health Education England pilot scheme) to support admission prevention and podiatry staff training GPs to recognise issues with diabetic footcare. There were good relationships with the local universities and work being undertaken to develop a joint understanding of the skills needs for students coming through. There was a citywide workforce strategy in development however this work was recent and had not yet being rolled out.

Key areas for improvement

- The HWB should continue to maintain oversight and hold system leaders to account for the delivery of the health and wellbeing strategy.
- The remit of the ICE should be further developed so that it extends more widely to underpin the development of wider integrated working.
- There is a recognition from system partners that hospital pressures should be addressed as a system. This should be reflected in system-wide strategic plans.
- The culture of ‘home first’ and moving people away from hospital needs to be embedded throughout the system, especially in the hospital setting where there remains a risk averse approach to discharge and a lack of understanding of community support.
- Communication between health and social care professionals and their leaders needs to be addressed across the system. Although there are good relationships at system leader level,

and where multidisciplinary working is embedded, this can become fragmented at other levels leading to a breakdown in communication which can impact on people's care.

- The workforce strategy for Leeds should be developed at pace, pulling together the different strands of activity to develop deliverables and timescales which include the independent social care sector.
- There should be improved engagement with GPs and adult social care providers in the development of the strategy and delivery of services in Leeds.
- A clear process should be implemented so that health and social care professionals can be assured that they are able to identify and support the members of their communities who are most at risk.
- Signposting to services in the community needs to be clearer so that people can access the wide range of services on offer and get the support that they need.
- There should also be consistent and proactive input from GPs to support care homes.
- Specific pilot schemes were helping people to receive support in the community. There should be evaluations and exit plans in place to reassure or inform people who benefitted from good support about what their future options were.
- Wards for people who are medically fit for discharge should have a plan in place to reduce the numbers of beds on these and to reduce the reliance on these as part of the discharge process.
- Systems should be put in place to ensure that people who go into hospital are seen in the appropriate wards and remain there until they are medically fit for discharge without multiple moves.
- System leaders should continue the work to reduce hospital admissions as admissions are higher than the England average.
- The patient choice policy should be rolled out as a priority and leaders should have a system to gain assurance that this is understood and implemented.
- The system should ensure that staff, particularly hospital staff understand and respect the dignity of people who use services and to understand the impact that issues such as multiple ward moves can have on people's wellbeing.

Background to the review

Introduction and context

This review has been carried out following a request from the Secretaries of State of Health and Social Care and for Housing, Communities and Local Government to undertake a programme of targeted reviews of local authority areas. The purpose of this review is to understand how people move through the health and social care system in Leeds with a focus on the interfaces between services.

This review was carried out under Section 48 of the Health and Social Care Act 2008. This gives the Care Quality Commission (CQC) the ability to explore issues that are wider than the regulations that underpin our regulatory activity. By exploring local area commissioning arrangements and how organisations are working together to meet the needs of people who use services, their families and carers, we are able to understand people's experience of care and what improvements can be made.

This report follows a programme of 20 reviews carried out between August 2017 and July 2018. The reports from these reviews and the end of programme report, *Beyond Barriers* can be found on our website.

How we carried out the review

Our review team was led by:

- Ann Ford, Delivery Lead, CQC
- Richard Brady and Deanna Westwood, Lead Reviewers, CQC

The review team included: 2 CQC Chief Inspectors, 1 CQC Reviewer, 3 CQC Inspection Managers, 2 CQC Analysts, 1 CQC Expert by Experience, 1 CQC Specialist Pharmacist, 1 CQC Clinical Fellow; and 3 Specialist Advisors from health and local government.

The local system review considered system performance along a number of 'pressure points' on a typical pathway of care with a focus on **older people aged 65 and over**.

We looked at the interface between social care, general medical practice, acute and community health services, and on delayed transfers of care from acute hospital settings.

Using specially developed key lines of enquiry, we reviewed how the local system is functioning within and across three key areas:

- Supporting people to maintain their health and wellbeing in their usual place of residence
- Care and support when people experience a crisis

- Supporting people to return to their usual place of residence and/ or admission to a new place of residence following a period in hospital

Across these three areas, detailed in the report, we asked the questions:

- Do people experience care that is safe?
- Do people experience care that is effective?
- Do people experience care that is caring?
- Do people experience care that is responsive to their needs?

We then looked across the system to understand:

- Is the system well led?

Prior to visiting the local area we developed a local data profile containing analysis of a range of information available from national data collections as well as CQC's own data. We requested the local system provide an overview of their health and social care system in a System Overview Information Return (SOIR) and asked local stakeholder organisations for information.

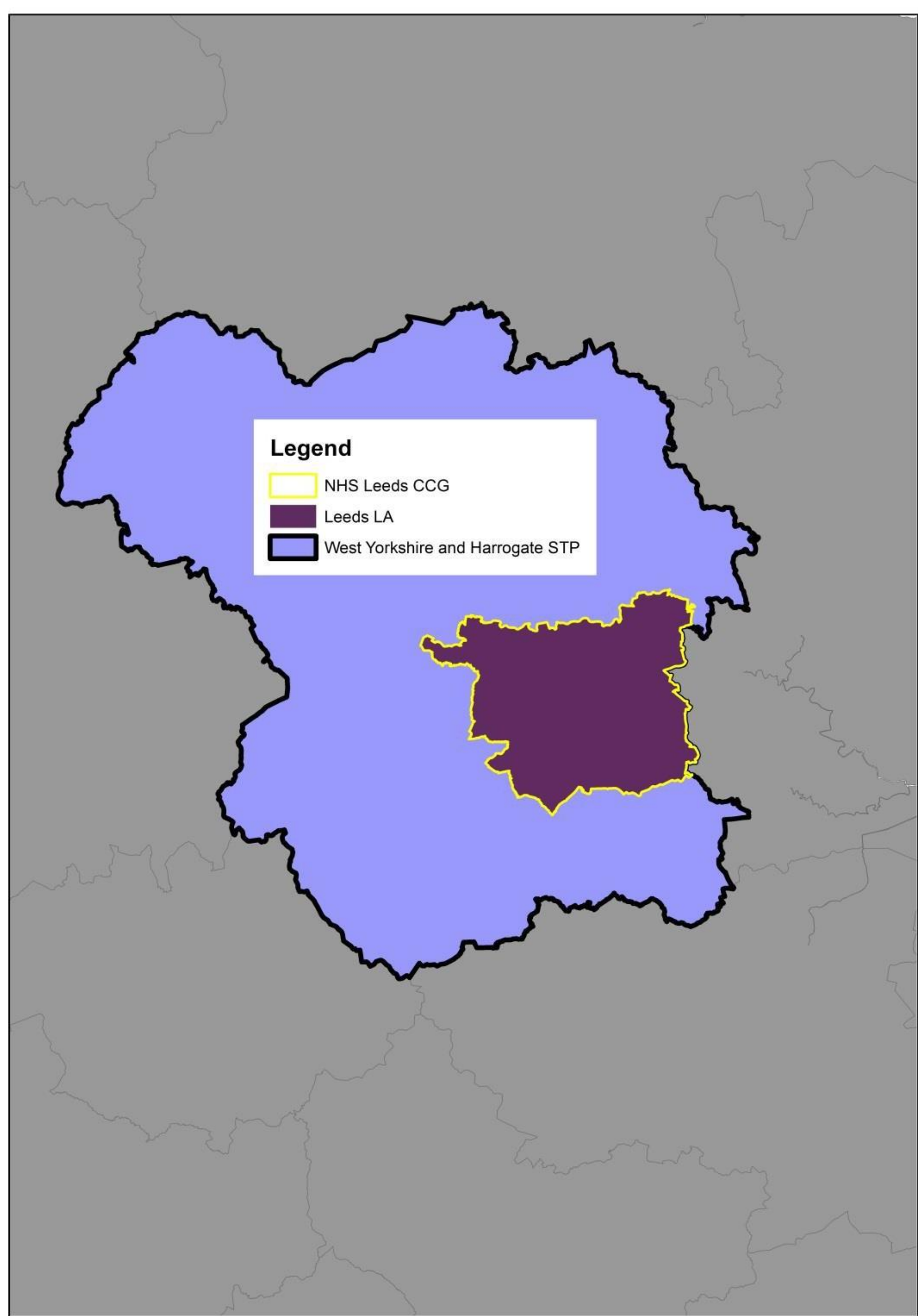
We used two online feedback tools; a relational audit to gather views on how relationships across the system were working, and a discharge information flow tool to gather feedback on the flow of information when older people are discharged from hospital into adult social care.

During our visit to the local area we sought feedback from people involved in shaping and leading the system, those responsible for directly delivering care as well as people who use services, their families and carers. The people we spoke with included:

- System leaders from the local authority, the Leeds Clinical Commissioning Group (CCG), the Leeds Teaching Hospitals NHS Trust, GP Confederation, Leeds Community Healthcare NHS Trust, Leeds and York Partnership Foundation Trust, the Health and Wellbeing Board and elected members.
- Staff members including GPs, social workers, occupational therapists, nursing staff, care workers, allied healthcare professionals and pharmacy professionals from across all sectors
- Local Healthwatch, voluntary, community and social enterprise (VCSE) services
- Provider representatives
- People who use services, their families and carers

We reviewed 18 care and treatment records and visited 11 services including acute hospitals, care homes, recovery hubs, GP practices, neighbourhood offices, and an out-of-hours urgent treatment centre.

Leeds Context



Leeds is the second largest city in England and overall has a lower proportion of older people than the England average.

Acute care is predominantly provided by Leeds Teaching Hospitals NHS Trust (85% of local people requiring hospital admission are treated by the trust). When last inspected, the trust was rated good overall by CQC.

The area is also served by the Leeds Community Healthcare NHS Trust, which is also rated good overall.

Further information can be found in the local area data profile on the CQC website.

- Leeds is part of the West Yorkshire and Harrogate Integrated Care System (ICS) which is overseen by the West Yorkshire and Harrogate Health and Care Partnership.

Detailed findings

Are services in Leeds well led?

Is there a shared clear vision and credible strategy which is understood across health and social care interface to deliver high quality care and support?

We looked at the strategic approach to delivery of care across the interface of health and social care. This included strategic alignment across the system and the involvement of people who use services, their families and carers.

There was a clear strategic approach which aligned the West Yorkshire and Harrogate sustainable transformation partnership, the Leeds Health and Wellbeing Strategy and the Leeds Care Plan. This was shared and understood by system leaders across health and social care although it was not fully developed through all levels of service delivery. The voluntary, community and social enterprise (VCSE) sector and Healthwatch were members of the Health and Wellbeing Board and were able to influence the development of services. Independent adult social care providers did not have a seat at the board and were not able to influence service development in the same way. People who used services and their carers did not always feel that they were engaged with and their voices heard. Relationships between system leaders were strong and trusting and provided a good platform for future development.

- The Sustainability and Transformation Plan, formed in March 2016 was known as the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) which Leeds was a part of. In May 2018 the WYH HCP was selected as one of four areas to be part of the Integrated Care System Development Programme which will enable decisions about health and social care to be taken locally. System leaders were working towards a partnership agreement and ensuring that this reflected the priorities outlined in the health and wellbeing strategy. Leeds was an active member of the Integrated Care System (ICS) and feeds into and aligns with this wider system planning.
- Leeds was two years into the Health and Wellbeing Strategy (2016-21) in which system leaders set out the vision that "Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest". This strategy set a clear

direction for the system and good representation on the Health and Wellbeing Board (HWB) meant that this vision was clearly articulated and owned across system partners.

- The Leeds Health and Care Plan was developed in 2017 with actions aligning to the Health and Wellbeing Strategy. It set out priorities to reduce inequalities, improve outcomes and maintain financial sustainability.
- The Leeds Health and Care Plan was one of six place based plans that contributed to Yorkshire and Harrogate Health and Care Partnership. However, some system leaders felt that the plan needed a review and a refresh. There was not a clear link between strategies and operational delivery plans. There were a number of pilots in place and we heard from frontline staff and system leaders that these were not always properly evaluated. This meant that delivery of care for older people could be disjointed and lack continuity.
- Leeds benefits from having coterminous footprints across its main system partners - the local authority, (recently merged) CCG, and NHS trusts. These system partners were focused on working towards a single vision for Leeds and developing a place based approach for the city. Relationships between partners were effective and system leaders we spoke with were aligned in their understanding of where the system pressures lay with a determination to work together to address issues.
- There was good engagement with Healthwatch and VCSE sector in developing the health and wellbeing strategy. They were seen as system partners and work with the voluntary sector was a strength in the system in terms of the development of services. Age UK Leeds was involved in winter planning and the external consultancy assessment work.
- Long-standing investment in the Neighbourhood Teams had fostered a strong and collaborative approach to strategic development in the system. There was a clear recognition of what the system referred to as a ‘left shift’, which was a move towards preventative care and services. However, this vision was not clearly understood through all levels of the organisations. For example, although there was shared understanding in the Neighbourhood Teams of the need to keep people well at home for as long as possible, there was not the same awareness and understanding within acute services.
- People who used services, their families and carers did not feel that they had the same opportunities to shape the delivery of care in Leeds. There was a need to find ways to engage with the wider population. Organisations such as Carers Leeds and Age UK Leeds worked with the system to gather people’s views. We heard that people who use services and their carers who were not connected to those organisations felt that they did not have a voice in shaping services.

What impact is governance of the health and social care interface having on quality of care across the system?

We looked at the governance arrangements within the system, focusing on collaborative governance, information governance and effective risk sharing.

There was a clear governance structure at system leader level with oversight from the Health and Wellbeing Board. Governance structures were designed to support integrated working. These had not yet become embedded in a systematic way. Risk and information sharing was in place, but it did not proactively drive developments.

- System leaders had developed a governance structure designed to support collaboration between system leaders. It clearly articulated the levels of governance throughout the system. This was enabled by a geographical alignment of the local authority, the merging of three CCGs into the Leeds CCG and a recently formed single GP confederation. This enabled the development of a consistent approach to governance and contracting. We saw that, in terms of governance structures, this was taking effect and there was an opportunity to build the governance around integrated commissioning.
- The HWB had governance oversight, leading on the citywide health and wellbeing strategy. The Leeds Health and Care Plan supported the delivery of the health and wellbeing strategy and fed into the work of the local authority, the CCG, the acute trust, the mental health trust and the community trust. However, this needed to be reviewed. A shared vision that translated the strategy into delivery needed to be described because it was not clearly understood across all levels of the system.
- The Leeds Health and Care Partnership Executive Group (PEG) brought together chief executive officers of the CCG, the local authority and the trusts. The HWB delegated oversight and governance of the Leeds Health and Care Plan to this group. This was not a statutory body and was dependent on the commitment, relationships and trust of its members.
- There were a number of sub-groups sitting below the PEG. The role of the Integrated Commissioning Executive (ICE) was to support and develop integrated commissioning. However, at the time of our review, the focus was on Better Care Fund (BCF) commissioning. Although there were some pooled budgets around services such as services for carers, community-based mental health support and learning disability services, there was a risk that limiting wider joint commissioning to the BCF might result in other opportunities for joint commissioning being missed.
- The Leeds Plan Delivery Group (LPDG) was put in place to have oversight and manage delivery of the health and care plan. It also provided management and oversight of the BCF. There were other leadership groups such as the Leeds Clinical Senate, which

supported clinical and professional leadership, and the Committees in Common, which was the mechanism for all the NHS providers - including the GP Confederation - to work together to integrate service delivery. Many of these boards had shared members and there was a risk of duplication and fragmentation without a clear forum for challenge and accountability.

- Urgent care performance, resilience planning, and winter response was overseen by another sub-group, the Leeds System Resilience and Assurance Board (SRAB). We were told after our visit that the findings of the consultancy report were being discussed at the Overview and Scrutiny Committee. PEG and the SRAB were accountable for monitoring the actions from the external consultancy report.
- There were accountability structures within organisations and a clear understanding of data, but it was not clear how this effectively translated into planning and strategy across the system. For example, the hospital was involved in regular calls and monitoring of bed numbers (and where the blockages were) but when we spoke with frontline staff, there was no sense of urgency to enable people to return home. There was a lack of case management for people whose discharges had been significantly delayed. We saw data that showed that the numbers of people had been delayed in hospital for a long time were reducing; but there were no clear exit strategies around wards that had opened to care for people who were waiting to be discharged from hospital.
- There were elements of shared learning within the system but this was driven by individual organisations rather than by a joined-up governance framework across health and social care. There were pockets of good practice; community health staff and other frontline staff demonstrated how learning was shared with each other. System leaders had an outward-facing approach where best practice could be learned from neighbours, but this learning was not yet embedded. There was a reliance on external diagnosis - for example, when we asked system leaders what the issues and barriers were, they referred to the findings of the recent external consultancy. While detailed diagnostic work was helpful and important, system leaders needed to have a structure in place to identify emerging issues or provide assurance.
- Monitoring and evaluation was not strongly embedded across the system. Pilots and initiatives were developed but it was not always clear how decisions were made on taking forward or decommissioning these schemes following robust evaluation. There was also evidence of initiatives that were not seen through to completion. While this can be supported by a clear rationale, if it was not clear to frontline staff what the outcomes of evaluation were that supported the decision-making process, there was a risk that staff would become frustrated or disengaged, which could impact on future development opportunities.
- The Leeds Care Record was well-developed and had been having a positive impact. Professionals we spoke with described it as a “game changer” as it enabled them to access people’s shared records in a way that facilitated faster and safer decision-making.

At the time of our review, not all partners were accessing it, and some professionals needed to act as a personal interface between systems. Where staff had access - such as in the recovery hubs and the local community services - we heard that it was very effective in supporting people with a wide range of information and detail about a person's pathway, and it was available to community health and social care professionals. There was a recognition that this is a phased roll out. There was still a disconnect with mental health systems and not all GPs were accessing systems.

- Community pharmacists did not have access to shared information and there was a reliance on staff in Neighbourhood Teams to review the medicines, identify and raise queries with the pharmacists or consultants if there were prescribing issues. However, it is acknowledged that there was a phased roll-out in progress, and plans were in place to provide access across health and social care organisations.

How is the system working together to develop a health and social care workforce that will meet the needs of its population now and in the future?

We looked at how the system is working together to develop its health and social care workforce, including workforce planning and effective use of the current workforce.

System leaders had developed a workforce plan that would provide staff with the right skills to support people as services developed in a more integrated way. However, this plan was in its infancy and timescales for the implementation had not been agreed. Meanwhile, there were different strands of activity that needed to be managed more cohesively. Some specific challenges were being addressed, such as the training of paramedics to support GPs, and there were opportunities for system leaders to harness some of the work being delivered by operational staff to support and train each other.

- Workforce planning for Leeds was underdeveloped. There was an overarching West Yorkshire workforce strategy that the Leeds system contributed to. Locally, the One Leeds and ICS strategic workforce plans set out aspirational work with strategic commitment. It described the staffing and skillset needed across health and social care to meet demand. It identified a broad range of partners in the system who would support the strategy and areas of key focus. At the time of our review, agreed deliverables and timescales had not yet been determined. None of the areas of key focus considered the independent social care sector, where recruitment was also problematic. If the right staff were not recruited to this sector, this would impact on the quality of care people receive.
- There were many strands of activity to address workforce issues, but there was not a clear, overarching workforce strategy across health and social care, setting out immediate priorities. There was a citywide strategy in development, to bring together existing

strengths across the city, and develop areas of new capacity. However, this work was recent and had not yet been rolled out. A staffing strategy was much needed.

- The system held a workforce conference in August 2018 to assess Leeds priorities and evaluated what was needed in line with Leeds demographics. This resulted in a list of priorities and an increase in membership of the working group to include universities and colleges.
- There were challenges around having enough staff with the correct skills. We heard about examples of using the existing workforce more effectively and developing skills and knowledge. For example, there had been a focus on upskilling the workforce building on a strength-based approach. This was important in the recovery hubs, where previously staff were accustomed to maintaining people long-term and needed to focus on people regaining their independence. We heard about staff supporting other professionals to develop new skills, such as GPs training paramedics - a Health Education England (HEE) pilot scheme - to support admission prevention. Podiatry staff were training GPs to recognise issues with diabetic footcare.
- Skills for Care's adult social care workforce estimate for 2017/18 showed that Leeds performed well on staff vacancies (4.7% compared to the England average of 8.1%) but rates of staff turnover were similar to the England average. Organisations outlined concerns about the availability, retention and turnover of staff. Some system leaders felt that staffing was one of the biggest concerns and we heard that one provider handed a contract back because nurses were leaving. This was cited as one of the pressures impacting on the availability of nursing homes.
- System leaders were working hard to address workforce issues. Recruitment of health and care staff was being supported through the commissioning of a joint health and social care jobs website and joint recruitment fairs. The university and colleges were engaged with supporting entry level recruitment. Apprenticeships and nursing places had increased across education and care organisations. School visits were taking place to educate young people about the roles available in health and social care. To support this further, system leaders were exploring the development of system-wide training so that staff working in different organisations would have a common skillset. This would further promote the development of single care pathways for people using services.
- The HEE pilot had enabled paramedics to be more closely aligned with primary care. This enabled them to develop their skills and knowledge of primary and voluntary sector services. It meant that, where appropriate, paramedics could refer people to support in the community and a hospital admission could be avoided. At the time of our review, attendances at A&E were slightly above the England average, but it was expected that these initiatives would have an impact and reduce the pressures on the hospital workforce.
- Staff with specialist skills in the community trust had done work to train or embed skills with generic staff. However, this has not been strategically driven, and system leaders would

benefit from harnessing this goodwill among frontline staff to extend people's skills in a more formalised way.

Is commissioning of care across the health and social care interface, demonstrating a whole system approach based on the needs of the local population?

We looked at the strategic approach to commissioning and how commissioners are providing a diverse and sustainable market in their commissioning of health and social care services.

System leaders were working together to ensure that they understood the needs of the local population and were in the process of updating their joint strategic needs assessment at the time of our review. The move to a place based approach would enable them to commission services that meet the needs of local populations and target people with particular needs. There was some joint commissioning and integrating working particularly with regard to the Better Care Fund. There were opportunities to develop this further. The care home and homecare market needed further development and leaders had recognised this.

- The JSNA was last published in 2015 and was being updated at the time of our review. We heard that the new JSNA would be used as a live resource, making intelligence and analysis visible through the online Leeds Data Observatory and Data Mill. This would inform strategic and commissioning decisions based on the needs of the local population. The commissioning of some community health and social care was based around neighbourhoods, that reflected the needs of the local population; other services are commissioned on a citywide basis. Local Care Partnerships had been developed with GPs that also reflected communities. Public health described a good understanding of population need.
- Leeds was working towards a place-based and bottom-up approach to commissioning. Eighteen LCPs were established in 2018 to deliver a population health management approach. System leaders told us in their SOIR that inequalities in health were a key issue for older people, and that the poorest people in the city were affected disproportionately. Some of this would be addressed by the implementation of outcomes frameworks which had been agreed for the first two population cohorts to be addressed through this work: 'frailty' and end-of-life pathways.
- Health and social care commissioners were brought together through the ICE. Leeds had a Deputy Director of Integrated Commissioning who worked across the CCG and local authority. An Integrated Commissioning Framework was in development at the time of our review, but there was not yet a clear plan as to how the system was going to commission in an integrated way. We heard that not all parts of the system were fully signed-up to an integrated commissioning strategy and much of the work focused on the BCF. Commissioning was still mostly undertaken at organisational level.

- Market-shaping in the independent care sector was underdeveloped. At the time of our review, system leaders were developing a joint market position statement. There was a shortage of nursing home provision in the city. Our analysis showed that between April 2015 and April 2017, there had been an increase in residential care beds in Leeds and a decrease in nursing care home beds. However, the position had not changed since then. We heard that one person with complex needs was 'trapped' in hospital, having been refused by 14 care homes. Independent residential care providers informed us that the Leeds Care Association served as an effective conduit for discussions with the local authority. But domiciliary care providers did not feel that they had opportunities to be involved in service development.
- A two-week retainer to enable packages of care to remain in place when people needed to go into hospital had ended. This impacted on delayed transfers of care as new packages had to be set up. The retainer had been reinstated shortly before our review and this would support improvements to the flow of people from hospital. However, some frontline staff and providers were not aware that this had been reinstated, and communication from system leaders was required to ensure that it was effective.
- Neighbourhood Networks were supported by a strong funding model which was commissioned in five-year cycles. This enabled stability and time for services to embed and grow. This approach would be strengthened by extending to other services, particularly those in the voluntary sector that relied on grants which were coming to an end. Succession planning around these contracts would provide further stability for the sector and give assurance to people using services.

How do system partners assure themselves that resources to support the interface of health and social care are achieving sustainable high quality care?

We looked at how systems assure themselves that resources are being used to achieve sustainable high-quality care and promote people's independence.

System leaders were working to ensure that resources were used effectively. Nonetheless, pressures in the system meant that resources were being diverted to manage areas of pressure as and when required. This hindered the system's ability to use resources effectively in a streamlined way that was in line with the strategic vision. Although there was oversight of the use of resources, it was managed in pockets and in line with different priorities and projects rather than in a coherent way which would enable resources to be directed more strategically.

- The system was in a sound financial position and the acute trust had moved from a significant deficit to a surplus position over a four-year period. However, patient flow issues were still impacting on the use of resources. System leaders recognised this and

were open about the challenges required to deliver the transformational change programme while managing pressures around care. There have been some pragmatic solutions around management of resources, such as the co-location of health and social care staff in the Neighbourhood Teams (for example, district nurses and social workers, which enable better integrated working). The acute trust had entered into an aligned incentive contract in 2018/19, for the first time. The purpose of the contract was to incentivise the correct system behaviours and support the movement of resource across the system.

- The local authority had protected adult social care spending. However, there were pressures elsewhere in the system, such as in public health and other services that impacted on the overall provision of services that supported the wellbeing of people who lived in Leeds. Local authority spending on preventative services had increased and system leaders were considering how services could be commissioned more flexibly.
- The CCG was also reviewing areas to make efficiencies, for example, through the use of technology. However, system leaders told us in the SOIR that areas that were under pressure were often supported with non-recurrent resources in an ad hoc way.
- Oversight and the challenge to the use of resources could be further developed, and there was a role for the overview and scrutiny to develop its work around holding the system to account. There were shared strategic indicators, but these were limited to particular areas around system resilience plans for winter pressures and the BCF programme. The SRAB had a set of metrics that monitored indicators to measure improvement on the findings of the external consultancy. The Leeds Plan had its own set of metrics. There were other indicators that the system used to measure the wellbeing profile of people who lived in Leeds. It was not clear how these indicators and metrics were all brought together in a coherent format to enable system leaders to manage resources in a coherent way that gave a clear picture of how resources were used across the system.

How are people in Leeds supported to stay well in their usual place of residence?

Using specially developed key lines of enquiry, we reviewed how safe, effective, caring and responsive the system is in the area: maintaining the wellbeing of a person in their usual place of residence.

Older people in Leeds who were most at risk of becoming unwell were not yet supported by a joined-up system-wide approach. Some of this was being addressed through the development of 'frailty' and end-of-life pathways. At the time of our review, there was not a widely understood system in place that enabled community staff and social workers to target earlu support to people most at risk. When risks were identified, there was a 'frailty' service that could respond quickly. Some people found the number of care pathways confusing to navigate, which meant there was a risk that opportunities to support people were being missed. Some pilot schemes were in place – this added complications and instability to both people receiving services and staff providing them, as there was a risk that pilot schemes could be discontinued.

People who lived in care homes were not always well-supported. There was a higher number of care homes that required improvement in Leeds and people in care homes were more likely to have unplanned admissions. Although the wide range of support in the community and access to health care meant that fewer people attended A&E, once they did attend they were more likely to be admitted.

Well-established Neighbourhood Teams enabled people who lived at home to be supported by multidisciplinary teams that were co-located. In addition, Local Care Partnerships, building teams around cluster of GP practices were being developed building on the strength of the neighbourhood model. This approach enabled people to have their needs and choices assessed holistically. There was a focus on independence, building on people's strengths and developing communities to support people to live their lives to the full.

Through the Neighbourhood Team model, frontline professionals across health and social care worked together in a joined-up way and they were able to collaborate and share information.

- There was not a joined-up approach to managing people in the community who were at risk of hospital admission. The system did not have a risk stratification tool across the LCPs and the hospital. The Neighbourhood Team provided a coordinated approach to people in the community at high-risk of hospital admission. For example, they were able to facilitate access to a 'frailty' service that could respond within four hours. However, as this

used a reactive referral system supporting people to avoid crisis, there was a risk that people may fall through gaps unless they had previously used the service.

- The system had multiple pathways. Trying to navigate this, especially when care was not joined up, was difficult for people and caused some confusion. This was further complicated by the number of pilot schemes taking place, which were often short-term and stopped when the funding ran out. This affected staff's ability to further develop skills and progress gained during the pilot, and their continuity of care for people.
- There were variable experiences in the level of communication between the system and carers. Some did not feel they were kept up to date, whereas those who accessed voluntary provision, such as Age UK Leeds and Leeds Carers, saw these services as a lifeline as they were good at signposting to services and support. The Leeds Commitment to Carers Campaign recognised that unpaid carers were crucial, both to the community and to the sustainability of health and social care in Leeds. It emphasised that if Leeds was to be the best city for health and wellbeing, they would have to be the best city for carers. A variety of activity had taken place since the HWB endorsed the Leeds Commitment to Carers campaign in February 2017 to support this.
- Some people using services and carers told us there was an absence of culturally sensitive provision, and at times this had affected the choices they had to make. For example, we heard about a family that had to place a relative in a neighbouring area because of a lack of provision in the city where their relative could be supported by staff who spoke their language. Nevertheless, a service called the BAME Hub to support people from black and minority ethnic backgrounds acted as both an information hub and provided ongoing care support, connecting people to support and services. This was a good example of good partnership working. They identified common goals to work well with their partners, such as Touchstone and Feel Good Factor, which were voluntary organisations providing community support. They also worked well with the project development worker at Leeds City Council, who worked with social services and the CCG to identify gaps in services and fix them.
- Despite engaging with a wide range of partners to raise awareness, it was still a challenge for VCSE services to access people in the community, especially where people were already isolated and not connected to other support.
- People told us they faced barriers to accessing GP services, which affected their health and wellbeing. System leaders told us that extended access to GPs had reached 100% from October 2018. This meant that opening hours when people could access GPs started earlier and finished later. But older people did not always benefit from this arrangement. Older people who relied on senior bus passes could not use them to access appointments before 9.30 - and some people told us this was a barrier.
- We looked at some people's care records and saw that, where appropriate, their relatives were being involved in discussions about their care. There was evidence of multidisciplinary support from the Neighbourhood Team to try and keep people at home. If a person's health deteriorated, there were triggers for support and this information was

shared with social workers and relevant multidisciplinary team (MDT) professionals. In most cases, assessments were coordinated and relevant adaptations were made to the home following assessments. There were close working relationships with housing colleagues and a strong focus on use of assistive technology to enable people to stay in their own homes.

- People living in care homes were not always well supported. And people living in care homes in Leeds were more likely to have an unplanned hospital admission. Our analysis showed that emergency admissions from care homes per 100,000 population (aged 65+) was also higher in Leeds at 3,279 compared to 2,794 in England. An enhanced offer for support to care homes was underdeveloped across the system. Frontline staff in these settings gave examples of challenges with trust and communication with the MDT which impacted upon people's health and wellbeing as this delayed them getting seen by the right people at the right time. This was reflected in the rate of A&E attendance and emergency admissions to hospital from people living in care homes.
- Our analysis showed that January to March 2018 the rate of A&E attendances from people living in care homes (65+) per 1000 population was higher than the England and comparator area averages (1201 in Leeds; 1027 England; 1131 comparators). Data taken from the Adult Social Care Outcomes Framework (ASCOF) experience measures for satisfaction with adult social care, showed a decline from 69% in 2014/15 to 60% in 2016/17. However, although this had declined, it was in line with the England average (Leeds 60% and England 62% in 2016/17).
- There was an increase in the numbers of people receiving direct payments, but fewer people in Leeds received direct payments than in comparators areas and the England average. In 2016/17, 13.2% of people over the age of 65 who used services received direct payments in Leeds, compared to a 17.6% average for England. Direct payments would enable people to have more choice and control over their own care. We heard from staff that the system for direct payments could be burdensome, and consideration was being given to the use of payment cards to make the process easier.
- Analysis of ASCOF data showed that people (aged 65+) whose long-term support needs were met by a change of setting to residential or nursing care had declined for the last three years. It had gone from being higher than the England average in 2015/16 to in line with the England average in 2016/17 and 2017/18. Avoiding permanent placements in care homes is a good measure of delaying dependency, and this measure supports local health and social care services to work together to reduce avoidable admissions.
- Emergency admissions per 100,000 population (aged 65+) in Leeds were higher at 28,052 than the England average of 25,568, whereas A&E attendances per 100,000 population (aged 65+) in Leeds was lower than the England average (Leeds 43,295 and England 44,225. This analysis is based on Hospital Episodes Statistics (HES) data from April 2017 to March 2018.

- Leeds Neighbourhood teams brought together multidisciplinary teams around clusters of GP practices to provide community support to thousands of older people throughout the city. Their focus was on preventative care and supporting self-management with an aim to reducing hospital admissions. They had undoubtedly impacted on the resilience, health and wellbeing of local older people and provided opportunities for people to engage with local services, including utilising the vibrant voluntary and community sector. However, there were some inconsistencies across the Neighbourhood Teams in the MDT working and the input of primary care was not consistent across the city. The neighbourhood model was a strength to build on. There was an opportunity with the LCPs to establish consistency, and this should be a priority in the development and delivery of the new care model. Frontline staff were positive about the Neighbourhood Teams and told us that work with the Neighbourhood Teams enabled them to support people more quickly and effectively.
- The system was developing a response to people's needs in the community via the Asset Based Community Development. This was supporting a move towards a strengths-based approach to assessment and building individual and community resilience to result in more person-centred conversations with people using services. This had led to some strong community projects that were not financially dependent on system resources and which were having a strong impact. There were some good examples of community activities, charities and neighbourhood schemes. We saw examples of how these projects evolved as the community embraced them. For example, a pub landlord brought people together for a Christmas dinner and encouraged those on their own to share dinner at the same table. Other initiatives, such as walking groups, enabled people to maintain their health and fitness.
- However, community contributions statistics showed that the uptake of volunteering was lower in areas of deprivation, which could influence development of this approach. In addition, the closure of some day services meant that people who needed this support were not able to access it and were consequently at risk of social isolation. Nevertheless, there were some good examples of the use of the voluntary sector to reduce social isolation, such as befriending services and One Digital, a service that supports older people to use online services. Where needed there was a real multi-agency response including police and fire services as well as health and social care professionals. We heard an example of someone who was struggling with social isolation and making frequent contact with emergency services. Services worked together to ensure the person was safe and to address their social care issues.
- Although this work was positive and steps were being made to respond to the needs of the community, further development and communication of the strategies and services were needed. Despite these initiatives, many people using services - and their carers - were not aware of services or support on offer to them. It was extremely difficult for people using services and carers to know how to access what was available to them or what rights they had, especially those who had not previously engaged with systems. This sometimes

resulted in a lack of support for those most in need and people and carers often reaching crisis point before they got the help they needed. There had been a reduction of support services in Leeds owing to reduced financial resources - or example, day centres where older people could have an active social life.

- Frontline staff told us that it was helpful for service users and their families to have a single contact centre phone number for the local authority. They said that the call handlers had good experience in terms of giving advice and that there were six social workers from the Rapid Response Teams (RRTs), one team manager and access to a service delivery manager. Their function was to triage safeguarding and rapid response referrals to ensure a speedy response
- Within two days, the RRT could pick up referrals for people who needed support. They worked well with the neighbourhood social work teams who would take referrals if needed to support people to receive a rapid service. They could facilitate a step-up service at home or people could be referred to the recovery hubs for an intermediate care bed. However, frontline staff felt that despite them having capacity to support people a lack of case worker capacity to do the initial assessment delayed access to support.
- The VCSE sector had undertaken work to signpost people to services which better met their needs. For example, there was VCSE sector work on engaging with people to become aware of where to go when they need help and encourage them not to go to A&E for example, the Migrant Access Project. There was also engagement between the system and the VCSE sector around therapeutic activity, such as dementia cafes, Age UK Leeds and Carers Leeds groups.
- Social workers and GPs could refer people to other services, such as occupational therapy, reablement and the equipment service to enable them to remain at home. However, some independent adult social care providers found issues with accessing some services such as physiotherapy which meant that not all people could be supported and the level of support they could receive depended on the availability of particular specialists.
- Leeds prided itself on being a World Health Organisation age friendly city and as a result had looked at initiatives beyond health, such as falls prevention, funded by the Improved Better Care Fund. Health promotion campaigns helped support people to remain well at home. For example, there was a health bus during mouth cancer awareness week, visiting hard-to-reach groups and offering mouth cancer screening alongside healthy living and dental advice. However, we found there was a lack of dentists taking on NHS patients and training for care home staff on oral health.

How are people supported during a crisis?

Using specially developed key lines of enquiry, we reviewed how safe, effective, caring and responsive the system is in the area: support to a person in a crisis.

There were some systems in place to maintain people's safety and enable them to avoid hospital admission when they become unwell. The Rapid Response Team was an example of this, supporting people at home for up to 72 hours. There was also a crisis team to support carers if they became unwell. There were opportunities to improve people's experiences, particularly with regard to improved working between care homes and the ambulance service where different professional boundaries could cause conflict and impact on people's care.

The hospital was under pressure and far more people stayed in hospital than needed to. Hospital wards were full and the average length of stay was the highest in the country. Some areas were crowded and offered little privacy and dignity. People who used services told us there were times when people were waiting on trollies while there were comfort rounds to ensure people were safe and hydrated, patients and their families were not kept informed about what was happening to them or their relatives.

This also impacted on the delivery of services as some wards were being used to hold patients that they were not designed to support. People were moved between wards multiple times and there were examples of failed attempts at discharge because a recent patient choice policy was not yet understood or used by staff.

There were independently run hospital wards to support people who were medically fit for discharge. The wards had become an accepted part of the discharge journey and there were no plans for reducing the reliance on this. This alleviated the urgency to get people home from hospital and a 'home first' culture was not embedded.

- When people became unwell and needed urgent support, we found that people using services may not always be seen in the right place at the right time and by the right person. Systems to manage crisis response out of hospital were underdeveloped. There was only one urgent care service which allowed direct access to NHS 111 and 999 emergency patients. System leaders told us in their SOIR that there were four more urgent care centres planned, although they did not describe timescales for this.
- We were told that more people were using the out-of-hours service and frontline staff felt this was taking the pressure off GPs - but probably not from A&E. A GP was co-located in each hospital, to reduce pressures at A&E and admissions. At the time of our review, this was taking time to embed and it was too early to demonstrate an impact on numbers. People we spoke with were not aware of the out-of-hours service and because of this they would go straight to A&E.

- People living in care homes needed better levels of support to prevent hospital admission when they became acutely unwell. There were inconsistencies in services offered to independent social care homes. The Leeds Care Home Project focused only on eight council-managed care homes - and system leaders told us that 250 residents had improved responses with reduced falls and unnecessary 999 calls. Attendances to A&E from care homes was higher than the England average, while A&E attendances from the general population were slightly lower than the England average.
- Some people's experiences at the time of crisis were poor due to relationships between some care home staff and Yorkshire Ambulance Service (YAS) paramedics. A lack of clarity of roles and accountability at the point of crisis resulted in challenges in understanding the responsibilities of each professional. This resulted in negative experiences for people when arguments between professionals took place in front of them. It was also the impression of some staff that safeguarding was used as a threat by the different sectors, to force others to act and provide care when they felt this was not their responsibility.
- A range of services were in place to support people who required a rapid response to keep them in their usual place of residence at a time of crisis. For example, the RRTs enable someone to obtain social work support within four hours. Social workers in the rapid response service could arrange support for people in their own homes for up to 72 hours. If people required further ongoing support, they could be referred to the Neighbourhood Teams, which could access a range of services including reablement, dementia liaison, community nursing and therapy. The RRT was also able to directly refer people to reablement services. The reablement service had been developed and expanded to increase efficiency and capacity but the step up offer for people continued to require improvement.
- System leaders told us in their SOIR that the Single Point of Access (SPA) for mental health services and an Intensive Community Support (ICS) service provided home-based treatment. There were plans to implement a new community mental health and crisis service model operational from March 2019. This would provide home-based treatment specifically for older adults working to prevent hospital admission and facilitate early discharge.
- System leaders told us in their SOIR that the YAS had one of the most effective 'hear and treat' rates in the country, with an average of 6.6% of calls being dealt with via telephone treatment (the current average for England is 4.67%) supporting people to avoid unnecessary hospital admission. The role of the ambulance service in 'see and treat' could be further developed. However, it is recognised that work was underway in upskilling paramedics through the HEE pilot.

- People could follow various pathways once in the hospital to prevent admission. Initiatives were in place to try and improve the flow through the hospital, but these require further development and services were not available 24 hours a day. For example, in the A&E reception, a nurse was on duty 12 hours a day to stream people. The JAMA (a short stay assessment unit) was staffed by advanced practitioners, nurses and healthcare assistants. It was open until 10pm seven days a week. We heard that this had a positive impact on reducing hospital admission with only 20% of people who were assessed here subsequently being admitted to hospital. There was positive feedback about this service from people and relatives.
- There was a frailty unit at St James's Hospital, which provided a multidisciplinary response to meeting the care and support needs of older people. Frontline staff were positive about the impact of the JAMA and the frailty unit in supporting a reduction in the admission of older people to hospital wards. The 'frailty unit' was particularly beneficial for people living with dementia as it was quieter and calmer.
- People's reablement and discharge could begin from the point that they attended hospital if they were referred to The Early Discharge and Assessment Team (EDAT) based in A&E or the frailty unit. This team could assess what services a person needed to return home, avoiding admission. Frontline staff felt that this unit was effective with people who were referred seeing a geriatrician and returning home, meaning that the people admitted to the ward needed to be there.
- Despite these options, when people attended hospital, there was a higher chance of them being admitted than across England (analysis of 2017/18 hospital admissions for people aged 65+). And once they were admitted, it was more difficult to get out. Leeds had a pressured hospital system that was working at a high capacity. Our analysis found that Leeds Teaching Hospitals NHS Trust had high bed occupancy (91%) in January to April 2018. Its performance in relation to the four-hour emergency care standard targets throughout 2018 was consistently worse than the England average, meaning people had to wait longer to be seen and treated.
- The clinical decision unit, which was meant to be providing ambulatory care with rapid turnaround, was being used inappropriately with people staying for up to seven days. Frontline staff told us this was because there were no suitable beds in the hospital wards. This impacted upon people as the area was very crowded with little privacy and dignity. It also impacted on performance as the service was not able to function as intended to create flow through the hospital or discharge home.
- People could experience long delays and extended waiting time on a trolley due to the high bed occupancy levels. Some people and carers reported poor experiences and gave examples of waiting in A&E in excess of eight hours on trollies. Some people who used services told us there were times when people were waiting on trollies while there were comfort rounds to ensure people were safe and hydrated, patients and their families were not kept informed about what was happening to them or their relatives.

- Others told us of their poor experiences of discharge from A&E and some people were discharged during the night. One person told us that when they were discharged after midnight, they had no relatives with them and no way of getting home. They had to book a taxi for themselves and had found this experience extremely distressing.
- There were multiple examples of people having a poor experience while in hospital. We heard of examples including people not having their privacy and dignity respected, a person being moved five times in two months, we saw another person had been moved at five in the morning prior to an operation.
- People who were admitted to hospital were staying there for too long. Leeds's length of stay for people over 65 who were admitted as an emergency was the highest amongst its comparator areas (April 2017-March 2018). Thirty-four percent of admissions of people aged over 65 lasted longer than seven days compared to an England average of 30.2%. At the time of our review, the average length of stay in the hospital was the highest in the country. Leeds has a 90th percentile length of stay of 28 days (April 2017-March 2018). This means 10% of patients (65+) within Leeds have a minimum length of hospital stay lasting 28 days. This was the worst performance out of its comparator areas and worse than the England average (19.7 days).
- To manage risk, system leaders used OPEL (operational pressures escalation levels) grading, daily. Every organisation had escalation processes in place and a need for a conversation at certain points across the system which were identified through this process. We did not see examples of risk stratification on the wards to know who was where and how long they had been there for. We were told that, while there were regular catch-ups between staff, there was a not a system to monitor patients and multiple moves were not being registered as incidents.

How are people supported to return home or to a new place following an admission to hospital?

Using specially developed key lines of enquiry, we reviewed how safe, effective, caring and responsive the system is in the area: support to a person returning home or to a new place of residence.

When people were due to return home, the discharge process was sometimes unplanned and uncoordinated. Discharges could take place at inappropriate times of day and people did not always have access to the medicines or transport that they needed. Discharges processes were complex and staff struggled to understand them. When we spoke with staff we felt there was a lack of urgency around discharge planning which meant it often started too late and this impacted on the timeliness of discharges, particularly where care packages and equipment needed to be put in place.

Although the numbers of people receiving reablement services had reduced, there were fewer people being readmitted to hospital. There were systems in place to ensure that when people were able to leave hospital, professionals shared information and ensured the right support was in place.

People were more likely to get better support at the end of their lives, as professionals worked together to facilitate this. There was an opportunity to develop this work more widely so that people's experiences throughout their care pathways improved.

- People using services, relatives and frontline staff reported concerns with the discharge process, which at times was not well coordinated. People experienced delays due to waiting for medicines and transport. People were sometimes discharged at inappropriate times. Sometimes people were discharged inappropriately dressed. On the day of our visit to the hospital we saw four people waiting in the discharge lounge in pyjamas and one was in a hospital gown. There were issues with the quality and availability of discharge notes and information about medicines. People were sometimes discharged without alerting or coordinating with care home and home care staff over discharge planning.
- Although there was community support for people being discharged from hospital, discharge processes were complex. Frontline staff we spoke with struggled to describe the process and found it difficult to understand the range of community services available or pathways for elderly people. They suggested that it would be even more difficult for people using services to understand the process.
- There was no risk stratification tool to help with identifying people that needed to be prioritised for discharge. There was a need to focus on discharge earlier because planning was not always timely, resulting in delayed referrals to ongoing services. We heard that

discharge coordinators were not familiar with the pathways for an elderly person, which sometimes resulted in people getting lost or stranded in the system.

- Staff had become accustomed to having wards filled with people ready for discharge. The system had tried to respond to delayed discharges and the pressure of bed occupancy and short-term initiatives were put into place. For example, there were 227 community care beds in seven sites across the city.
- Transition beds were operated by an independent provider in Wharfedale Hospital in response to pressures in 2016 and subsequent delayed discharges. These were six wards, including two off-site, providing a total of 150 beds which were used by patients who were medically fit to leave hospital but who were waiting for arrangements for care to be put in place. Frontline staff said that the aim was for patients to be there a maximum of 21 days but people could be there longer. We found examples of this occurring as on one ward one patient had been there since January 2018 and one from mid-August 2018. There were no plans to reduce this provision which meant that allowing people to wait in hospital when they were well enough to leave had become normalised.
- Frontline staff believed that significant delays in discharge were caused by there being a limited availability of services and arrangements to restart care packages. Some people who were in receipt of a home care package experienced a delayed discharge because their package of care had been stopped when they were admitted to hospital. We also heard about people experiencing delays because they were waiting for care home placements. For one person it took three weeks for a new package of care to be arranged. We were told by system leaders that a two-week retainer paid to homecare providers to hold the person's package of care open while they were in hospital had been reinstated. However not all staff and providers were aware of this so the benefit was yet to be fully realised.
- The Leeds Integrated Discharge Service (LIDS) provides a trusted assessor model to access reablement services, but there was not an established pathway for people moving into care homes. A trusted assessor model, whereby the assessment of one professional is trusted by another to facilitate smoother discharge, was not fully established. Frontline staff displayed varying levels of trust in the assessments undertaken by other professionals. Where trust was improving, this was leading to better confidence in social workers assessments which increased the likelihood of social care providers accepting a person discharged to them on a Friday afternoon or weekend. This was not yet consistent across the system and some assessments were repeated by care home staff which caused delays in discharge.
- The new patient choice policy was not yet being used by staff to help people to understand their options once they were medically fit for discharge. Some people refused to leave hospital if they were unable to secure a bed in their preferred place, which led to a delay in their discharge. Our analysis showed that when reasons for delayed discharge were categorised, 'other' was the largest reason for delays. Patient choice was categorised as

‘other’ and in Leeds this was the highest category of reasons for delay. In Leeds 7.8 people per 100,000 (aged 18+) were categorised as ‘other’, compared to the England average of 2.5 people, and the comparator average of 2.2 people. At the time of our review, this was being addressed and a patient choice policy had been written but was not yet operationalised.

- Frontline staff told us, that there was multidisciplinary team input in the discharge process, and records we viewed supported this. In addition to this, specific discharge co-ordination roles were utilised to optimise take home medicine turnaround times and discharge. Responses to our information flow tool supported these findings. While the majority of respondents said they felt discharge summaries were regularly sufficient for them to make a decision on whether they could support the placement, some respondents disagreed. Some 38% of respondents told us they were ‘sometimes’ sufficient, and nine percent said they were ‘rarely sufficient. A range of issues were detailed in these responses, however the most common theme raised was around a lack of discharge summaries/information or the discharge information provided being insufficient or incorrect. Often because of this, respondents said they undertook their own pre-discharge assessments/visits to ensure they had all the necessary information. Another common theme was around medication issues; either lack of or incorrect information about medications (including changes), or wrong medication/insufficient medication being issued.
- Joint working processes to support people to move home required more development to promote an understanding of what was on offer to patients. The LIDS was the trusted assessor for the community care beds receiving referrals from hospital social workers and referring on to community care beds. This should provide easy access to social workers, community beds, Neighbourhood Teams and specialist health services. We were told that housing gets involved in discharge planning however, this is often at the last minute and if adaptations are needed this could delay someone’s return home.
- In some cases, a lack of understanding of the services’ criteria impacted upon people’s expectations and experience. For example, operational leads told us that people leaving hospital had different expectations of the recovery hub and work needed to be done with hospital staff to ensure that people understood that the support would be short-term aimed at getting them home. If people did not understand and were reluctant to leave the recovery hub, there was a risk that beds could not be freed to enable people to be discharged from hospital. The same pressures around expectation were felt in the community care beds.
- Relationships between health and social care staff were not always effective enough to support the smooth transition of care. A lack of communication and understanding of the roles and services offered created delays in discharge. For example, care home and nursing homes refused to admit new residents to the home after 5pm and not at a weekend. Hospital staff found this frustrating as it created delays and they did not know the reasoning for this. On speaking with care home providers, they advised that the lack of an

enhanced service and access to GPs was a concern at weekends and this influenced this decision.

- Communication between the multidisciplinary team was sometimes lacking during the discharge process and the MDT was not always invited to discharge meetings. A blame culture was evident and there was little indication of partnership working to solve problems. For example, someone who was discharged from hospital at the end of their life was invited to a hospital appointment to undertake a walking breath test. This could be frustrating and upsetting for the person and their family and was also an appointment that could have been allocated to someone more appropriately.
- There was not consistent support for people who had problems impacting on their mental health, such as those living with dementia. Frontline staff felt that where people lacked capacity or there was a query about their capacity to make decisions that there was a delay in getting Independent Mental Capacity Advocates (IMCA's) or legal representation for financial decisions. This could delay people being able to come out of hospital. There was limited capacity in the nursing care market to support people living with dementia. As a result, people could remain in hospital, which was inappropriate setting. For example, one person received 14 different assessments for care homes; all were unable to meet the person's needs. To address some of these problems, the CCG, along with the mental health trust, had established a six-week package of one to one care for patients experiencing mental ill health with challenges to behaviour to try to get them into nursing care. But there was no plan for longer-term sustainability to maintain the placement and it was therefore likely that in the long term those placements would struggle when the funding ceases.
- While the Leeds Care Record had a positive impact on the ability of staff to ensure they had all the information they needed to put the right packages of care in place for people when they came out of hospital, it was not always being used effectively. Access to discharge planning and information still showed variability in this depending on the strength of local relationships and local leadership.
- There were a number of services that people could access to support them in their discharge journey. For example, the SPUR (Single Point of Urgent Referral) team reviews and passes referrals from the hospitals, clinicians, community beds and community providers (e.g. GPs, Neighbourhood Teams, and adult social care) to the Neighbourhood Teams or directly to adult social care to get people back into the community. This was for people who would benefit from additional care on discharge. However, SPUR staff found that there were challenges in working with many different referrers whose processes were changing so it was difficult to keep up to date.
- Analysis of our data showed that the percentage of people aged 65+ discharged from hospital who received reablement/rehabilitation had reduced from 4.4% in 2015/16, above comparators and the England average, to 2.9%, below comparator areas although still above the England average. System leaders told us that their subsequent data showed this

had since improved to 3.3%. There were 227 community care beds across Leeds, offering recovery step-up, step-down and discharge to assess functions, comprising of recovery hubs for step down and reablement. Three places were provided through a partnership between Leeds City Council and Leeds Community Healthcare Trust and were referred to as recovery hubs, offering 109 beds. There were positive developments in the reablement hubs with good MDT working and therapists on site to provide support for people to enable them to go home. Staff in the recovery hub were able to describe a very clear model for stepdown with an active involvement in a journey to recovery. When people were in receipt of reablement, they were less likely to be readmitted to hospital. 89.2% of people aged 65+ who received reablement/rehabilitation were still at home 91 days after discharge compared to 81.8% in comparator areas and an England average of 82.5%.

- Frontline staff who supported people when they left hospital told us that the recovery hub service was effective because they were able to provide support based on people's individual need in terms of the length of stay although a 28-day stay was more common. We also heard that people's experience of rehabilitation in hospital varied and if this was not provided in hospital it meant that people needed longer in the recovery hub.
- The VSCE sector services were used at the point of discharge. For example, good use was made of a 'hospital to home' initiative run by Age UK which provided transport to people to go back home, provided them with some shopping and also the option of an additional welfare check the next day. Frontline staff felt that this will have played a positive impact on reducing the numbers of people readmitted to hospital after their discharge.
- Seven-day working was supporting discharge. In addition to the 227 community care beds in eight sites across the city, Neighbourhood Teams, the recovery hub and reablement team were able to support discharge seven days a week. Frontline staff felt this was enabling patients to be discharged more quickly.
- GPs, nurses and other frontline staff worked well together to support people at the end of their lives. There was a palliative care network to support people living in Leeds, and St Gemma's Hospice was a teaching hospice working with the University of Leeds. Fast-track continuing healthcare funding (CHC) was arranged in a timely way. Staff were trained to discuss people's needs at the end of their lives at the appropriate time. Care was wrapped around the person and we were given an example of someone who had received this care for the last three months of their life. They were involved in decisions about their care and were able to die peacefully at home.
- We heard concerns from frontline staff about instances where CHC fast-track funding was removed and this was causing families distress when supporting their loved ones at the end of their lives, particularly as often it would need to be reinstated anyway. While some of these funding decisions may be appropriate, families needed better communication and support to enable them to understand the financial implications and the other avenues of support available.

Maturity of the system

What is the maturity of the system (direction of travel) to secure improvement for the people of Leeds?

- We were encouraged by the aligned structures, the commitment and the system-wide shared agreement of areas for development. This meant the system was well-placed to improve the health and social care pathways of people living in Leeds and there was an opportunity to develop their plans at pace.
- A ‘single version of the truth’ agreed by system leaders and leaders in the VCSE sector, following an independent consultancy review, meant that processes had begun to be implemented which should improve the flow of people through the hospital setting and reduce delays.
- The system had a clearly articulated vision that aligned local strategic intent with the wider West Yorkshire and Harrogate Health and Care Partnership. The local authority, the CCG, the acute trust, the Leeds Community Healthcare Trust, the Leeds and York Partnership Trust and the GP federation were co-terminus, which gave system leaders an advantage in terms of developing integrated services to improve the health and care experience of people living in Leeds. System leaders had a shared understanding of the barriers to delivering good pathways of care and were committed to improvement. However, integrated commissioning and working was very much confined to the Better Care Fund Plan, and this needed to be further developed.
- There were strong relationships between leaders in the PEG which provided the foundation needed for them to collectively take forward the findings from the external review and drive improvements for the system. The relational audit showed that respondents felt that they treated each other fairly, were open and honest in their dealings with each other and supported each other’s organisational goals. However, the audit also showed that poor communication was perceived as a problem. Respondents felt that organisations did not plan and implement change together, leading to understanding of the wider impact on other parts of the local system.
- Workforce planning to support integrated working and resolve recruitment challenges was in its infancy and timescales had not yet been agreed. However, specific challenges, such as paramedic support for GPs, were being addressed.
- Although system leaders were working together to ensure that they had a shared understanding of the needs of the population, work to shape the market collaboratively

was underdeveloped. Leaders recognised that the care home and homecare market needed further development and a market position statement was under development at the time of our review. At the time of our review, the market was not sustainable in its current form.

- At the time of our review, despite a strategic intent to focus on maintaining people at home, resources were being diverted to manage areas of pressure. There was joint funding and commissioning through the BCF but this was limited to this area. There was scope for the ICE to develop this further.
- Digital interoperability, although still in progress, was well-developed through the Leeds Care Record. There were numerous examples of how this facilitated integrated working between health, primary and social care professionals. It was being developed further however not all professionals across the system had fully engaged with it and this will take some time to embed.

Areas for improvement

We suggest the following strategic areas for improvement

- The HWB should continue to maintain oversight and hold system leaders to account for the delivery of the health and wellbeing strategy.
- The remit of the ICE should be further developed so that it extends more widely to underpin the development of wider integrated working.
- There is a recognition from system partners that hospital pressures should be addressed as a system. This should be reflected in system-wide strategic plans.
- The culture of 'home first' and moving people away from hospital needs to be embedded throughout the system, especially in the hospital setting where there remains a risk averse approach to discharge and a lack of understanding of community support.
- Communication between health and social care professionals and their leaders needs to be addressed across the system. Although there are good relationships at system leader level, and where multidisciplinary working is embedded, this can become fragmented at other levels leading to a breakdown in communication which can impact on people's care.
- The workforce strategy for Leeds should be developed at pace, pulling together the different strands of activity to develop deliverables and timescales which include the independent social care sector.

- There should be improved engagement with GPs and adult social care providers in the development of the strategy and delivery of services in Leeds.

We suggest the following operational areas for improvement

- A clear process should be implemented so that health and social care professionals can be assured that they are able to identify and support the members of their communities who are most at risk.
- Signposting to services in the community needs to be clearer so that people can access the wide range of services on offer and get the support that they need.
- There should also be consistent and proactive input from GPs to support care homes.
- Specific pilot schemes were helping people to receive support in the community. There should be evaluations and exit plans in place to reassure or inform people who benefitted from good support about what their future options were.
- Wards for people who are medically fit for discharge should have a plan in place to reduce the numbers of beds on these and to reduce the reliance on these as part of the discharge process.
- Systems should be put in place to ensure that people who go into hospital are seen in the appropriate wards and remain there until they are medically fit for discharge without multiple moves.
- System leaders should continue the work to reduce hospital admissions as admissions are higher than the England average.
- The patient choice policy should be rolled out as a priority and leaders should have a system to gain assurance that this is understood and implemented.
- The system should ensure that staff, particularly hospital staff understand and respect the dignity of people who use services and to understand the impact that issues such as multiple ward moves can have on people's wellbeing.

CQC System wide recommendations aligned with current work streams/groups/boards

Version: Final, v1, 29/01/19

Introduction to the action plan for CQC:	• Our ultimate aim, as outlined in our Leeds Health and Wellbeing Strategy 2016-21, is to make Leeds the best city in the UK for health and wellbeing where people who are the poorest improve their health the fastest. Our work over recent years to develop our Leeds Health and Care Plan, which incorporates our Leeds Resilience Plan, reflects this aim in a plan that will improve health and wellbeing for all ages and for all of Leeds and will: protect the vulnerable and reduce inequalities; improve quality and reduce inconsistency, and build a sustainable system within the reduced resources available. • We have developed partnership principles which are “We Are Team Leeds - we work as if we are one organisation, taking collective responsibility for and never undermining what is agreed. Difficult issues are put on the table, with a high support, high challenge attitude to personal and organisational relationships.” • We have welcomed the opportunity to improve using the external perspective of the CQC Local System Review. We recognise the key challenge of any system is do we know ourselves and do we know people’s experience of care in Leeds. The review highlighted above all a need to strengthen the focus on people’s experiences across their journeys of care. As a partnership we feel this requires the highest emphasis, with specific actions and is a theme throughout our action plan. • At the outset of the review we thought our strengths were a strong partnership with a coherent plan, a strong community offer, strength based practice and a thriving third sector. We were pleased that CQC also recognised these and that these are a strong foundation to continue our journey to be the best city for health and wellbeing. We also knew that we had to do more to improve flow through our hospital to improve length of stay, DTOC and people’s experience. This has been confirmed. • Insight generated by close working with Newton Europe work resulted in 12 work areas which we have incorporated into our Leeds Resilience Plan. The review has been a good test of whether we have embedded these improvements, and there are signs of impact even at this early stage with some of the lowest acute DTOCs recorded locally, no use of non-designated beds to date in winter 18/19 and better management of A&E waits and admissions. CQC recognise our journey towards a ‘home first’ culture and support our commitment to embedding this fully through the coming year. • Our approach to the CQC recommendations is therefore to capitalise on actions aligned to existing initiatives wherever possible. In areas where the review found a more mixed score card we have identified where we need new actions to address a recommendation. We have identified appropriate senior leaders for all actions and supporting boards / groups where evident. Accountability for progress will be via our Health and Wellbeing Board with regular reporting agreed via the Board.
Notes to accompany the action plan:	• The development of the CQC action plan has been led by the cross partnership Task and Finish Group of senior quality and practice leads established to support the Leeds partnerships through the CQC local system review. The actions were informed by the December 2018 Summit and further by a Health and Wellbeing Board convened meeting in January 2019 in which members of the Partnership Executive Group (PEG), Integrated Executive Group (ICE), Leeds Provider Committees in Common (LPICC) and System Resilience and Assurance Board (SRAB) were represented. This has ensured that there is full senior partnership agreement and ownership to the actions. • All actions need to consider how they relate to all aspects of the health and care system including primary care (in its widest sense), private providers, carers, all citizens (including those from BME and minority groups) and the 3rd sector. • Healthwatch Leeds will lead on evaluating the successful delivery of the actions to ensure that positive impact is being experienced by citizens.
Summary of key progress since start of the CQC local	Key actions undertaken: • Leeds Resilience Plan has been finalised and approved by the Health and Wellbeing Board.

system review process (Sep '18):	• Operational winter group established. • Robust system wide escalation process agreed. • Designation of Leeds first Urgent Treatment Centre. • Established Clinical development group for UTC and health and care assessment pathways. • Contract awarded to YAS for the regional Yorkshire and Humber 111 service, commences April 2019. • A cross-partnership Hospital Avoidance Group (HAG) established to work with the winter group to support reducing attendance and admission to hospital. • Newton Europe work steams, action plans and changes are evidenced. • Leeds is signed-up to the 'Home First' approach which will be embedded across the workforce in 2019. • Sign-off and implementation of the Transfer of Care Policy. • Clinical Frailty and End of Life Group are developing information for the public based around the future offer. • Virtual Respiratory Ward increasing the number of patients supported in the community with oversight from LTHT consultants. This model will be developed for those living with Frailty. • Initial meeting of Quality Leads with the view to develop an ongoing quality network. • Citywide Workforce Group have met to take stock of all work completed and ongoing across the system with recommendations presented to partnership boards. • Leeds has held three System Leadership programme sessions with nine session being held through 2019. • Big Leeds Chat event took place where we brought senior managers from the health and care sector together with over 350 residents, giving them a voice on what matters most to them and how they thought we should improve health and care in the city. • GP Confederation is represented on PEG. • A review of the Care homes joint working, support and meetings structure undertaken. Impact: • No patient has been cared for in a non-designated area within LTHT. • 26% reduction in monthly occupied bed days due to stranded patients (longer than 21 days) in medicine and elderly December 2017 - December 2018. • 25% Increase in the number of people streamed to the GP in A&E which achieved a 33% increase in GP productivity. • Reduction in the DTOC numbers within LTHT. • Maintained flow through the community care beds supporting improved discharge management and increased availability for step up beds from community.

#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead
	Strategic areas for improvement		
A.	The review highlighted above all a need to strengthen the focus on people's experiences across their journeys of care. As a partnership we feel this requires the highest emphasis, with specific actions and is a theme throughout our action plan.	1. By the end of March to have completed an assessment of the current approaches to capturing people's experiences across partners.	People's Voices Group (Hannah Davies)
		2. By the end of April to agree an approach to the development and monitoring of collective quantitative and qualitative intelligence to give better assurance of patient's experience across their journey of health and care across organisations.	Cross-partner group which will include leads for quality is being established. Jo Harding, Shona McFarlane, Paul Bollom and Hannah Davies
		3. By June ensure that the findings of action 2 are incorporated into the Leeds Frailty Strategy, in ensuring that people's experience outcomes, are the basis for commissioning and performance managing relevant services.	PEG (Chris Mills)
B.	The HWB should continue to maintain oversight and hold system leaders to account for the delivery of the health and wellbeing strategy.	4. By the end of March develop an easy to follow flowchart of governance, remit and flow of risk at both operational and system level incorporating any lessons which can be learned from other high-performing systems.	Health Partnerships Team (Tony Cooke)
		5. By the end of April agree 'one' system suite of measures dashboard / scorecard and accompanying process for ensuring that all appropriate Boards/groups are regularly sighted and inform decisions taken.	Health and Wellbeing Board (Cath Roff)
		6. Through 2019 participate with WY&H ICS peer review process.	Health Partnerships Team (Tony Cooke)
C.	The remit of the ICE should be further developed so that it extends more widely to underpin the development of wider integrated working.	7. By April develop an Integrated Commissioning Framework and review the role and function of the Integrated Commissioning Executive (ICE) inline with the Integrated Commissioning Framework. This will also include we ensure people's experience is placed at the heart of commissioning activities.	Integrated Commissioning Executive - ICE (Cath Roff and Phil Corrigan)
D.	There is a recognition from system partners that hospital pressures should be addressed as a system. This should be reflected in system-wide strategic plans.	• Also covered by action 5.	
		8. By the end of March ensure there is a clear document that explains which groups are in place, their role, frequency of meeting, membership etc, which in turn will be used to ensure that all of these groups/boards are clear of their responsibilities for delivering the Leeds Resilience Plan.	System Resilience and Assurance Board (SRAB) - Leeds Resilience Plan (Phil Corrigan)
		9. By the end of May complete a lessons learned of the impact on citizens experience and system performance of the 2018/19 Leeds Resilience Plan and begin development of the Leeds Resilience Plan for 2019/20.	SRAB - Leeds Resilience Plan (Phil Corrigan)

#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead
		10. By the end of summer 2019, to have a refreshed Leeds Plan reflecting the Leeds Resilience Plan 2019/20, Frailty and End of Life Strategy and the NHS 10 Year Plan. This will provide the place based contribution into the West Yorkshire and Harrogate Integrated Care System planning.	Health Wellbeing Board (Paul Bollom, Tim Ryley, Katherine Sheerin, Chris Mills)
E.	The culture of 'home first' and moving people away from hospital needs to be embedded throughout the system, especially in the hospital setting where there remains a risk averse approach to discharge and a lack of understanding of community support.	11. By the end of February set out a plan to embed the 'home first' approach and the implications for the workforce and citizens, which is supported by all partners.	Decision Making Workstream (Julian Hartley)
		12. By the end of March, develop an OD, communications and engagement plan to support the embedding of the 'home first' approach. This needs to link with the work also being undertaken by the Clinical Strategy Group around training to better support people to manage their frailty in community / home settings.	Decision Making Workstream (Julian Hartley)
		13. By the end of June undertake 80 case file audit (i.e. re-run of the Newton Europe analysis) to assess the embedding of 'Home First' within a managed risk way, and that we have demonstrated we have taken the right action with our service users.	Decision Making Workstream (Julian Hartley)
		14. By the end of February to identify any learning from other areas around patient risk management protocols to prioritise patients for discharge. Evaluate if they offer an improved approach for Leeds.	Clinical Senate (Yvette Oade, Simon Stockill)
F.	Communication between health and social care professionals and their leaders needs to be addressed across the system. Although there are good relationships at system leader level, and where multidisciplinary working is embedded, this can become fragmented at other levels leading to a breakdown in communication which can impact on people's care.	15. By the end of July, partnership to agree communications approach which encompasses recommendation G (see below) and flow of information between all levels of the organisations. Key products will include: • Approach for developing 'one pager' explainers of key terms, concepts, groups, processes etc. • Clear communication, engagement and OD plans for each key partner of what they individually need to action to deliver the partnership vision. • Clear consistent narrative and case studies for all partners (including the 3rd sector) to use.	Citywide Comms and Engagement Group (Jane Westmorland) OD Hub (Steve Keyes)
		16. As part of the ongoing development of Leeds Care Record, ensure that there are robust processes for assessing the use, benefit and identifying any improvement requirements of the Leeds Care Record in sharing information accurately, safely, securely and timely to ensure good patient care the gaps of the use of the Leeds Care Record.	Informatics Board (Alistair Walling)
G.	The workforce strategy for Leeds should be developed at pace, pulling together the different strands of activity to develop deliverables and timescales	17. By the end of April have developed, finalised and agreed the citywide workforce strategy and action plan for Leeds. This will develop and contribute to the West Yorkshire and Harrogate Integrated Care System workforce plan during the summer.	Citywide Workforce Group (Sara Munro, Sheree Axon)

#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead
	which include the independent social care sector.		
H.	There should be improved engagement with GPs and adult social care providers in the development of the strategies and delivery of services in Leeds.	18. By the end of February produce communication material bespoke for GPs that describe the Leeds Health and Wellbeing Strategy and Leeds Plan in the context of primary care. Include the processes by which GPs can shape the plans and delivery and future iterations of the Strategy. Use the existing GP Confederation Strategic Board and Locality Leadership to share materials.	GP Confederation (Jim Barwick, Chris Mills)
		19. From March onwards, enact a process of improved engagement with GPs, via their localities and the GP Confederation Strategic Board, whereby GPs can shape the refreshed Leeds Plan and future iterations of the Strategy. This being in the context of Local Care Partnership and Population Health Management approaches.	GP Confederation (Jim Barwick, Chris Mills)
		20. Use existing provider forums to engage providers on how social care providers can contribute to delivering the Health and Wellbeing Strategy and to shape the refreshed Leeds Plan. Existing forums include: the Strategic Directions Care Homes meeting; Care Homes Provider Forum; Home Care Providers meetings, Third Sector Partnership Forum.	Adults and Health (Caroline Baria)
		21. By end of February 2019, discuss with the forums referenced in action 16, how the social care provider sector would like to be involved in ongoing conversations for example, further discussions at forum meetings, engagement events, questionnaires, contract management meetings etc.	Adults and Health (Caroline Baria)
		22. From January 2019, use the existing Care Homes Strategic Directions meeting to engage with care home providers on market shaping of care home services and in the development of the Integrated Market Position Statement	Leeds Care Homes Strategic Direction meeting (Cath Roff)
	Operational Areas for Improvement		
I.	A clear process, such as a risk stratification tool, should be implemented so that health and social care professionals can be assured that they are able to identify and support the members of their communities who are most at risk.	23. By the end of June, review the use of the Risk Stratification approach used in primary care and ensure that the tool, process and communications (to ensure understanding and consistency of language) are effective and fit for purpose. Ensure that the developing population health management (PHM) approach adopted in Leeds provides a partnership approach to the early identification of people at risk of poorer health and care outcomes. Implement Person Led Proactive Care Plans to address the risks identified.	Clinical Senate (Simon Stockill, Yvette Oade) PHM Programme (Chris Mills, Tim Ryley, Lucy Jackson)
J.	Signposting to services needs to be clearer so that people can access the wide range of services in the	24. Healthwatch to evaluate how the effectiveness of Leeds Directory and other sign-posting resources which provide information to citizens and staff. Make recommendations on how sign-posting can be improved to ensure that staff and citizens feel they have sufficient on the range of community services, ensuring that the wide range of 3rd sector provision is included.	Healthwatch Leeds (Hannah Davies)

#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead
	community and get the support that they need.	25. By April launch the redesigned Leeds Directory which will improve information available to citizens and staff (including NHS Choices and 111).	Adults and Health (Caroline Baria)
		26. By October assess the recommissioned social prescribing service for activity and effectiveness, including that these services are reaching the diversity of people in Leeds.	Leeds CCG (Simon Stockill)
		27. By July ensure that there are clearer processes and easily accessible clear information for ensuring that front-line staff are aware of support available in the community in order to signpost people. This will be informed by recommendations from action 24 and emerging proactive community support model through the Population Health Management work.	SRAB / ORG (Phil Corrigan) Urgent Care & Rapid Response Programme (Sue Robins, Cath Roff) Self-management and Proactive Care Programme (Chris Mills, Jim Barwick)
K.	There should also be consistent and proactive input from GPs to support care homes.	28. By January agree a phased approach to re-specify the primary care support to care homes in Leeds – to include all care homes and provision of rapid response.	Leeds Care Homes System Oversight Board (Jo Harding, Caroline Baria)
		29. Following the completion of action 28, commission primary care support provision as specified.	Leeds CCG (Simon Stockill)
L.	Specific pilot schemes were helping people to receive support in the community. There should be evaluations and exit plans in place to reassure or inform people who benefitted from good support about what their future options were.	30. By April develop consistent approach for evaluations and exit plans. Lessons learned to be used to inform the strategy and commissioning of future services. Consistent approach must include how services and service users are engaged with future options. Linked to action 7 and action 27.	ICE (Cath Roff / Phil Corrigan) Leeds Plan Delivery Group (Paul Bollom, Sue Robins, Steve Hume)
M.	Wards for people who are medically fit for discharge should have a plan in place to reduce the numbers of beds	31. By May have an agreed trajectory to reduce beds and plan agreed between providers and commissioners of how to achieve this.	Decision Making Workstream (Julian Hartley)

#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead
	on these and to reduce the reliance on these as part of the discharge process.		SRAB - Leeds Resilience Plan (Phil Corrigan) LTHT Contract Management Board
N.	Systems should be put in place to ensure that people who go into hospital are seen in the appropriate wards and remain there until they are medically fit for discharge without multiple moves.	32. By March agree sample audit process and metrics for monitoring moves out of hours to ensure that the processes in place are effective.	Decision Making work stream SRAB - Leeds Resilience Plan (Julian Hartley)
O.	System leaders should continue the work to reduce hospital admissions as admissions are higher than the England average.	33. By July, Newton Europe to return to Leeds to look at complete additional analysis on admissions and repeat the original analysis to assess the actions in the Leeds Resilience Plan are being delivered effectively and the right impact being made. 34. Data needs to be assessed regarding the effectiveness of the Crisis Café, 'See, Hear and Treat,' Frailty Unit and other initiatives etc, results to be used by commissioners and the Hospital Avoidance Group to make recommendations for further admissions avoidance.	SRAB (Phil Corrigan)
P.	The patient choice policy should be rolled out as a priority and leaders should have a system to gain assurance that this is understood and implemented.	35. Implementation of the Transfer of Care Policy has been signed off by all CEO's and rolled out. By March will agree an ongoing process for auditing case files to ensure adherence to policy.	Decision Making work stream (Julian Hartley) SRAB - Leeds Resilience Plan (Phil Corrigan)
Q.	The system should ensure that staff, particularly hospital staff understand and respect the dignity of people who use services and to understand the impact that issues such as multiple ward moves can have on people's wellbeing.	36. By the end of February agree the approach and timeline for assuring system-wide quality and ensuring that all staff are clear of the dignity and respect expectations. This will include: • System statement of expectation agreed to by all CEOs • Continuing and developing the regular senior manager walk-abouts approach to provide greater system assurance of quality. • Ensure that all front line staff have current dignity and privacy training / awareness.	Cross-partner group which will include leads for quality is being established. Jo Harding, Dawn Marshall, Paul Bollom and Hannah Davies

This page is intentionally left blank

Report author: Paul Bollom

Tel: 07522 573383

Report of Director of Adults and Health

Report to Scrutiny Board Adults, Health and Active Lifestyles

Date: 2 April 2019

Subject: Leeds Health and Care Plan Update

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

Summary of main issues

1. The Leeds Health and Care Plan (the plan) focuses on four key areas of transformation across the health and care system of Leeds:
   - Prevention at scale;
   - Self-management & Proactive Care;
   - Optimising Secondary Care; and
   - Rapid Response & Urgent Care.
2. Within the context of delivering the vision and outcomes of the Health & Wellbeing Strategy 2016-21 the plan describes what its four areas of focus will look like in the future and what needs to change. The plan is rooted in the values and ambitions of the Health & Wellbeing Strategy and covers the key actions that the Leeds system will take to deliver these.
3. There has been significant development in cross cutting initiatives within the plan, such as Local Care Partnerships, Better Conversations and using data more effectively to understand need in communities.
4. There are compelling local and national reasons for continuing the priorities in our approach and a process is underway for refreshing the Leeds Plan to enable further progress with these.

Recommendations

Scrutiny Board (Adults, Health and Active Lifestyles) is asked to note:

a) The overall progress in delivery of the Leeds Health & Care Plan;
b) Specific progress in cross cutting initiatives such as Local Care Partnerships; and
c) The current refresh being undertaken by the Health Partnerships Team in conjunction with key partners across the health and care system.

1. Purpose of this report

1.1 The purpose of this report is to update on the progress made in actions contained within the Leeds Health and Care Plan (the Leeds Plan).

1.2 The reports details progress in the four strands of the Leeds Plan and the cross cutting initiatives such as Local Care Partnerships (LCPs).

1.3 The paper considers the need to continue to identify the priorities for the future of health and care in Leeds and how the Leeds Plan can continue to capture these.

2. Background information

2.1 The Leeds Plan was designed to deliver transformation programmes across four key areas of focus:

- Prevention at scale;
- Self-management & Proactive Care;
- Optimising Secondary Care; and
- Rapid Response & Urgent Care.

2.2 The plan describes what the health and care system across these areas of focus will look like in the future, what needs to change and how, in the context of the Health & Wellbeing Strategy, these changes will contribute to delivery of its ambitions, vision and outcomes.

2.3 The purpose of the Leeds Plan, in terms of its three areas of focus, is three fold:

- Contributing to reduction in health inequalities, through improving the health of the poorest the fastest;
- Maintaining the quality of health and care services and reducing unwarranted variation; and
- Ensuring services and initiatives are financially sustainable.

2.4 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 Scrutiny Board on 13th March, 9th May and 18th of September 2018.

2.5 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.

2.6 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.

2.7 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.

2.8 The Leeds Plan has recognised throughout that it will evolve as our city conversation on the priorities for health and care service changes. There has been an agreement from Leeds Health and Wellbeing to evolve the Leeds Plan over the coming months. The strategic context for committing to this is compelling and includes:- completion of a number of Leeds Plan actions contained in the original plan; a need to respond to local changing need through the revised Joint Strategic Analysis; responding to the NHS strategic direction in the 10 Year Long Term Plan; to provide support to the West Yorkshire and Harrogate Partnership board as a revised place based plan; to respond to the Big Leeds Chat findings and to continue to include changes require in Leeds to meet rising demand in peak times such as winter.

3. Main issues

3.1 Prevention at scale – “Living a healthy life to keep myself well”

3.1.1 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; and
- Supporting and sustaining longer term behaviour change and promotion of the benefits of being physically active.

Highlights of progress in the last quarter include:

3.1.2 Leeds community health development and improvement service (Better Together), celebrated the first year’s performance figures. During this first year, outreach work has engaged over 18,000 people from the 10% most deprived communities into community groups and programmes to improve general health and wellbeing.

3.1.3 The newly commissioned integrated lifestyle service ‘One You Leeds’ (OYL) continues to achieve high levels of referrals into the service and is on track to achieve the target of 12,000 referral in the first full year. After the first 3 quarters, OYL had received over eight thousand referrals (self and formal). The service has been particularly focussing on a programme of GP engagement and saw GP referrals increase from quarter 2 to quarter 3 by 163 (an increase of 32%).

3.1.4 Alcohol awareness week held from the 19th to the 25th November saw significant alcohol related health promotion. This included the ‘No Regrets’ campaign, an online responsible drinking campaign aimed at 18-25 year olds. Forward Leeds also held a series of events. Stalls based at a number of locations across the city, where people were able to make positive pledges to change their drinking behaviour. Both Tom Riordan, Chief

Executive Leeds City Council, and Ian Cameron, Director of Public Health for Leeds, both made pledges and the Chief Executive's was used on the regional BBC News website.

3.1.5 There has also been a focus on secondary prevention for people who may be attending health services for a condition and present an opportunity to discuss smoking and alcohol use. For example, the Nursing Specialist Assessment 'e-form' and is now live on all inpatient wards throughout Leeds Teaching Hospitals Trust. This means alcohol and tobacco screening is now being undertaken as part of every inpatient's admission into the hospital as they come onto the wards.

3.1.6 Further planning to develop a city approach to greater physical activity as a "Social Movement" has been undertaken. Work to design and enable the conversation with the people of Leeds though targeted imagery and messaging is underway. Resourcing has been secured to provide practical resources, communication and project support for this approach

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

3.2.1 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 includes progress on a number of key programmes putting people at the centre of decisions about their health and wellbeing, supporting them to live a good life. This includes:

- training for health and care workforce to enable them to have the skills and confidence to work with people on what matters to them;
- Better Conversations (see 3.13); and
- Support for people to have the skills, knowledge and confidence to manage their own condition e.g. diabetes education, breathe easy and NDPP.

Highlights since last report to Scrutiny Board include:

3.2.2 "Better Conversations" skills sessions have been taking place across the city. Training is taking place across LCP areas such as Seacroft and Crossgates to ensure that focused localities develop skills together at the same time. In addition there is take up of the training within city health and care providers such as Leeds Community Health NHS Trust. Over 270 staff have now accessed the skills day and comments continue to be very positive. An additional 46 skills programmes are booked for the 4th quarter and impact assessment and evaluation is built into the programme.

3.2.3 In the last quarter of 2018 there have been 347 referrals into the Diabetes Structured Education Programme. Completion of the course continues to be above the target (77% accumulative total against a target of 60%) with the percentage of people reporting an improved confidence to manage their condition after the course sustained at 100%. Uptake of sessions run on a Saturday remains high. Representation in those attending of the targeted groups for the programme remain strong – Men over 40 years (52%), proportion of attendees from deprived areas (62%) and people from BAME groups (51%).

3.2.4 Referrals for the National Diabetes Prevention Programme (NDPP) continued to exceed the target profile, for example in January there was

562 referrals against a profile of 325. The present uptake rate (from primary care referrals) is 39%. Positive feedback has been gained from service users noting that they feel much better and found the NDPP course extremely beneficial. Feedback includes reported lifestyle changes attributable to NDPP. The programme aims to help people reduce their risk of developing Type 2 diabetes by offering them a referral to an intensive lifestyle intervention programme. The intervention consists of improved diet, weight loss and increased physical activity. Outcome data currently gained is around weight loss and showing a 2.8kg decrease as a result of undertaking the programme.

3.2.5 The British Lung Foundation have worked intensively to ensure each of the 10 Breathe Easy groups in Leeds are in a position of sustainability. Breathe Easy groups support people to self-manage breathing conditions. All groups are now operating from low/no cost venues and the numbers attending are growing. With particular focus on disadvantaged groups and areas with high prevalence of COPD, establishment of these groups has ensured that people with COPD, across all social groups, receive safe and effective care, minimising progression, enhancing recovery and promoting independence.

3.2.6 The volume of people having a Collaborative Care Support Plan (CCSP) has continued to increase. This collaborative discussion between professional and patient, focusses on "what is important to the person" enabling person centred goals to be agreed to support self-management. Over 10K more people had a Collaborative Care and Support Plan in Q3 than in Q1. All GP practices are now engaged in this process, incentivised through the CCG Quality Improvement scheme.

3.2.7 By quarter 3 there has been 3749 referrals to the Social Prescribing service. Social Prescribing offers activity, social and cultural interventions in communities as an alternative to or adjunct to medical interventions. The city is on track to meet the target of 5,000 referrals for the year. The current schemes have evaluated well with significant increases in mental wellbeing and self-reported wellbeing, health related quality of life, management of long term conditions and patient experience. The service is highly regarded by staff who refer into the service and has shown positive impact on primary care activity. Evaluation highlights the attributes of the link worker, flexibility and duration of the service and understanding of the voluntary and community sector as key to success.

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

3.3.1 Progress is being made with activities that focus on:

- Improved support and services in communities;
- Ensuring that people stay the right length of time in hospital; and
- Reducing the number of hospital visits patients are required to make before and after treatment.

Highlights since last report to Scrutiny Board include:

3.3.2 Within the Cancer Programme 704 additional people have completed a bowel screening test since April 2018 after being contacted by practice champions. This exceeds the number anticipated. There has been confirmation of further funding for the Accelerate Coordinate Evaluate (ACE) service for one year from April 2019/20 through Leeds CCG. The ACE pilot pathway is for patients with non-specific but concerning symptoms and is part of the Early Diagnosis workstream within the Cancer Programme. The 1000th patient has just recently been referred on this

pathway. Early evaluation indicates ACE provides faster diagnosis and clarity to patients and physicians, improves diagnostic findings of other significant but non-cancer conditions and as equally or more cost effective than previous approaches.

3.3.3 Older People's Care Navigator Role has been funded on an ongoing basis from late 2018. This service is focused on supporting older people to live independently in the community as part of improving city responses to mental health conditions in communities.

3.4 **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"**

3.4.1 There is a need to change the way services are organised 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 of 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.

Highlights since last report to Scrutiny Board include:

3.4.2 The St Georges Centre in South Leeds is now formally designated as an Urgent Treatment Centre (UTC) by NHS England. This means it meets NHS criteria for a UTC setting providing open access to minor urgent treatment needs in an enhanced GP led setting. Further sites are being explored through an implementation group and there is regular discussion and support from this Scrutiny Board in relation to these.

3.4.3 The Clinical Assessment Service (CAS) pilot is now in evaluation phase which will help inform next steps and the agreed scope of expansion of service 19/20. This involves primary care services working together to understand and test alternative services to A&E.

3.4.4 A review has found that people helped by the High Intensity Users Project (provided by BARCA) has demonstrated reductions in emergency department attendances across 49 service users of 77% from April 2018 to January 2019. The service intervenes by providing tailored support to people who attend A&E frequently to address underlying social, medical and mental health issues. Those that use the service for three or more months have been found to have better experiences of care compared to a pattern of regular attendance at A&E and better outcomes.

3.4.5 Yorkshire Ambulance Service (YAS) are now able to refer patients directly into the Leeds Frailty Unit at St James's hospital. This means that ambulance staff can assess patients they are called to attend to with a 'frailty score' and determine if they may be best supported in a specialist unit that supports people with similar conditions. This means patients may bypass a potentially delaying and stressful period in the hospital Emergency Department. Instead ambulances may take people straight to the most appropriate place for their care giving them the best chance of avoiding admission. In the first 15 days 18 people benefitted from this pathway.

3.5 **Big Leeds Chat**

3.5.1 The Big Leeds Chat is a new 'one partnership, one city' approach to engagement with citizens on the broad issues of health and care. On the 11 October 2018 the first Big Leeds Chat took place in Kirkgate Market. The listening event was focused on three questions: what do you love about Leeds, what do you do to keep yourself healthy and lastly what can we do to make Leeds the best city for health and wellbeing? This was

followed, where appropriate, by detailed conversations between people and decision makers on the topics that mattered to people related to health and care in the city.

3.5.2 In addition there was a marketplace where people could get information about three themes of the Leeds Plan, how to stay healthy in Leeds, what's on offer to self-care if you do have a condition and how might technology further support us. This was supplemented with activities to support good mental health and a map where people could talk about what was happening locally for them, again following the Leeds Plan theme of 'left shift' into communities.

3.5.3 The principles of the Big Leeds Chat approach were:

Go to where people are

3.5.4 The event took place at Leeds Kirkgate Market which has a footfall of over of 25,000 on a Thursday and brings together people from many different communities, geographic, socioeconomic and communities of interest from all over Leeds.

One health and care team

3.5.5 We asked people to imagine that we were working for a coordinated health and care system and therefore there was a no jargon, no lanyard approach and everyone wore yellow Big Leeds Chat t-shirts.

Senior decision makers

3.5.6 There was significant attendance from senior decision makers and policy makers. This meant that people could speak directly with people that make things happen as well as giving real insight to decision makers of the everyday lives and experiences of people in Leeds.

3.5.7 The following were key themes raised during the event. Themes cover both health related issues a wider determinants of health such as education and housing:

Theme	Key Points
Diet	People told us that their diet is an important part of keeping healthy. Almost a third of the people we spoke to told us that they keep themselves healthy by eating well. For some people this was about cooking fresh food at home, for others it was about eating less and reducing the amount of alcohol they drink.
Exercise	Keeping fit and active was identified by many people as important. Walking, running and gardening are seen by many people as an easy and cheap way to keep fit and healthy. People also told us that activities such as going to the gym, cycling and yoga help them to keep themselves healthy.
No time for self-care	Some people also told us that a lack of time and motivation makes it difficult to take part in healthy activities. Poor health was another reason why people find it harder to get involved in healthy activities.

Theme	Key Points
Cost	45 people told us that leisure facilities are too expensive and that free or affordable activities would encourage more people to stay fit and active. Some people also said that it was too expensive to buy healthy food and that public transport was not affordable.
Transport	21 people told us that they would like to see public transport improved by providing better bus routes, cheaper fares and a more reliable service. Many people also raised concerns about congestion in the city and suggested that less cars in the city centre and more pedestrian areas would make Leeds a better city for health and wellbeing.
Information	Some people told us that information about healthy activities in the city should be easier to find. People also want more information about how to self-care and stay healthy.
Environment	People told us that the environment they lived in was important to them and that they want more green spaces nearby. Some people raised concerns about smoking and asked for more smoke free areas in Leeds.
Healthcare	Many people are happy with the health services they receive in Leeds, but some people are unhappy with access to specialist services and waiting times (especially for GP surgery appointments). Many people told us that they want better mental health services in the city with improved access to counselling and shorter waiting lists.
Education	Some people told us that they would like to see local schools being more involved in promoting health and wellbeing with young people and parents.
Employment	Some people told us that they feel that there are not enough jobs in Leeds and that more should be done to create employment opportunities.
Housing	Some people told us that they want better housing in Leeds, especially for deprived communities and the homeless.

3.5.8 Programme boards for the four workstreams within the Leeds Plan have had the output of the Leeds Big Chat present to them and are encouraged to build these findings into their programmes as they develop. The Big Leeds Chat will be a key consideration in the development of the refreshed Leeds Plan.

3.6 **Local Care Partnerships**

3.6.1 Local Care Partnerships were identified in the previous Leeds Plan update report as being:

- Integral to the basis of the Leeds vision of locally integrated care based in communities, using a bottom up approach to improving health and care outcomes;
- Based on 18 geographies which are based on natural communities, GP practice lists of patients and existing relationships between GPs;

- A multi-agency approach drawing upon staff and resources including those impact on the wider determinants of health such as housing or employment;
- Formative, with identified GP leadership in place but emergent wider partnership membership;
- Aligned to existing 13 Neighbourhood Teams; and
- In need of resources to support their development and likely to take a number of years to achieve their full potential.

3.6.2 The NHS 10 Year Long Term Plan has provided a significant impetus to local multi agency working with GPs. The Plan mandates a model of multidisciplinary integration through expanded primary care teams based on neighbouring GP practices that work together typically covering 30-50,000 people; known nationally as Primary Care Networks (PCNs).

3.6.3 This development makes formal requirements through GP contractual relationships for development of expanded community multidisciplinary locality-based teams which will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and allied health professionals (AHPs) such as physiotherapists and podiatrists/chiropodists, joined by social care and the voluntary sector.

3.6.4 National support for PCNs will include additional innovation funding. The support will allow accelerated integration of a of particularly NHS community services that will enable local partnerships to flourish. In Leeds, we recognise the impact that delivering in this way would have on the way people access and experience care outside of hospital. Locality based networks of general practice have been in place for some time.

3.6.5 It is clear that Local Care Partnership forming around PCNs will capitalise on this but will also bring together leaders from statutory health and care services with third sector; housing; employment; planners; elected representatives; and local people to deliver the ambition of the Leeds Health and Wellbeing Strategy and to ensure that the wider determinants of health can be tackled through a broad and inclusive focus on collaboration and realising the full range of assets within a local community.

3.6.6 Resource requirements for the development of LCPs are being addressed with additional support being put in place. The need for the development of neighbourhood models has been recognized within the Integrated Care System arrangements for West Yorkshire and Funding has been provided for two years (up until 31 January 2021) to accelerate the development of LCPs across Leeds. This is by establishing a dedicated programme team which will provide hands on improvement and project support to LCPs and ensure strategic alignment with other city wide programmes of work that will help drive progress. The programme is hosted by Leeds Community Healthcare NHS Trust on behalf of health and care partners across the city and Thea Stein is the Senior Responsible Officer.

3.6.7 To date this has resulted in the appointment of the programme lead who will be seconded for two years into the Head of LCP Development role. She will be supported in turn by a small project team. Specific consideration has also been made to ensure that voluntary sector organisations are supported to engage with and work alongside partners in LCPs. A dedicated role is being recruited to support this work with the intention that further resources may be required in time.

3.6.8 Population Health Management (PHM) is an approach to healthcare founded on a collective understanding, across organisations, of the needs and behaviours of the defined population they are responsible for. It uses data to understand where the greatest opportunities to improve health outcomes, value and patient experience

can be made; and then using available resources to plan, design and deliver care solutions to achieve better outcomes for the defined population. PHM is a data driven approach which focuses resources on preventative and proactive care.

3.6.9 Reflecting the significant progress Leeds has made in establishing Local Care Partnerships, developing outcomes for people living with frailty and establishing linked data, Leeds has been selected as one of four ‘leading edge’ sites to participate in a national 20 week PHM programme which will run from January to May 2019. The programme is being delivered by NHS England and their partner Optum Alliance who are providing dedicated expertise. The programme will focus on progressing a PHM approach to improve outcomes for people living with frailty. The two main aims of the programmes are changes in care delivery to achieve demonstrably better outcomes and experience for people living with frailty, and, advancing the capability of the Leeds system’s to use a PHM approach in the future. Locally four selected LCPs will participate intensively in the programme (Woodsley, Seacroft, Kippax and Garforth and Pudsey) with workshops focussing on facilitated review of data and identification of interventions that will have the biggest impact on outcomes within the frailty outcomes framework. The benefits of the programme will be maintained and shared across LCPs in Leeds and extended to other needs beyond those of people living with frailty. Leeds will also share the findings across the West Yorkshire and Harrogate (WYH) Partnership.

3.7 Refreshing the Leeds Plan

3.7.1 To date, through the strategic leadership of the HWB, including holding the Leeds system to account, the Leeds Plan has driven a number of successes that are to be celebrated. These include:

- A first plan for Leeds spanning the health and care system;
- An organic plan shaped by wide range of partners;
- Elected Member engagement as central to the changes;
- Development of a strong identity and thinking of Leeds as a place;
- Developed through continuing significant co-production;
- Greater dispersed ownership of ‘transformation’ working together in a city first way;
- Simple yet effective approach with better consistency in language and definition;
- Understanding that we have to operate within our means and refocus existing resources to develop and implement change; and
- A governance framework that is being led by connections, relationships, trust and a collective ambition rather than processes and strict governance.

The strategic context for committing to a forward look and refresh of the Leeds Plan is compelling. The principal drivers for this are:

3.7.2 Progress achieved

Aspects of the current Leeds Plan have been completed therefore some actions may no longer need to be included, or alternatively through delivery have become embedded as business as usual.

3.7.3 Local context

The emerging headlines from our Joint Strategic Assessment (JSA) highlights the need for a continuing and expanded focus on the wider determinants of health and challenge to reduce health inequalities in Leeds. There are significant emergent

changes in need, particularly in our deprived communities that require support to ensure we achieve the Leeds 'Left Shift'. There are also a number of community initiatives which are starting to demonstrate how enhancing local capacity can make impacts but which are not fully captured in the Leeds Plan.

3.7.4 **Care Quality Commission Local System Review**

At the end of 2018, the Care Quality Commission (CQC) undertook a Local System Review (LSR) of Leeds on how services are working to care for people aged 65 and over, including those living with dementia. The LSR recognised a range of strengths in Leeds while recognising some system challenges that required addressing. We have developed a robust action plan owned by the Health & Wellbeing Board with cross system actions embedded within our existing partnership boards / groups.

3.7.5 **National and regional context**

The NHS Long Term Plan, published in January 2019 states that all regional Integrated Care Systems (ICS), such the West Yorkshire and Harrogate Health and Care Partnership (WYH Partnership) that Leeds is part of, will have a central role going forward.

Leeds continues to play a lead role in the region and continues to influence the development of a community focused approach to health and care integration. One that promotes investment across the system and that increases the proportion of funding devoted to community, primary care and mental health services.

The WYH Partnership is required to develop its own local five year strategy that incorporates a response to the NHS Long Term Plan but also includes the wider systems strategy for integration across all the organisations that work jointly on health and care, including local authorities and the third sector. It will also aim to look more widely at the factors that influence wellbeing and good health. There is an aim to have a draft WYH ICS 5 year strategy in the public domain to coincide with the first public WYH Partnership Board in June 2019 and to have a draft strategy by early autumn 2019.

The WYH 5 year strategy will be developed in line with the existing practice of primacy of place, democratic involvement and based on subsidiarity, focusing only on those aspects of work that need to be done at the regional footprint level because it requires a critical mass to achieve the best outcomes, where there is unacceptably high variation in outcomes currently, or where it is a long-term, complex or intractable problem that would benefit from collaboration to improve outcomes.

Therefore the majority of the work of the WYH Partnership will be in the health and care plans from each place (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds, Wakefield). So for Leeds, the refreshed Leeds Plan will be the key component.

3.8 **Continuing the Conversation**

3.8.1 There is therefore an opportunity to build on the strong foundations and priorities in the approach of the Leeds Plan to date and continue to energise the health and care partnership. We want to ensure that we maintain all elements that are currently working well and really challenge ourselves to go further and faster:

- Are we being brave enough?
- Are we using all of our rich data and intelligence effectively?
- Are the changes the right ones and go far enough to address the challenges/trends we know we likely to face in the future?
- Are we truly designing a system for the future generation?

- Are we left-shifting enough?

3.8.2 A number of early workshops discussions with health and care partners have been held asking a number of questions on the priorities for health and care in the future to inform a review of the Leeds Plan.

3.9 **Sustainable Development**

3.9.1 Work is underway, via the Estates enabler, to establish a procedure to ensure commissioners of health and care services are linked in with the Local Planning Authority in terms of proposals for new housing development. Giving commissioners the opportunity to comment on any impact on primary care provision, and specifically general practice.

3.9.2 An analysis of existing GP capacity across the city is underway, which will be overlaid with housing projections from the Site Allocations Plan (SAP), highlighting any potential future 'pinch-points' in terms of future capacity v's demand. This will be revised against regular SAP monitoring reports showing the progress of sites in terms of stages of developments.

3.9.3 The matter of sustainable development was the subject of a scrutiny inquiry by the Infrastructure, Investment & Inclusive Growth Scrutiny Board in March 2018. One of the recommendations of the inquiry was how within the planning system health services can better collaborate with regards to planning strategies, programmes and individual planning applications. An update on this is will form part of a wider report back to Scrutiny Board (Infrastructure, Investment & Inclusive Growth) in April 2019 on all its Sustainable Development inquiry recommendations.

4. Corporate considerations

4.1 Consultation and engagement

4.1.1 The Big Leeds Chat outcomes in this report are a new approach to city consultation and engagement.

4.1.2 The refresh of the Leeds plan will build on the outcomes of this consultation and consider how consultation and engagement runs throughout the programme, both as a whole and for specific projects.

4.1.3 A communication strategy is in development for Leeds which will address wider public communication needs and staff communication needs in relation to the plan.

4.2 Equality and diversity / cohesion and integration

4.2.1 The Leeds Plan purpose is to improve the health of the poorest the fastest.

4.2.2 The refresh of the plan is based on the Joint Strategic Assessment which identifies inequalities across population

4.3 Council policies and best council plan

4.3.1 The Leeds Health and Care Plan supports the Health and Wellbeing Strategy in ensuring Leeds is the best city for health and wellbeing where the health of the poorest improved the fastest.

4.4 Resources and value for money

4.4.1 The Leeds Health and Care Plan is resourced through partnership contributions. A small support team provides support for the key strands of work and cross cutting initiatives. Additional resources have been secure via the ICS to support the development of LCPs and other key areas of the plan. Additional resources have

been secured nationally to trial a Population Health Management approach to improving frailty in four identified LCPs.

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

4.5.1 There are no legal implications.

4.6 Risk management

4.6.1 Risk management of the Leeds Health and Care Plan is through regular progress reporting to Partnership Executive Group as oversight partnership body and to Health and Wellbeing Board as sponsoring board.

4.6.2 Risk assessment approaches continue to be developed appropriate to operation and strategic aspects of the plan.

5. Conclusions

5.1 The Leeds Plan has made significant progress in moving forward collective action against the Plan ambitions.

5.2 There has been significant progress in the cross cutting them of the development of Local Care Partnerships but it is also clear that the impact of additional resources will not be felt for at least a further quarter

5.3 There is a compelling rationale to continue the conversation on the priorities for the future of health and care in Leeds. A process is underway overseen by the Health and Wellbeing Board to ensure the Leeds Health and Care Plan captures and supports these priorities in future.

6. Recommendations

6.1 Scrutiny Board (Adults, Health and Active Lifestyles) is asked to note:

a) The overall progress in delivery of the Leeds Health & Care Plan;

b) Specific progress in cross cutting initiatives such as Local Care Partnerships; and

c) The current refresh being undertaken by the Health Partnerships Team in conjunction with key partners across the health and care system.

7 Background documents[1]

7.1 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.

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: 2 April 2019

Subject: Chairs Update – April 2019

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 since the previous Scrutiny Board meeting in January 2019.

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 to provide an opportunity to formally update the Scrutiny Board on the Chair's activity and actions since the previous Scrutiny Board meeting held in November 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 at the meeting, as required.

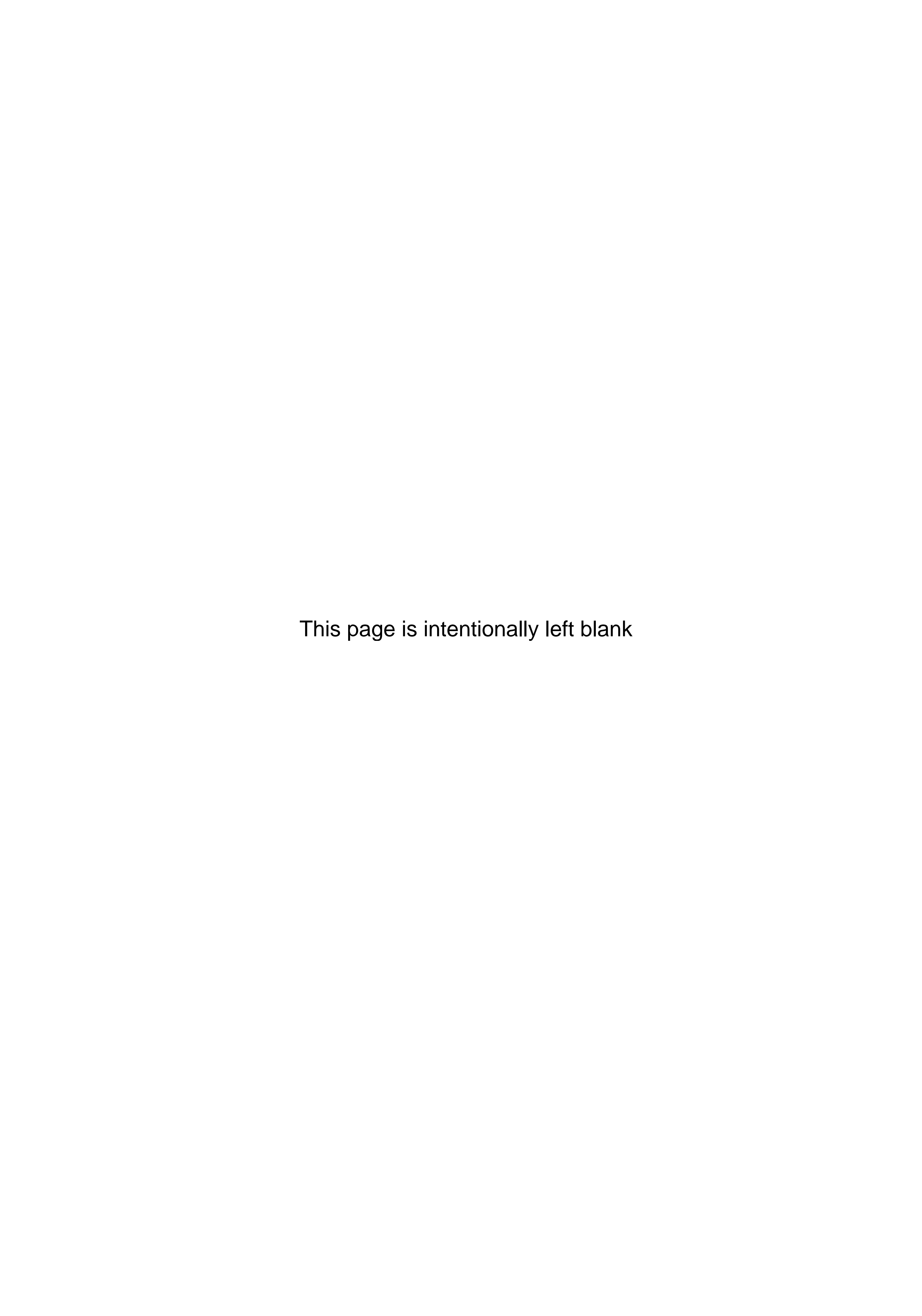
3. Recommendations

2.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to note the content of this report and the verbal update provided at the meeting; and 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.


This page is intentionally left blank

Agenda Item 13

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: 2 April 2019

Subject: Work Schedule (April 2019)

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 wide range of matters for possible inclusion within the overall work schedule for 2018/19.

2.2 In considering the wide range of matters identified, the Board acknowledged that, due to the level of resource 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.

2.3 Reflecting the areas identified by Board members, an outline work schedule was produced and presented to the Board for agreement. The work schedule has been refined during the course of the year, and presented to the Board for consideration and agreement at each of its formal meetings.

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 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 Members of the Scrutiny Board are invited to consider and comment on the details outlined in this report and presented in the attached work schedule, identifying any suggested amendments, as appropriate. In this regard, the following matters are also highlighted for specific consideration by the Scrutiny Board.

Dementia

3.6 Progress on fully scoping the focus of this work and putting arrangements in place have been delayed due to focusing on other areas of work during the year. . .

3.7 Members of the Scrutiny Board are invited to confirm this as a priority area going forward and highlight / recommend this area for consideration, including the development of a new dementia strategy, by the successor board in the new municipal year

Proposed changes to mental health services for adults and older people in Wetherby

3.8 The Board has previously been made aware of proposed changes to mental health services for adults and older people in Wetherby – currently delivered through a contract arrangements with Tees, Esk and Wear Valley NHS Foundation Trust.

3.9 In summary, the proposals are focused on the closure of current in-patient facilities in Harrogate (with future in patient access at an alternative location – most likely York) with an enhanced offer of community support services.

3.10 As the proposals potentially impact on two local authority areas (North Yorkshire County Council and City of York Council), member of the Board have been working in collaboration with other health scrutiny members from those authorities. This

included a joint meeting, held in public on 15 February 2019. The draft minutes from that meeting are attached at Appendix 2, for consideration by the Scrutiny Board.

3.11 The Scrutiny Board is asked to endorse the draft minutes and to agree that the ongoing work in this area (including the minutes as presented) inform part of the Board's statement on its work around mental health.

Hyper Acute Stroke Unit

3.12 Members of the Board previously asked for assurance regarding the proposed changes to stroke care provision across West Yorkshire and Harrogate, and the impact on services to Leeds residents provided by Leeds Teaching Hospitals NHS Trust.

3.13 A letter of assurance has now been received and is attached at Appendix 3 for the Board's consideration.

3.14 The Scrutiny Board is asked to note the information provided and identify any additional information or further assurance that may be required.

Bereavement arrangements

3.15 Building on the work of the previous Board and its review / report associated with the bereavement at Leeds Teaching Hospitals NHS Trust (LTHT), the Scrutiny Board has been kept informed of the work being progressed through the Chair of the Board – particularly focusing on the timely release of bodies (and the consistency of practice across neighbouring Trusts) and the potential use of non-invasive post-mortems. – A copy of the letter sent to LTHT on 11 December 2018 is presented at Appendix 4 for information.

3.16 A summary of progress since that time and an outline of the next steps is set out below:

Progress

- The Chairs letter has been shared with the leadership of LTHTs Pathology Clinical Service Unit (PCSU).
- PCSU raised the feedback with the West Yorkshire Association of Acute Trusts (WYAAT) Pathology network meeting
- WYAAT Pathology network agreed to undertake a piece of work to review and compare practice across the six Trusts
- The aim was to complete the review work within 1 month and report the findings back to the WYAAT Pathology network meeting.
- An initial baseline has been established across the six Trusts and identified/ confirmed some variation in practice
- Work is now underway to agree consistent 'best practice'.
- It has been reported that Bradford currently offer non-invasive PM; and it is something other Trusts want to expand; and a programme of work around offering non-invasive PM is being scoped.

Next steps

- The Chair has requested a fuller and more formal update that can be reported to the Scrutiny Board that should include confirmation of the:
  (a) Identified inconsistencies in practice across West Yorkshire.

(b) Extent that the inconsistencies reflect custom and practice at individual Trusts and/or the impact of having two HM Coroners offices covering West Yorkshire.
(c) Engagement of the coroners' offices in WYAAT work to date; and plans for further engagement.
(d) Proposed next steps for LTHT and the associated timescales.

3.17 To help ensure the continuation of this area of work into the new municipal year; it is proposed that the Scrutiny Board sets out its formal position on this matter by the end of April 2019.

Health Service Developments

3.18 Members of the Scrutiny Board have previously been made aware of the work being undertaken by NHS Leeds Clinical Commissioning Group (CCG) associated with the proposed development of Urgent Treatment Centres across the City.

3.19 Members of the Scrutiny Board considered the proposals in more detail at a working group meeting held on 11 March 2019. The outcome of that discussion is being used to inform the Board's formal response to the proposals, which will be presented no later than the 23 April meeting for agreement. Leeds CCG has been advised of the likely timescales involved.

Quality Accounts

3.20 A Quality Account is an annual report about the quality of services offered by an NHS healthcare provider; and are regarded as an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

3.21 The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided and the Department of Health and Social Care requires providers to submit their final Quality Account to the Secretary of State (by uploading it to the NHS website) by June 30 each year.

3.22 As part of the requirements of producing Quality Accounts, providers are required to share the quality accounts with local Healthwatch organisations and Health Overview and Scrutiny Committees. These bodies are able to comment on the quality accounts and have those comments included in the final document submitted to the Secretary of State. However, the timing of the production of Quality Accounts does not take account of the recognised municipal year that local authorities work to; with much of providers preparation work taking place around the time of local elections etc.

3.23 Recognising some of the practicalities associated with providing comments on the draft Quality Accounts of local NHS healthcare providers, in recent years the Scrutiny Board has adopted an approach where it works collaborative with HealthWatch Leeds to jointly consider and comment on providers draft Quality Accounts – usually in late April. This approach also makes a more effective use of provider's resources – as there is a single discussion on the draft content.

3.24 The arrangements have tended to be coordinated by HealthWatch Leeds; and the proposal is to adopt a similar approach for 2019, with the arrangement being made for 24 April 2019.

3.25 The Scrutiny Board is specifically asked to:

- Confirm its support for a joint approach with HealthWatch Leeds that will provide a joint comment / commentary for inclusion in each of the providers draft quality account.
- Note 24 April 2019 (from 1:00pm) as the date of the proposed workshop.
- Agree nominations from the membership of the Scrutiny Board to attend and contribute to the workshop discussion.

Chairs update

3.26 The matters raised in this report and appendix should also be considered in the context of any additional issues / work areas identified through the Chairs Update – which is presented elsewhere on the agenda.

3.27

Unscheduled matters

3.28 It should be noted that the work schedule also identifies a number of matters that are currently ‘unscheduled’. These are matters highlighted throughout the year and reflect the Board’s previous discussions on its work schedule.

3.29 Given the end of the municipal year is approaching and there will be limited opportunity for these matters to be given detailed consideration, members are asked to consider these matters and identify those areas that should be highlighted / recommended to the successor board in the new municipal year.

3.30 More details on planning for the forthcoming municipal year are presented elsewhere in this report, namely paragraphs 3.26 to 3.34.

<u>Minutes of meetings</u>

3.31 The following minutes, which may be pertinent to the work of the Board, are also appended for information and consideration, as appropriate:

- Draft minutes of the West Yorkshire Joint Health Overview and Scrutiny Committee held 11 February 2019 (Appendix 5).
- Minutes of the Executive Board meetings held 14 January 2019 (Appendix 6) and 13 February 2019 (Appendix 7); and,
- Draft minutes of the Health and Wellbeing Board meeting held on 28 February 2019 (Appendix 8)

3.32 Members of the Scrutiny Board are invited to comment on any matters highlighted in the attached minutes that specifically fall within the Board’s remit.

<u>Developing the work programme for the new municipal</u>

3.33 Scrutiny Boards are subject to an annual review and appointment process as part of the overall governance arrangements presented and agreed by Council at its annual meeting each year

3.34 As such, Scrutiny Boards have tended to adopt different approaches to planning for the new municipal year and providing a ‘handover’ of issues to be considered by the appropriate and newly constituted Scrutiny Board.

3.35 Historically, at the first meeting of the municipal year, Scrutiny Boards have been presented with an outline of proposed formal meeting dates, alongside a draft work schedule that reflected traditional and known items of scrutiny activity, such as performance and budget monitoring, identified Budget and Policy Framework items and recommendation tracking.

3.36 Specific scrutiny inquiries have tended to be identified at the initial meetings in June / July each year; however some Scrutiny Board members have raised concern around this approach and the impact this can have on progressing and completing identified inquires in a timely manner.

3.37 In order to bring these matters together and to adopt a longer-term approach to planning Scrutiny Board work programmes; each Scrutiny Board is being presented with the following information before the end of the municipal year:

(a) A draft schedule of planned meeting dates for the municipal year (2019/20)
(b) A draft work schedule that includes known items of scrutiny activity, such as performance and budget monitoring, identified Budget and Policy Framework items and recommendation tracking.
(c) Details of specific areas / matters to be recommended for consideration by the appropriate Scrutiny Board, as part of the overall 2019/20 work programme.

3.38 For consistency, it is proposed to maintain the current meeting arrangements for the new municipal year, i.e. meeting on Tuesdays at 1:30pm (pre-meeting at 1:00pm). As such, the proposed meeting dates for the forthcoming municipal year are as follows:

- 25 June 2019
- 23 July 2019
- 17 September 2019
- 22 October 2019
- 26 November 2019
- 14 January 2020
- 11 February 2020
- 24 March 2020

3.39 It is proposed to further reflect on the discussion at the meeting and present a draft work schedule for 2019/20 to the next meeting of the Scrutiny Board on 23 April 2019.

3.40 In agreeing to recommend any specific matters for consideration by the successor Scrutiny Board, members should recognise any future work schedule will:

- Become the responsibility of a successor Scrutiny Board (subject to the arrangements agreed by Council in May 2019).
- Remain flexible and adaptable to reflect any new and emerging issues or changing priorities identified in the new municipal year.
- Need to reflect any timetabling issues that might occur from time to time.

3.41 Nonetheless, setting out proposed meeting dates and a draft work schedule for the new municipal year will provide a foundation that will not only help with the initial planning for next year's Scrutiny Board, it also has the potential to help with planning the work programme in the longer-term.

4 Recommendations

4.1 Members of the Scrutiny Board are asked to consider the details presented in this report and the associated appendices and

(a) Agree the latest iteration of the 2018/19 work schedule (incorporating any agreed amendments) presented at Appendix 1.

(b) Confirm that dementia should be highlighted as a priority area for the forthcoming municipal year.

(c) Endorse the draft minutes of the joint health scrutiny meeting (presented at Appendix 2) and agree that the ongoing work associated with the provision of mental health services for adults and older people in Wetherby be reflected in the Board's statement on mental health.

(d) Note the assurance provided in relation to the Hyper Acute Stoke Unit at Leeds Teaching Hospitals NHS Trust (presented at Appendix 3); and identify any additional information or further assurance that may be required.

(e) Note the update provided in relation to Bereavement arrangements, including the details set out in the letter presented at Appendix 4 and the fuller and more formal report to be presented to the next meeting of the Scrutiny Board – to help the Board sets out its formal position by the end of the municipal year.

(f) Consider the matters currently identified as 'unscheduled' and agree how they may be considered prior to the end on the current municipal year; or carried forward for the successor Scrutiny Board to consider.

(g) Notes the intention to present the Board's draft formal response to the proposed development of Urgent Treatment Centres to the next meeting of the Scrutiny Board on 23 April 2019.

(h) Confirm the Scrutiny Board's support for the proposed joint approach with HealthWatch Leeds to consider local NHS healthcare providers Quality Accounts for 2019; that will provide a joint comment / commentary for inclusion in each of the providers draft quality account.

(i) Note the proposed joint Quality Account workshop will take place on 24 April 2019 (from 1:00pm) and agree nominations from the membership of the Scrutiny Board to attend and contribute to the workshop discussion.

(j) Consider the 'unscheduled' matters identified in the current year's work scheduled and identify those areas that should be highlighted / recommended to the successor board in the new municipal year.

(k) Note and comment on the minutes of the meetings of other Boards / Committees detailed in paragraph 3.31 and appended to this report (Appendix 5, 6 7 and 8).

(l) Note the arrangements for developing work programmes for the new municipal year across all Scrutiny Boards; and for planning purposes agree the proposed

meeting arrangements for the successor Scrutiny Board, as set out in paragraph 3.38.

(m) Note the intention to present a draft work schedule for 2019/20 to the next meeting of the Scrutiny Board on 23 April 2019 that reflects the outcome of the Board's discussion.

5 Background papers[1]

5.1 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.

APPENDIX 1

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Outline Work Schedule for 2018/19 Municipal Year
(March 2019 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

APPENDIX 1

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Outline Work Schedule for 2018/19 Municipal Year
(March 2019 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)		Outcome of Newton Europe system review (PM) Leeds mental health Framework – progress / performance review (PSR) Redesign of Community Mental Health Services for adults in Leeds (PSR) Leeds Health and Wellbeing Strategy – An Age Friendly City (Priority 2) (PSR)
Working Group Meetings		
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

APPENDIX 1

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Outline Work Schedule for 2018/19 Municipal Year (March 2019 update)

December 2018	15 January 2019	February 2019	March 2019
No Scrutiny Board meeting scheduled	**Meeting Agenda for 15/01/19 at 1.30 pm.**	**No Scrutiny Board meeting scheduled**	**No Scrutiny Board meeting scheduled**
	Adults Health & Active Lifestyles Financial Health Monitoring (PM) Performance Report (Adults, Health & Active Lifestyles) (PM) 2019/20 Initial Budget Proposals (PDS) Best Council Plan Refresh (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			
			11 March 2019 – Health Service Developments Working Group – Urgent Treatment Centres Proposals
Site Visits / Other			
5 December 2018 – West Yorkshire JHOSC		11 February 2019 – 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

APPENDIX 1

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Outline Work Schedule for 2018/19 Municipal Year
(March 2019 update)

2 April 2019	23 April 2019	Unscheduled
Meeting Agenda for 19/03/19 at 1.30 pm.	**No Scrutiny Board meeting scheduled**	**Meeting arrangements to be confirmed**
Leeds Safeguarding Adults Board Annual Report and Strategic Plan – mid-year review (PSR) Leeds Health and Care System (PM) • Local System Review – outcome and associated improvement plan Leeds Health and Care System (PM) • Leeds Plan Update • Developing Local Care Partnerships Quality of Social Care Services (PM) • CQC Adult Social Care Inspection Outcomes (Nov. 2018 – Jan. 2019) Quality of Social Care Services (PM) • Homecare Services in Leeds	Scrutiny Board statements, including: • Mental Health matters considered during the year • Response on Urgent Treatment Centres proposals Bereavement arrangements (PSR) NHS Long Term Plan – Implications/ proposals for Leeds (PDS)	Congenital Heart Disease Services – Implementation of National Review/Update (RT/ PM) Prisoner Health Inquiry – Formal Response to Recommendation (RT) Stroke care services – operational plan and implications for Leeds (PSR) Dementia Inquiry (PSR) Yorkshire Ambulance Service NHS Trust – service capacity and transformation programme (PM) CAMHS (PSR)
Working Group Meetings		
4 April 2019 – Joint Workshop – Draft Market Position Statement	24 April 2019 – Joint Workshop – Quality Accounts	Men's Suicide – the impact of problem gambling
Site Visits / Other		
	8 April 2019 – West Yorkshire JHOSC	Future West Yorkshire JHOSC meetings

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)
(November 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)
(November 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)
- Yorkshire Ambulance Service NHS Trust – transformation programme / service changes
- Stroke care services

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
- Adult and Older People Mental Health Services in Wetherby

[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/

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

Chief Executive,
Leeds Teaching Hospital NHS Trust

Chief Executive,
Harrogate and District NHS Foundation Trust

Accountable Officer,
North Yorkshire Clinical Commissioning Groups

By email

07 March 2019

Dear Councillor Hayden

CHANGES TO HYPER ACUTE STROKE SERVICES FOR HARROGATE PATIENTS

You asked for information on the plan for changes to hyper acute stroke services for Harrogate patients and any impact this might have on the Leeds Teaching Hospitals NHS Trust hyper acute stroke service for Leeds patients.

As you will recall from the briefings to the West Yorkshire Joint Health Overview & Scrutiny Committee in 2018[1], the West Yorkshire and Harrogate (WY&H) Specialist Stroke Care Programme was established to:

- ensure "hyper acute" stroke services (services providing care to patients within the first few days after a stroke) are high quality and fit for the future;
- reduce variation in hyper acute stroke care; and
- improve care and outcomes for people across the whole stroke care pathway, including prevention.

There are currently five "Hyper Acute Stroke Units" (HASU) in WY&H:

- Bradford Teaching Hospitals NHS Foundation Trust – Bradford Royal Infirmary
- Calderdale and Huddersfield NHS Foundation Trust – Calderdale Royal Hospital
- Harrogate and District NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust – Leeds General Infirmary; and
- Mid Yorkshire Hospitals NHS Trusts – Pinderfields General Hospital.

HASUs need to deliver the 7-day standards which set out an ambition that anyone who needs urgent or emergency hospital care has access to the same level of assessment and review, tests and consultant-led support whatever the day of the week.

Although our hospitals have been working hard to deliver safe, high quality care, differences in specialist stroke care exist. The evidence base shows that people who receive care in units that see a minimum of 600 new strokes per year are likely to have

[1] WY JHOSC, 8 October 2018:
https://democracy.leeds.gov.uk/documents/g8491/Public%20reports%20pack%2008th-Oct-2018%2013.30%20West%20Yorkshire%20Joint%20Health%20Overview%20and%20Scrutiny%20Committe.pdf?T=10

better outcomes, even if the initial travel time is increased. Ongoing rehabilitation should, however, be provided at locations closer to where people live, and they should be transferred to these as soon as possible after initial treatments.

The North Yorkshire Overview and Scrutiny Committee has considered the future model for stroke care for the Harrogate population on a number of occasions. Based on the issues set out below, the Committee supported the need for a new service model where patients would access hyper acute care at HASUs in Leeds and York, but continue to receive rehabilitation close to home:

- Due to the size of its catchment population, the Harrogate HASU currently admits around 300 strokes per year, well below the minimum of 600.
- Despite numerous attempts at recruitment the service has largely relied on a single stroke consultant supported by neurology and acute medicine. This support will not be available beyond April 2019.
- Other workforce shortages and CT scanning down time over the past year have resulted in short term (and short notice) diverts being put in place to other services in York and Leeds.
- The 7 day standards cannot be met with the current workforce.

The West Yorkshire Association of Acute Trusts, with Harrogate and Rural District CCG, York Teaching Hospital NHS Foundation Trust and Yorkshire Ambulance Service, has been leading work to develop and implement a sustainable model of hyper acute stroke care for the people of Harrogate and Rural District. An options appraisal was undertaken looking at 20 possible service models which were assessed for clinical and operational deliverability and safety. From the options appraisal a preferred model has been identified:

- The hyper acute stroke service at Harrogate District Hospital (HDH) will cease and instead suspected strokes will be transported by Yorkshire Ambulance Service (YAS) to either York Teaching Hospital (YTHFT) or Leeds Teaching Hospital (LTHT).
- Patients will be taken to the stroke centre that is nearest in terms of travel time.
- Any patients who self-present with suspected stroke at HDH will be investigated and if a stroke is confirmed will be taken to LTHT.
- Under the proposed model it is expected that in the region of 210 confirmed strokes and 60 stroke mimics will receive their initial care at LTHT, while 80 confirmed strokes and 40 mimics will receive their initial care at YTHFT.
- Patients identified as stroke mimics at LTHT and YTHFT will be repatriated to HDH as soon as possible and, where it is safe to do so, before admission to LTHT or YTHFT.
- Following receipt of hyper acute care, stroke patients will be repatriated to HDH as soon as possible, likely within 72 hours.
- Patients will receive rehabilitation through the existing rehabilitation services at HDH or go straight home and receive community-based rehabilitation support.

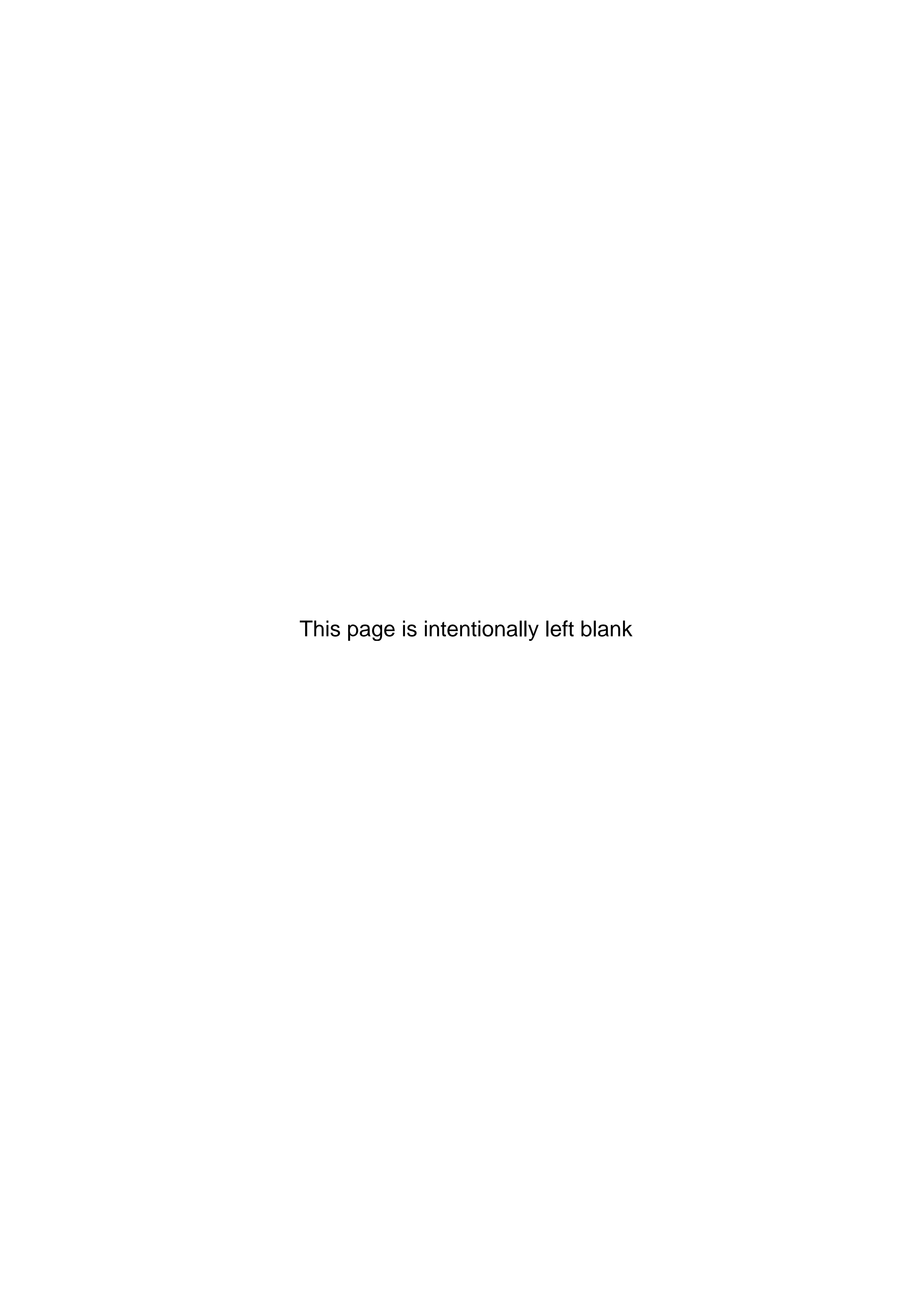
To accommodate these 210 additional hyper acute stroke patients, LTHT requires 2 extra HASU beds with the appropriate staffing. LTHT is planning to create these beds by turning two of its acute stroke beds into hyper acute stroke beds. By improving and increasing rehabilitation for acute stroke patients and in the community, LTHT will be able to reduce length of stay for patients in the acute stroke beds, reducing the need for these beds. Additional doctors, stroke nurses, physiotherapists, occupational therapists, and speech and language therapists are being recruited to staff these 2 beds at the appropriate level for hyper acute care. Clear pathways and processes will be in place for repatriation of stroke patients for rehabilitation at HDH or home. This will ensure Harrogate patients spend the minimum time necessary in the LTHT HASU, to reduce the impact of the additional patients and to ensure they receive the maximum care close to home.

We will monitor the Sentinel Stroke National Audit Programme data and operational performance metrics to ensure quality of care for all patients is maintained.

Implementation of the new service model is on track for a start date of 3 April 2019. We are confident that, with investment in the mitigations detailed above, the new service model will improve care for Harrogate stroke patients and will not impact on the quality of care for Leeds patients.

Yours sincerely,

Dr Yvette Oade	**Dr Ros Tolcher**	**Amanda Bloor**
Acting Chief Executive	Chief Executive	Accountable Officer
Leeds Teaching Hospital NHS Trust	Harrogate and District NHS Foundation Trust	North Yorkshire Clinical Commissioning Groups


This page is intentionally left blank

Joint Health Overview and Scrutiny Committee for North Yorkshire County Council, City of York Council and Leeds City Council

Minutes of the meeting held on Friday 15 February 2019 at 10.30 am.

Present:-

North Yorkshire County Councillors: Jim Clark (Chairman), Liz Colling, John Mann and Zoe Metcalfe
City of York Councillors: Paul Doughty, Chris Cullwick, Kallum Taylor
Leeds City Councillors: Norma Harrington and Sandy Lay.

Apologies:-
Leeds City Councillor Helen Hayden.

Officers:-
Steven Courtney, Leeds City Council
Daniel Harry, North Yorkshire County Council
David McLean, City of York Council.

In attendance:-
Nigel Ayre, Healthwatch North Yorkshire
Dr John Beal, Healthwatch Leeds
Dr Peter Billingsley, Scarborough and Ryedale Clinical Commissioning Group
Tim Cate, Tees, Esk and Wear Valleys NHS Foundation Trust
Joanne Crewe, Harrogate and Rural District Clinical Commissioning Group
Colin Martin, Tees, Esk and Wear Valleys NHS Foundation Trust
Dr Tolu Olusoga, Tees, Esk and Wear Valleys NHS Foundation Trust
Susan Robins, Leeds Clinical Commissioning Group
Mark Vaughan, Leeds Clinical Commissioning Group.

Press and public were also in attendance.

1. Welcome to the Meeting

Daniel Harry, Democratic Services and Scrutiny Manager for North Yorkshire County Council, welcomed everyone to the meeting of the Joint Health Overview and Scrutiny Committee for North Yorkshire County Council, City of York Council and Leeds City Council. He explained that the meeting had been convened to enable all three Councils to scrutinise proposals for changes in the commissioning and provision of mental health services in the greater Harrogate area, which may have implications for the populations of North Yorkshire, York and Leeds.

DRAFT

2. Election of Chairman

Daniel Harry asked for nominations for Chairman for the meeting. North Yorkshire County Councillor Liz Colling nominated North Yorkshire County Councillor Jim Clark to be Chairman of the meeting. This was seconded by North Yorkshire County Councillor John Mann.

The vote was taken and, on a show of hands, the motion was declared carried with none against and no abstentions.

North Yorkshire County Councillor Jim Clark welcomed everybody to the meeting. He said that there were numerous challenges associated with the commissioning and provision of mental health services in the patch that were the result of over two decades of under investment in mental health services. He noted that the way in which the NHS was configured locally made it difficult to maintain an aerial view of what the impact of commissioning proposals would be.

North Yorkshire County Councillor Jim Clark said that this meeting gave an opportunity to explore in greater depth some of the issues that had been identified by the North Yorkshire County Council Scrutiny of Health Committee at their meeting on 14 December 2018. He said that it was not the intention to rehearse those discussions. Instead, the intention was to enable the three local authorities to come together, review the proposals and how they had been developed and then come to a consensus view about what further action should be taken.

3. Declarations of Interest

The following interests were declared:

- Leeds City Councillor Sandy Lay declared an interest as he is employed as a Charge Nurse at Harrogate Hospital A&E Department.

- Daniel Harry, Democratic Services and Scrutiny Manager at North Yorkshire County Council, declared an interest as he manages the Council's contract for Healthwatch North Yorkshire.

- Nigel Ayre representing Healthwatch North Yorkshire declared an interest as he is a Councillor with the City of York Council.

4. Joint Health Overview and Scrutiny Meeting Terms of Reference

Daniel Harry introduced the report. North Yorkshire County Councillor Liz Colling moved that the terms of reference be accepted and used as the basis for the meeting. North Yorkshire County Councillor Zoe Metcalfe seconded that motion.

The vote was taken and, on a show of hands, the motion was declared carried with none against and no abstentions.

5. Public Questions or Statement

DRAFT

There were no public questions or statements.

6. City Councillor and County Councillor Questions or Statements

North Yorkshire County Councillor Geoff Webber spoke to the Committee to raise his concerns regarding the proposed closure of the two mental health in-patient wards at Harrogate Hospital.

North Yorkshire County Councillor Geoff Webber cited recent newspaper reports (i-newspaper dated 15 February 2019) that indicated that successive national governments had failed mental health patients by not providing sufficient funding to enable services to be developed that met identified need. He noted that this was particularly true in North Yorkshire that had struggled that decades of under-investment in mental health services.

North Yorkshire County Councillor Geoff Webber raised his concerns that the proposed changes to mental health services would mean that people would have to travel considerably further to receive the treatment that they needed. He said that people with severe and advanced dementia, who would not be able to be cared for in other settings, would likely go to in-patient treatment at York or Middlesbrough.

North Yorkshire County Councillor Geoff Webber reminded those present that North Yorkshire is a large rural county. He noted that there were many anecdotal examples of people booking into hotels to stay the night before attending health appointments just to be sure that they were on time the following day. He urged commissioners and providers to think very carefully before taking any further decisions about what the future shape of mental health services should be.

7. Local Healthwatch Questions or Statements

Nigel Ayre of Healthwatch North Yorkshire said that Healthwatch shared many of the concerns that had been raised by North Yorkshire County Councillors at the Scrutiny of Health Committee meeting on 14 December 2018. He said that there had been a legacy of under investment in community mental health services in the county. He also said that it was misleading to suggest that an 'either or decision' had to be made between in-patient care and community care. Nigel Ayre said that it was important that there was a balance of both in-patient care and community care.

Nigel Ayre noted that the Government had continued to highlight the need for parity of esteem between mental health and physical health services.

Nigel Ayre also suggested that it was misleading to make direct comparisons between recent changes to the provision of hyper acute stoke services in Harrogate and the proposals that were now under discussion for mental health services in the area. Whilst hyper acute stroke can be treated at a specialist unit within 24 or 48 hours and then that person moved back to rehabilitation in their local area, it is highly unlikely that most people at a point of mental health crisis can be admitted and then released back into the community within 48 hours.

Nigel Ayre noted that the proposals did not seem to fully consider the impact upon families, particularly children in cases where a parent is admitted to in-patient care.

DRAFT

Nigel Ayre said that the distances that will have to be travelled to in-patient care in Middlesbrough or York could be up to 60 miles one way.

Nigel Ayre also highlighted concerns that Healthwatch had regarding the provision of Section 136 suites. He said that there had at one point in time been four Section 136 suites but over time this number had reduced and there were concerns about how care would be provided for those people in mental health crisis who were detained under Section 136 by the Police.

Nigel Ayre referred to the Clinical Senate report on the proposed changes. He said that it did not seem like the overall context of provision of mental health services in the county had been fully taken into account in that report. Specifically the closure of the two in-patient mental health wards at the Friarage Hospital in Northallerton. He said that the Clinical Senate report also did not appear to consider the impact of the proposals on the overall number of in-patient beds in York and North Yorkshire. Nigel Ayre said, that by his calculations, there was an overall proposed loss of 60 mental health in-patient beds in York and North Yorkshire based on a starting position of 150 beds.

In conclusion, Nigel Ayre of Healthwatch North Yorkshire suggested that the proposals being considered today appeared to have been driven by financial concerns rather than being policy driven.

Dr John Beal of Healthwatch Leeds explained that he was a Co-opted Member of the health scrutiny committee for Leeds City Council. He said that in general he supported the principles of moving people from inappropriate in-patient mental health settings and placements into enhanced community care near to where they live. He said that it was always preferable to avoid admittance to mental health in-patient units and that when people were admitted that they only stayed for a short period of time. Dr John Beal said that the important thing was to achieve the right balance between in-patient care and community care and also to ensure that appropriate levels of community care were in place, particularly for people at a point of crisis.

Dr John Beal then raised four questions that he asked Members of the Committee to consider, as follows:

1. What consultations have taken place with the Wetherby population and what feedback has been received?
2. What are the proposals for providing enhanced community based care and crisis care?
3. What services will be provided for people with autism who also have mental health concerns?
4. Has sufficient consideration been given to the impact of the proposed changes upon service users and their families?

City of York Councillor Paul Doughty said that he was Chairman of the City of York Council health scrutiny committee. He said that he had heard compelling arguments by the two Healthwatch organisations. Also, that he was keen to ensure that in-patient provision was maintained in York for the York population.

DRAFT

City of York Councillor Paul Doughty acknowledged the impact that the centralisation of mental health in-patient beds would have upon people living in Wetherby and North Yorkshire. He said that the new mental health hospital for York was currently under construction on the basis of 72 in-patient beds and that this was to meet the assessed level of need for the York population. He then raised his concerns about how the needs of the Harrogate population could then be met within the existing provision that was being built at York. City of York Councillor Paul Doughty noted his concerns that this may then mean that some York patients are displaced from the new York Hospital so as to make space for people from the greater Harrogate area. He sought reassurances from the commissioners and providers that this would not be the case and that there would always be a bed at the new York mental health hospital for a patient from York.

8. Context Setting Reports

Daniel Harry introduced the reports stating that they had been included to provide Members of the Committee with the context for the discussions today. He said that the first report contained the minutes and key points raised at the meeting of the North Yorkshire County Council Scrutiny of Health Committee at their meeting on 14 December 2018. The second report related to a discussion at the City of York Health and Adult Care Overview and Scrutiny Committee meeting on 12 February 2019.

The reports were noted.

9. Transforming Mental Health Services for Adults and Older People in Harrogate and Rural District

The representatives from mental health commissioners and providers all introduced themselves to the Committee. Joanne Crew of Harrogate and Rural District Clinical Commissioning Group and Colin Martin of the Tees Esk and Wear Valleys NHS Foundation Trust jointly introduced the report.

North Yorkshire County Councillor Jim Clark asked Colin Martin and Joanne Crew to consider the following issues as part of their presentation to the Committee:

1. Whether the recommendations in the Clinical Senate report, dated October 2018, had been followed up and addressed
2. Whether beds are being closed or re-provided and what was meant by the term ‘re-provision’
3. Who made the decision for the pause in the development of the mental health in-patient unit at Cardale Park in Harrogate.

North Yorkshire County Councillor Jim Clark also expressed his surprise that the Clinical Senate Report had not been previously shared with the committee.

Joanne Crew said that the Clinical Senate report had been referenced in the Case for Change document, which had been included in the papers that had been presented to the North Yorkshire County Council Scrutiny of Health Committee meeting in December. She said that the Clinical Senate report recommendations had now all been completed and addressed.

DRAFT

Colin Martin said that, in reference to in-patient beds, that he agreed that there needed to be a clear statement of what was happening to bed numbers. He said that, as of end of February 2019, there would be no mental health in-patient beds in Northallerton. He said that the term used by mental health professionals was 're-provision', as in-patient beds would still be available within the TEWV area. In-patient beds would also be removed from Harrogate, as the proposal is that the new mental health in-patient unit is not built and also that the existing mental health in-patient beds at Harrogate Hospital will be closed. As such, the overall number of beds will reduce but this is in line with current NHS policy and the need to move to more community provision. He acknowledged previous comments that there needed to be a good combination of community and in-patient resources.

Colin Martin said that the decision to 'pause' to build the new mental health in-patient facility at Cardale Park in Harrogate was taken by the Tees, Esk and Wear Valley NHS Foundation Trust. He said that the level of need, the standards required for a new build and the money that it would take to make such a new build sustainable in the longer term had all been taken into account when making that decision. He reassured the Committee that the Cardale Park site would still be used for some form of health or social care service provision but at this point it was not clear what that would be. He said that he would come to future meetings of this Joint Committee and individual local authority Scrutiny of Health Committees to provide further information when it was forthcoming.

Susan Robins of Leeds Clinical Commissioning Group, in response to concerns raised regarding the level of engagement with the Wetherby population, said that she had previously met with Members of Leeds City Council. She said that very small numbers of people would be affected by the proposals. She gave assurances that the Clinical Commissioning Group would engage in an extensive consultation with public and professionals about the proposed changes to mental health services in the Harrogate area and how this may impact upon them.

Joanne Crew said that a comprehensive programme of consultation and engagement was under development. She also said that NHS England was fully supportive Option 3 in the proposals, that being to invest in extended community services through a reduction in inpatient beds and to provide inpatient care from a specialist facility elsewhere in the Trust. Once consultation and engagement on the new model of enhanced community services has been completed then it will be possible to understand the level of in-patient beds needed for the population in the greater Harrogate area.

North Yorkshire County Councillor Jim Clark said that the Committee Members accepted that there was a need to move away from in-patient provision to enhanced community care over time. Concerns remained, however, about how the transition would be managed. He said that it made more sense to build up community services first and then close beds rather than doing it the way that is being proposed.

Dr Tolu Olusoga of Tees, Esk and Wear Valleys NHS Foundation Trust said that there had been an over-reliance upon in-patient admissions to care. He said that there needed to be a renewed focus on community based crisis care that could be provided locally to where people lived. He stated that, from his experience, all available beds are usually filled despite the fact that those admissions may not be appropriate. Dr

DRAFT

Tolu Olusoga said that the intention was to look at the overall mental health estate and provision of care and come to the right balance between community and in-patient services.

Dr Tolu Olusoga responded to concerns about the availability of Section 136 beds and said that further work was being done to identify alternative places of safety that could be used. He said that the advantage of this was that people could be protected, assessed and potentially treated in an environment that was less restrictive than a Section 136 suite.

Dr Peter Billingsley of Scarborough and Ryedale Clinical Commissioning Group said that there had been historically low use of Section 136 beds and that most people admitted to a Section 136 bed went home within a couple of hours. He said that the emphasis needed to be upon building up enhanced community crisis care and the delivery of services closer to home.

Dr Peter Billingsley said that discussions about in-patient beds were often a distraction, pulling the focus away from early intervention and treating people in their own homes rather than a mental health in-patient unit.

Dr Peter Billingsley said that he welcomed the interest of the three local authorities in the development of mental health services in the area and the public debate that it would help to stimulate.

Colin Martin stated that in the past 12 months Tees, Esk and Wear Valleys NHS Foundation Trust had provided additional community based mental health services in North Yorkshire and York and that they were beginning to close the gap that existed between North Yorkshire and York and some surrounding authorities.

North Yorkshire County Councillor Jim Clark asked what the next steps would be for commissioners and providers.

Joanne Crew said that a robust and comprehensive engagement and communications plan would be developed which would be used to gain insight from members of the community, service users, carers and key stakeholders of what the shape of enhanced community services could be. Once the outcome of this work had been assessed and analysed then there would be a greater understanding of what level of in-patient beds would be needed.

North Yorkshire County Councillor Jim Clark asked Colin Martin directly whether a mental health in-patient hospital or unit would be built in the Cardale Park site in Harrogate.

In response, Colin Martin said that he could not see a situation where a mental health in-patient hospital or unit would be built on that site.

North Yorkshire County Councillor Jim Clark queried whether North Yorkshire patients would need to travel to Leeds to receive in-patient care.

Colin Martin said no. There was a commitment to keep people close to their community and to the community mental health services in their area. He said that Tees, Esk and

DRAFT

Wear Valleys NHS Foundation Trust did not want people to have out of area placements.

North Yorkshire County Councillor Liz Colling asked what was meant by the term 'out of area placements'.

In response, Colin Martin said that out of area meant out of the area covered by the Tees, Esk and Wear Valleys NHS Foundation Trust. He reassured Members that the intention was always to provide mental health in-patient care closest to where people live.

North Yorkshire County Councillor Liz Colling asked whether a system was being designed that suited commissioners and providers but not patients.

City of York Councillor Paul Doughty raised a query as to what would happen to those people from the greater Harrogate area who needed in-patient care. He queried whether it would be received at the new York Hospital. If so, then he asked what capacity issues this would present and whether any York patients would be displaced.

Dr Tolu Olusoga said that there were a range of options being developed around the provision of dementia care. This included supporting patients with dementia care in residential care and nursing home settings but also in their own home. An important part of this was having a crisis care team available to support people particularly at weekends.

City of York Councillor Kallum Taylor raised a number of concerns about the consultation and engagement process and urged commissioners and providers to:

1. avoid the use of jargon
2. tailor any engagement to each individual community and area
3. to work closely with Healthwatch organisations
4. to seek out new groups of people to speak to rather than the usual suspects
5. to be explicit with the different communities what services they are likely to have and those which they will not.

He said that it was important to offer more than the routine consultation exercise.

City of York Councillor Kallum Taylor also noted his unease that one of the key issues being cited for not building the Cardale Park mental health in-patient unit was the need to have single sex provision. He said that guidance had been in place for many years emphasising the need to provide single sex accommodation and as such this was not something new or different. He said that both commissioners and providers would have been aware of this fact at the earliest stages of planning for the new build. City of York Councillor Callum Taylor said that he hoped that the commissioners and providers could understand why people may be concerned, suspicious and cynical about the rationale for some of the proposed changes.

North Yorkshire County Councillor John Mann said that there remained significant concerns that the transition from in-patient care to enhanced community based care would not go smoothly. He also queried what work was being done with the local

authorities present to co-ordinate care over both mental health services and social care services.

Tim Cate said that the managed closure of the two mental health in-patient wards at the Friarage Hospital in Northallerton had been successful and people had been moved into alternative in-patient units or community-based care.

Nigel Ayre of Healthwatch North Yorkshire said that it was clear from the discussions at the meeting that any consultation would not be on proposals for change but on how the proposals would be implemented. He said that he endorsed the comments that had been made by Dr Peter Billingsley but that travel times and distances still posed huge problems for parents, carers, families and loved ones.

Leeds City Councillor Sandy Lay noted that, as an Accident and Emergency department nurse, he knew that mental health community teams and in particular the crisis teams were overstretched and under resourced. He said that he regularly saw people in mental health crisis being sent to A&E, even though that was not appropriate. He said that there was a need to have a range of alternative places of safety that could be accessed by the Police and other organisations.

Leeds City Councillor Sandy Lay stated that a community of 160,000 people would need some in-patient beds. He said that it was right to look at developing community care and the implementation of prevention programmes and early intervention but that there would still be a need to treat some people as in-patients. He then raised a number of questions for the commissioners and providers present as follows:

1. do you have enough qualified staff to support the development of enhanced community services particularly crisis support
2. what support will be put in place for carers particularly elderly carers of people with severe dementia
3. what work will be done to raise awareness of the 136 service, how it works and what is the most appropriate response to someone in crisis in the community
4. will any of the proposed changes save money and if so what will be done with those savings.

Joanne Crew noted that workforce issues remain significant across all aspects of the NHS across the UK. North Yorkshire was not different in this respect. She reiterated that the proposals were not driven by finances and were not about saving money. Instead, there was a commitment to enhancing community based services and ensuring that in-patient admissions were appropriate and made only where absolutely necessary. Joanne Crew said that there would be a great emphasis upon co-design with the public following comprehensive public engagement and consultation.

Daniel Harry said that it was important to be clear whether it was engagement that would be undertaken or formal consultation. If there was to be formal consultation, then there remained a question as to what the consultation would be upon as it was clear that the mental health in-patient wards at Harrogate Hospital would be closed and no new in-patient facility built in Harrogate.

Leeds City Councillor Norma Harrington said that little account had been taken of people living in the villages around Wetherby. This was of concern as they faced

DRAFT

particular problems around access to public transport. She also queried how the services provided to the Wetherby population would compare to those provided to the Harrogate and Leeds populations and warned against creating a postcode lottery.

Leeds City Councillor Norma Harrington said that further work needed to be done to take into account the increasing population in the Wetherby area that would result from building over 3,000 new houses.

Leeds City Councillor Norma Harrington said that there was an ageing population in Wetherby and that 55% of people in the area were over 60 years old.

Susan Robins of Leeds Clinical Commissioning Group said that local demography would be taken fully into account.

Resolved -

The joint committee resolved:

1. A meeting of the joint committee to be convened once the public engagement process by Tees Esk and Wear Valleys NHS FT and the Harrogate and Leeds Clinical Commissioning Groups has been completed and there is a better understanding of: 1) what the model of enhanced community mental health care will be; 2) what the demand for in-patient beds will be; and 3) how the transition between in-patient care and enhanced community care will be managed.

2. In the interim, continue to undertake local scrutiny of mental health service commissioning and provision through the three local authority scrutiny of health arrangements. The three local authority scrutiny officers to maintain communication between the three committees and ensure that work is appropriately co-ordinated.

3. In the interim, Harrogate and Rural District Clinical Commissioning Group, Leeds Clinical Commissioning Group and Tees Esk and Wear Valleys NHS FT to provide the scrutiny of health committees in North Yorkshire, Leeds and York with further information on the planned engagement process, including timings and scope.

4. In the interim, Harrogate and Rural District Clinical Commissioning Group, Leeds Clinical Commissioning Group and Tees Esk and Wear Valleys NHS FT to provide the scrutiny of health committees in North Yorkshire, Leeds and York with further information on the progress that is being made with transition from s.136 suites and to places of safety in the community.

5. In the interim, Harrogate and Rural District Clinical Commissioning Group, Leeds Clinical Commissioning Group and Tees Esk and Wear Valleys NHS FT to provide the scrutiny of health committees in North Yorkshire, Leeds and York with further information on: 1) how NHS, local authority, voluntary and community sector and private sector organisations are working together to provide mental health support and services in the community; 2) how the proposals reflect the plans for mental health provision as set out in the NHS Long Term Plan and the plans for increased

DRAFT

mental health spending by 2022 as set out in the last Autumn Statement from the Chancellor.

6. Harrogate and Rural District Clinical Commissioning Group, Leeds Clinical Commissioning Group and Tees Esk and Wear Valleys NHS FT to consider the impact of house building and the changing demographic of communities in Harrogate, York and Wetherby upon the planning of enhanced community services and in-patient services.

7. Acknowledging that an in-patient mental health unit will now not be built at the Cardale Park site in Harrogate, Harrogate and Rural District Clinical Commissioning Group, Leeds Clinical Commissioning Group and Tees Esk and Wear Valleys NHS FT to provide: 1) further assurance that the planned in-patient capacity will be sufficient to meet current and predicted future needs of the population; and 2) an impact assessment (and mitigation plan) for those populations currently accessing in-patient care at Harrogate.

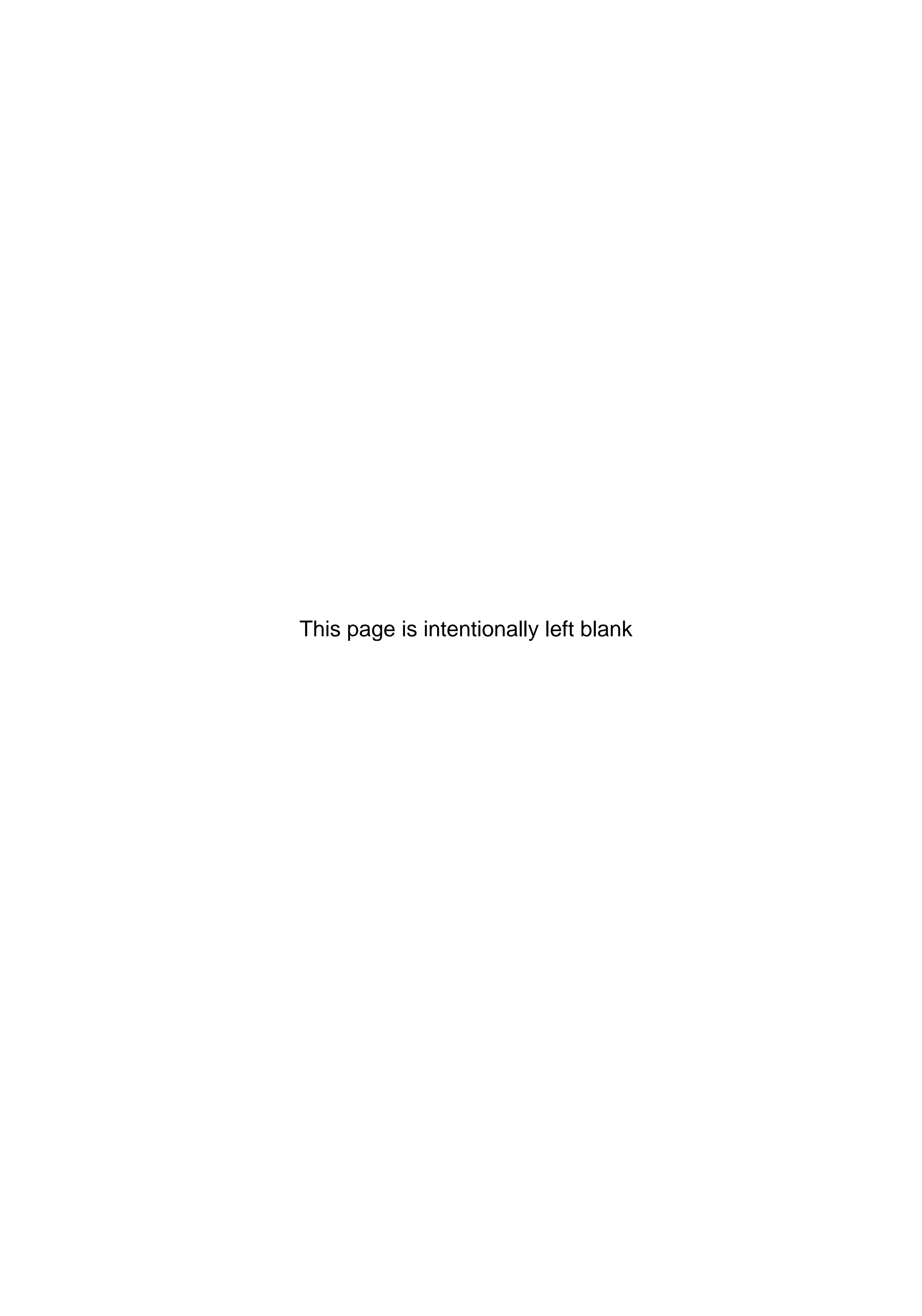
10. Other Business which the Chairman agrees should be considered as a matter of urgency because of special circumstances

There were no items of other business.

The meeting concluded at 1:15pm

DH – 22.02.19

DRAFT


This page is intentionally left blank

Julian Hartley
Chief Executive, Leeds Teaching
Hospitals NHS Trust

Councillor Helen Hayden
Chair, Scrutiny Board
(Adults, Health and Active Lifestyles)
3rd Floor (East)
Civic Hall
LEEDS
LS1 1UR

Sent via e-mail only

E-Mail address: helen.hayden @leeds.gov.uk
Civic Hall tel: 0113 3950456
Our ref: HH/SMC

11 December 2018

Dear Julian,

RE: Bereavement arrangements

Over the past couple of months, I have been involved in an ongoing exchange with colleagues at the Trust regarding its bereavement arrangements and the release of bodies for burial purposes. I am very much looking forward to receiving the additional details requested regarding opening hours and general performance of the histopathology services.

Meanwhile, I have received some feedback from my councillor colleagues based on the details provided to date, which suggests there are a number of areas where improvements could be implemented and more consistent practice across neighbouring Hospital Trusts offered to residents across West Yorkshire. I have set out the feedback below for your consideration and response.

Non Coroner reportable deaths in hours

In circumstances where a patient is deceased and the death is not reportable to HM Coroner, the treating doctor completes a Medical Certificate of Cause of Death (MCCD), and the family make an appointment at the Registrar's to register the death. Once the death has been registered the Registrar issues a Death Certificate and a Green Disposal Certificate to the family, they pass the Green Disposal Certificate to their chosen Funeral Director who can then attend the Mortuary to remove the deceased.

Feedback: In this case, the hospital should issue the MCCD (the ward Doctor) immediately because its natural expected death or the doctors are satisfied with the cause of death. The community should not have to wait for the registration or green form or even the Coronors out of England certificate. The patient's body should be released to the families appointed funeral director fairly quickly rather than waiting for the paperwork completion.

It is understood that the following procedure is followed in neighbouring hospitals Trusts (i.e Bradford, Halifax, Huddersfield and Wakefield):

- The funeral director fills an early release form and the body is released immediately.
- This helps to speed the process of repatriation, while one family member follows the procedure of registration and visiting the coroner, the other family members can organise the washing and funeral service hand in hand.

- This practice enables the repatriation same day alternatively the deceased is repatriated on the second day.

Non Coroner reportable deaths overnight weekdays

In circumstances where a death occurs during the night Monday - Friday, it may be possible for a Doctor to complete the MCCD. However because the Registrar's office does not operate a 24 hour service, an appointment to register the death can only be made the next working day. The deceased can therefore not be released until the death has been registered and a Green Disposal Certificate issued.

Feedback: As set out in the proposals for 'in hours non coroner reportable death'. The MCCD should be issued immediately by the Doctor and the body should be released through the mortuary rather than waiting for other process. The family should not have to wait until the next day to visit the Bereavement office at 10.00am to pick up the MCCD before the body is released. .

Non Coroner reportable deaths at weekends

In circumstances where a death occurs outside of mortuary hours, over the weekend or Bank Holidays the release of a patient is authorised and facilitated by the Clinical Site Managers (CSM). The treating doctor completes the MCCD and the death must be registered. The Registrar's office is open Saturday morning 9am – 12pm, by appointment only, and in addition, both Jewish and Muslim faith leaders in the Leeds area have an arrangement with the Registrar's office and are also able to issue Green Disposal Certificates over weekends and Bank Holidays. So families are able to register the death and be given a Green Disposal Certificate allowing the release of the body over the weekend period.

Feedback: This is not understood to be the practice in neighbouring hospital Trusts and there should be a consistent approach for all communities within the boundaries of the West Yorkshire Association of Acute Trusts (WYAAT).

Post-mortem examination

Post-mortem examinations fall into two categories, those requested by HM Coroner, and those undertaken at the request of the responsible clinician with the appropriate consent of next of kin. In both circumstances post-mortem examinations are only undertaken within histopathology working hours. The only exception to this is a paediatric forensic case due to the time sensitive nature of the police investigation.

Feedback: There is a demand (and need) for the provision of a post-mortem service on Saturdays (as a minimum) and Sundays. The Coroner's office has previously made a commitment for the coroner's office to meet the needs of faith communities – in particular the Jewish and Muslim communities where urgent post-mortems are needed to meet the religious obligations for a quick burial.

As part of the WYAAT programme of work, I should be grateful if you could incorporate a review of current practices in order to:

- Help deliver a consistent approach across the WYAAT footprint (in line with the principals of standardisation, collaboration and economies of scale);
- Ensure any unnecessary delays caused by current practices / arrangements are removed in any affected hospital Trust
- Provide equal access / opportunities for families across the west Yorkshire and Harrogate Health and Care Partnership footprint.

I should be grateful if you could advise me of any outcomes as soon as possible.

There is also another particular matter around post-mortems that I want to draw to your attention. This relates to the previous work of the Scrutiny Board and the issues raised around traditional post mortems and recent developments for non-invasive (scanning) procedures.

I understand in parts of Lancashire, all post-mortems undertaken are non-invasive (i.e. digital autopsies) unless there are some very specific circumstances that would require an invasive post-mortem at the outset. These are provided at no cost to families (unlike the current arrangements in West Yorkshire) and there is a high success rate (only 10% of non-invasive post-mortems are inconclusive and subsequently require a traditional examination).

Further details are available here and while this only represents some preliminary research, I believe this is worthy of further exploration. Recognising the decision about post mortems remains a judicial decision for responsible Coroners, I plan to share these details with the Coroner's office with the aim of gaining agreement for a review of current arrangements.
I hope those hospital trusts represented on WYAAT would be supportive of any such review and would welcome your comments in this regard.

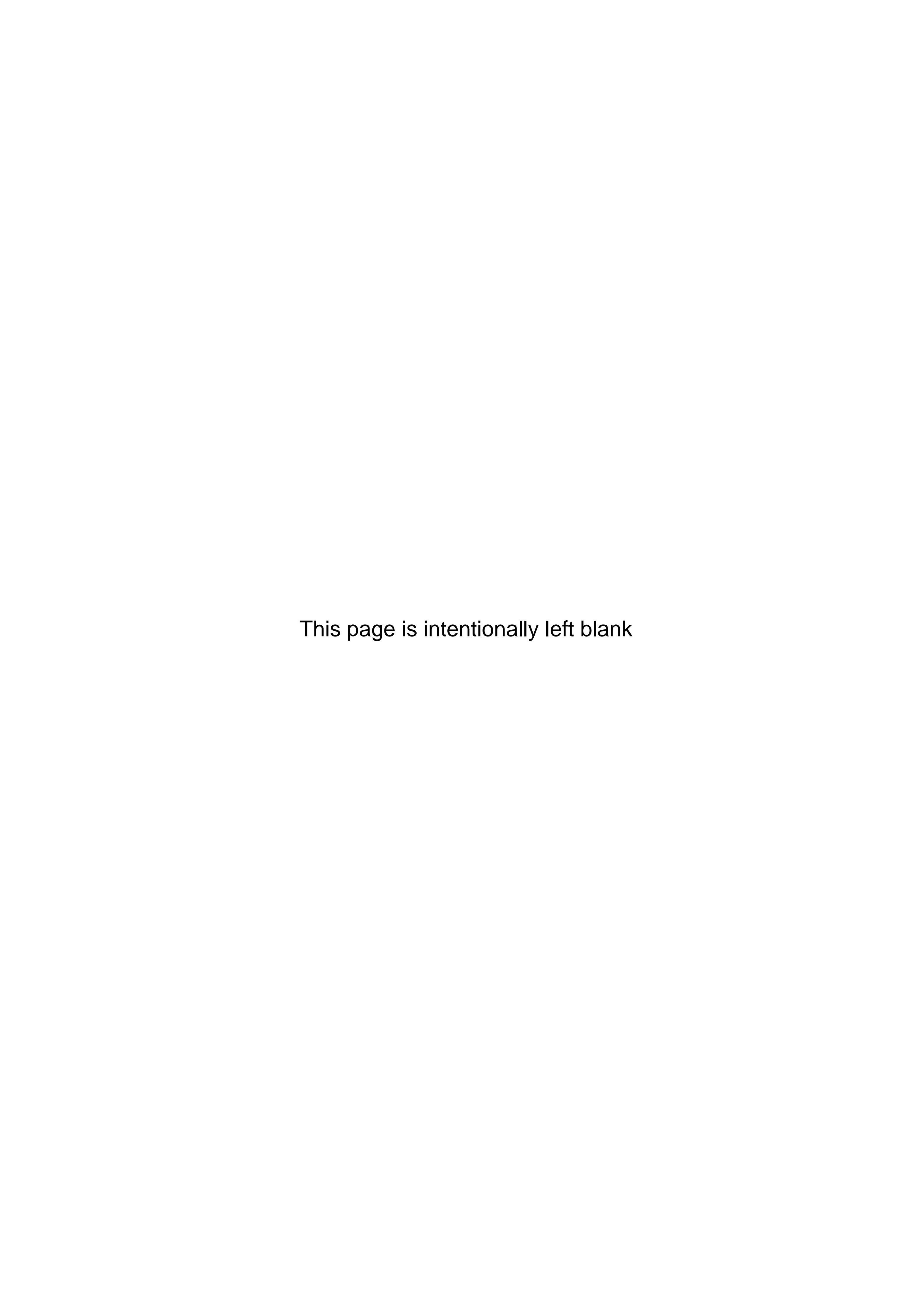
I trust these details are helpful and please let me know if it would be helpful to discuss any of these issues in more detail: I would be very happy to facilitate a meeting with relevant parties. Otherwise, I look forward to your response in the near future.

Yours sincerely,

H Hayden

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

cc All members of the Scrutiny Board (Adults, Health and Active Lifestyles)
Councillor Judith Blake, Leader of Leeds City Council
Councillor Debra Coupar, Deputy Leader of Leeds City Council and Executive Member for Communities
Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults



This page is intentionally left blank

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MONDAY, 11TH FEBRUARY, 2019

PRESENT: Councillor H Hayden in the Chair

Councillors S Baines, Y Crewe, V Greenwood, C Hutchinson, B Rhodes, N Riaz and L Smaje

38 Welcome and Introductions

The Chair welcomed all present to the meeting and brief introductions were made. The Chair also thanked representatives of Calderdale Council for hosting the meeting in Halifax Town Hall.

39 Appeals Against Refusal of Inspection of Documents

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

40 Exempt Information - Possible Exclusion of the Press and Public

The agenda contained no exempt information.

41 Late Items

There were no formal late items of business, however the Committee was in receipt of a supplementary pack in respect of agenda item 9 “West Yorkshire and Harrogate Health and Care Partnership – Mental Health Programme. (Minute 47 refers).

42 Declaration of Disclosable Pecuniary Interests

No declarations of disclosable pecuniary interests were made, however Councillor Baines MBE wished it to be recorded that he had a non-pecuniary interest in Agenda Item 10 “Proposed changes to specialist vascular services for adults in West Yorkshire” as a member of the Council of Governors at Calderdale and Huddersfield NHS Foundation Trust. (Minute 48 refers).

43 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from Councillor J Hughes. Apologies submitted by Councillors B Flynn and J Clark were picked up after the meeting.

44 Public Statements

The Joint Committee had received notice of intention to speak from Jenny Shepherd, Calderdale & Kirklees 999 Call or the NHS, however she was unable to attend. In her absence, the Joint Committee received the following statements:

Dr John Puntis, Leeds Keep Our NHS Public – made a representation regarding proposed changes to specialist vascular services for adults, particularly the proposal to reduce the number of arterial centres in the perceived face of rising demand for that service and the impact this may have

on patient access to the centres. He additionally commented on urgent and emergency care for paediatric cases in the Bradford area and the ability of a hospital based responsible consultant to evaluate patients at home and the risks/pressures which could be associated with that model of care.

Gilda Peterson made a representation regarding the award of the 111 NHS helpline contract to Yorkshire Ambulance Service; recognising this would be a key gateway to accessing care and emphasising the need to guarantee a quality service.

Following the statements, the Chair thanked those making representations and the Joint Committee

RESOLVED –

a) To thank the members of the public for their attendance and representations made to the Joint Committee.
b) To note the contents of the representations and to have regard to them during consideration of the matters included within the formal agenda.

45 Minutes - 5 December 2018

RESOLVED – That the minutes of the previous meeting held 5th December 2018 be agreed.

46 West Yorkshire and Harrogate Health and Care Partnership: Urgent and Emergency Care Programme

The Joint Committee received a report from West Yorkshire and Harrogate Health and Care Partnership presenting an outline of the activity taking place across the Partnership relating to the urgent and emergency care programme.

The following were in attendance and contributed to the discussions:

- Keith Wilson – Programme Director (Urgent and Emergency Care), West Yorkshire and Harrogate Health and Care Partnership
- Rod Barnes – Chief Executive, Yorkshire Ambulance Service NHS Trust
- Karen Coleman – Communication and Engagement Lead, West Yorkshire and Harrogate Health and Care Partnership
- Ian Holmes – Director, West Yorkshire and Harrogate Health and Care Partnership

The Programme Director (Urgent and Emergency Care), West Yorkshire and Harrogate Health and Care Partnership and the Chief Executive, Yorkshire Ambulance Service NHS Trust, introduced the report, which included information on the role of the Urgent & Emergency Care Programme Board and the five Accident & Emergency (A&E) Delivery Boards. The report outlined the following key areas of work within the urgent and emergency work programme:

- 100% of the population to have access to an integrated urgent care Clinical Assessment Service by March 2019

- Working with CCGs, the GP Out of Hours Service and NHS 111 to increase the number of patients receiving clinical advice.
- Bookable face to face appointments in Primary Care services through NHS 111 where needed
- A WY&H campaign – 'looking out for your neighbours'
- Identifying and sharing good practice across A&E delivery boards

The Joint Committee was advised of Yorkshire Ambulance Service NHS Trust's recent award of the NHS 111 contract and, through the combined work with the 999 Service, this would help provide access to integrated urgent care clinical assessment service by March 2019.
Current challenges / risks identified included:

- Achieving the national target of over 50% of patients receiving clinical advice (where this would be beneficial). By the end of March 2019, estimated performance would be 47%.
- National IT issues affecting the successful rollout of direct booking (of primary care appointments) through NHS 111 (where needed).

The Communication and Engagement Lead also provided the Joint Committee with an overview of the "Looking out for our Neighbours" West Yorkshire and Harrogate campaign, due to be launched on 15th March 2019.

The Joint Committee discussed a number of key issues, including:

- Overall plans to improve the NHS 111 service and service user's experience of the service.
- General workforce and workforce retention issues that may impact on the objectives and desired outcomes of the programme; and the alignment with the overall NHS workforce strategy.
- The level of support from GPs in order to provide a direct booking facility to primary care from NHS 111 (where needed).
- Implications of a direct booking facility for branch surgeries.
- General capacity issues within Yorkshire Ambulance Service NHS Trust.
- Potential safeguarding issues and considerations associated with the 'Looking out for our neighbours' campaign.
- The level of contingency associated with identifying additional service users (who may be currently 'unknown') through the 'Looking out for our neighbours' campaign.

Specific matters were identified for further consideration with reports back to the Joint Committee at a future meeting:

- A review of the outcomes following the roll-out of the expanded NHS 111/999 service, to include consultation with service users to ensure that the patient experience is reflected and reported.
- A review of the capacity of the expanded NHS 111/999 service, specifically to provide information on the capital and revenue investment to secure delivery of the contract.

Additionally a request to inform all local Councillors when the “Looking out for our neighbours” campaign was to be launched in their wards was noted, along with the offer to share further information with the Joint Committee.

RESOLVED

a) To note the contents of the report and the comments made during the discussions
b) To note the intention for the Joint Committee to receive further reports in due course on the following matters:
   i). A review of the outcomes following the roll-out of the expanded NHS 111/999 service, to include consultation with service users to ensure that the patient experience is reflected and reported.
   ii). A review of the capacity of the NHS 111/999 service, to include information on the capital and revenue investment.

47 West Yorkshire and Harrogate Health and Care Partnership: Mental Health Programme

The Joint Committee received a report from West Yorkshire and Harrogate Health and Care Partnership presenting an outline of the activity taking place across the Partnership relating to the mental health programme and in particular the Learning Disability and Autism Programme.

The following were in attendance and contributed to the discussions:

- Sara Munro, Mental Health Programme Board Chair, West Yorkshire and Harrogate (WYH) Health and Care Partnership
- Ian Holmes, Director, West Yorkshire and Harrogate Health and Care Partnership

The Mental Health Programme Board Chair introduced the report, which identified the following objectives:

- Development of standard operating models for acute and specialist services; with care delivered in the least restrictive environment possible and more care in the community.
- Improved patient experience and access to services for the people of WY&H
- Reduction in A & E attendances (40% reduction in unnecessary A&E attendance)
- 50% reduction in number of section 136/ Places of Safety
- A zero suicide approach to prevention (10% overall reduction in the population and 75% reduction in targeted service areas and suicide hotspots by 2020-21)
- Elimination of adult out of area placements for non-specialist acute care
- Development of new care models for CAMHs T4, Adult Eating Disorders and Forensic services
- Reduction in waiting times for autism assessments and development of future commissioning framework for ASD/ADHD.

It was noted that these objectives were framed within the overarching principles of reducing local variation in the quality of services across the partnership and providing more consistent pathways for service users.

The following specific work streams were detailed in the report and also highlighted at the meeting:

- Suicide prevention.
- New care models for children and adolescent mental health services and adult eating disorders.
- Autism and Attention Deficit Hyperactivity Disorder (ADHD)
- Assessment and treatment services for people with learning disabilities.
- West Yorkshire Transforming Care Partnership and Programme.

The Joint Committee considered the information provided and discussed a number of issues, including:

- Concerns regarding the significant variance in waiting times across the partnership for the assessment of autism and ADHD.
- Concern regarding the potential re-referral issues and alignment of autism and ADHD assessment pathways across the partnership.
- Clarification sought around 'tackling the waiting list as one' and outsourcing of autism and ADHD activity to independent providers.
- Recognising the new model of tertiary Child and Adolescent Mental Health Services (CAMHS), the JHOSC questioned the nature of the current referral system and the role of schools, academies and other places of learning.
- Consideration of whether there was a need for a more joined-up and consistent multi-agency approach regarding children and young people's mental health services – preceding secondary and tertiary care.
- How the West Yorkshire Mental Health Collaborative could work differently to address the general lower life expectancies of people with long-term mental health problems and learning disabilities
- Ensuring any reduction in the bed-base for mental health patients was accompanied with sufficient, effective and accessible community support in local areas.
- Assurance sought that real-time information sharing was available in relation to the suicide prevention work, and whether it was audited and resourced.
- Confirmation on no planned changes to the number of Assessment and Treatment Units (ATUs) – currently three – for people with learning disabilities requiring specialist inpatient support.

In conclusion the Joint Committee welcomed the recognition given to autism and ADHD and requested a further report to a future meeting in order to provide the Joint Committee with an update on the progress of the Programme and the specific matters identified during the discussion.
RESOLVED

a) To note the contents of the report, the supplementary information and the discussions held at the meeting.
b) To note the requests for the Joint Committee to receive further information on the matters identified during discussions in due course
c) To receive a report to a future meeting of the Joint Committee, providing an update on the overall progress of the Mental Health Programme and the specific matters identified at the meeting.

(Councillor Riaz withdrew from the meeting for a short while at this point)

48 Proposed changes to specialist vascular services for adults in West Yorkshire

The Joint Committee considered a report from the NHS England Specialised Services Commissioners relating to the proposed reconfiguration of specialist vascular services for adults in West Yorkshire; namely the number of arterial centres required to provide complex vascular care across West Yorkshire. The report also set out the proposed approach to future public consultation and engagement on the proposals for consideration by the Joint Committee.

The following key points were highlighted in the report:

- The current service provision across West Yorkshire, including three arterial centres (Bradford Royal Infirmary, Leeds General Infirmary and Huddersfield Royal Infirmary) and two non-arterial centres (Pinderfields and Airedale General Hospitals).
- The National Service Specification Requirements to ensure resilience and maintain the skills and competence of the team.
- The options appraisal for the future of the service and the impact of the preferred option.
- Proposals for the approach to public engagement and consultation.

The following were in attendance and contributed to the discussions:

- Matthew Groom – Assistant Director of Specialised Commissioning (Yorkshire and Humber), NHS England
- Sarah Halstead – Senior Service Specialist for Specialised Commissioning (Yorkshire and Humber), NHS England
- Mr Neeraj Bhasin – West Yorkshire Vascular Service Clinical Director
- Matt Graham – Programme Director, West Yorkshire Association of Acute Trusts

In introducing the report and associated proposals, the Assistant Director of Specialised Commissioning stated that NHS England Specialised Services Commissioners did not envisage significant growth in patient numbers / demand for the specialism to warrant retaining a third arterial centre to provide complex vascular care across West Yorkshire.

The following key points were highlighted by the Joint Committee during its discussions:

- Acknowledgement that the proposals:

- Aimed to provide a regional solution for the provision of urgent and non-urgent vascular care services, through a network of hospital centres offering a range of services.
    - Envisaged clinicians working across different hospital centres within the network, rather than a single centre.
- Concern over the potential impact on other services provided by Calderdale and Huddersfield NHS Foundation Trust (CHFT), should the hospital no longer function as an arterial centre (as proposed).
- Concern over potential, and as yet undetermined, future consequences of centralisation of the service.
- Assurance sought over long-term service provision and that workforce matters were not the principle driver for the proposed reconfiguration of services.
- Assurance sought that there were sufficiently robust plans in place to train and retain and relevant clinicians required to deliver the proposed services.

The Joint Committee heard that recruitment and retention of staff was at the heart of the proposals – a single service for WYH would provide an attractive opportunity for consultants to undertake intensive work and gain extensive skills and experience, on rotation with less intensive work; and ensure the WYH service remained sustainable.

- A request for more detailed information regarding journey times, and the associated assumptions, for patients and their families in the areas most affected by the proposals.
- Concern that public consultation would be limited to 'a single option' and that details of the other (discounted) options should be presented to the public as part of the consultation phase.
- A request for more detailed information on the plans for consultation, alongside the public consultation materials.
- Confirmation around the potential impact of in/out of area patient flows and any capacity implications for the ambulance service (Yorkshire Ambulance Service NHS Trust).

The Joint Committee considered the nature of consultation already undertaken and expressed its disappointment that, although there had been some engagement with Trusts, clinicians and patients in early 2017, the issue had only very recently been brought to the Joint Committee's attention and only now being presented in the public domain, as a point when formal public consultation was due to commence. .

RESOLVED -

a) To note the contents of the report and the proposals put forward. .
b) That the further information and/or assurance sought at the meeting be provided to all members of the Joint Committee.
c) That further consideration of the proposals be considered at a future meeting of the JHOSC, including any emerging themes from the public consultation.

49 Work Programme

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support on the continuing development of the Joint Committee's future work programme.

The Joint Committee considered the proposed future work programme and also discussed the following matters:

- The letter received from the Chief Executive Officer, West Yorkshire and Harrogate Health and Care Partnership setting out the implications of the NHS Long Term Plan, as published on 7 January 2019 (attached at Appendix 2 of the report).
- Other matters discussed earlier in the meeting that should be reflected in the Joint Committee's future work programme.
- The proposed review of the West Yorkshire and Harrogate Health and Care Partnership Workforce Strategy – A Healthy Place to Live, a Great Place to Work, including:
    - The proposed Terms of Reference (attached at Appendix 3 of the report).
    - Arrangements to establish a sub-committee to undertake the review; and to receive its evidence in public.
    - Any substitute arrangements should be limited to the membership of the Joint Committee.
    - The indicative timescales set out in the proposed Terms of Reference

RESOLVED –

a) To agree the proposed future work programme (attached as Appendix 1 to the report), subject to the inclusion of other matters highlighted at the meeting.
b) To agree the Terms of Reference for the review of the West Yorkshire and Harrogate Health and Care Partnership Workforce Strategy (attached as Appendix 3 to the report).
c) To appoint a sub-committee to undertake the review of the West Yorkshire and Harrogate Health and Care Partnership Workforce Strategy, as set out in the agreed Terms of Reference and discussed during the meeting, as part of the outlined general arrangements.
d) That officers continue to develop the Joint Committee's work programme, based on comments made at the meeting and a revised version be presented for consideration at a future meeting of the Joint Committee.

50 Date and Time of Next Meeting

RESOLVED - To note the date and time of the next meeting as Monday 8th April 2019 at 10.30 am (with a pre-meeting for Committee Members at 10.00 am). This meeting will be held in County Hall, Wakefield.

EXECUTIVE BOARD

MONDAY, 14TH JANUARY, 2019

PRESENT: Councillor J Blake in the Chair

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

APOLOGIES: Councillor L Mulherin

140 Exempt Information - Possible Exclusion of the Press and Public
There was no information designated as being exempt from publication or confidential considered at this meeting.

141 Late Items
No formal late items of business were added to the agenda, however, prior to the meeting, Board Members were in receipt of supplementary information regarding agenda item 5 ('Site Allocations Plan Update: Main Modifications Consultation') as follows:

- Appendix 3 to the submitted report which provided the Sustainability Appraisal of the Inspectors' recommended potential Main Modifications;
- An updated version of 'Table 1', as included within Appendix 2 to the submitted report;
- Corrections to figures within the submitted covering report; and
- A proposed additional recommendation to the covering report.

(Minute No. 143 refers).

142 Declaration of Disclosable Pecuniary Interests
There were no Disclosable Pecuniary Interests declared during the meeting.

<u>**REGENERATION, TRANSPORT AND PLANNING**</u>

143 Site Allocations Plan Update: Main Modifications Consultation
Further to Minute No. 115, 13th December 2017, the Director of City Development submitted a report which provided an update on the current position regarding Leeds' Site Allocations Plan (SAP), presented details of the Inspectors' recommended potential Main Modifications to the SAP and which sought approval to a 6 week consultation period in respect of those Main Modifications.

Prior to the meeting, Board Members had received for their consideration, supplementary information in the form of:

- Appendix 3 to the submitted report, which was the Sustainability Appraisal document of the Inspectors' recommended potential Main Modifications;

- An updated version of ‘Table 1’, as detailed within Appendix 2 to the submitted report;
- A proposed additional recommendation for inclusion into the covering report; and
- Corrections to figures within the submitted covering report, as follows:

Page 2 of the covering report: para 4, line 11 (change 3,970 to **4,070**)
Page 6 of the covering report: para 3.1, bullet 6 (change 36 to **34** and change 792 homes to **1,850** homes and change 1,090 homes to **2,314** homes)
Page 9 of the covering report: para 3.23, MX2-39 amend 792 to **1,850** and amend the total from 825 to **1,883**
Page 10 of the covering report: para 3.33, HG2-124 amend 1,090 to **2,314** and amend total from 1,296 to **2,519.**

In presenting the submitted report, the Executive Member provided an update regarding the SAPs current position, the key aspects of the Inspector’s Main Modifications and he also extended his thanks to all who had been involved in progressing the SAP to this advanced stage. Members then briefly discussed the nature and extent of the Inspectors’ recommended Main Modifications to the SAP.

In considering the submitted report, Members noted that the matter had been considered by Development Plan Panel on 10th January 2019, which had recommended that Executive Board approve that the Inspectors’ recommended schedule of Main Modifications were subject to a 6 week public consultation period.

Members noted that, subject to the Board approving the consultation process, the period of public consultation would run from 21st January to 4th March 2019. Responding to an enquiry, the Board also received further information on the next steps of the SAP approval process, with it being noted that following the consultation exercise, the Inspectors’ Final Report together with the SAP recommended by the Inspector for adoption, was to be submitted to Executive Board and then to full Council, with it currently proposed for the SAP to be submitted to Council for the purposes of formal adoption in approximately June / July 2019.

In highlighting the importance for the SAP to continue to be progressed without delay and in acknowledging the key benefits of having a SAP adopted, it was noted that the scheduling of additional meetings of Executive Board and Council may be considered to facilitate its adoption, if required.

In reiterating the importance of the SAP continuing to be progressed without delay, Members also emphasised the separate but key role played by the Core Strategy Selective Review (CSSR), and the relationship that this has to the SAP, with the benefits of a robust position in terms of housing land supply being highlighted.

Also in relation to timescales, responding to a Member's comments on the reference within the submitted Appendix 2 regarding a review of the SAP to be commenced following the adoption of the CSSR and to be submitted no later than 31st December 2021, officers undertook that, subject to the outcome of the CSSR and any other factors which could potentially affect the process, every effort would be made for that review to be undertaken and submitted to the Secretary of State at the earliest opportunity, and in advance of 31st December 2021, with Members agreeing that at the appropriate time, a cross-party discussion be held with the aim of agreeing an indicative timeframe regarding the future review of the SAP.

Members also noted the national discussion, via the Local Government Association, regarding the factors affecting the efficient development of sites where planning permission had already been granted, with Members highlighting the need to keep pursuing this agenda, as appropriate.

RESOLVED – That having considered and noted the submitted cover report and Appendices 1-3, which included corrections to several figures within the covering report (as detailed above); the addition of a recommendation to the covering report (as referenced in resolution (b) below); Appendix 3 (Sustainability Appraisal of the Inspectors' Main Modifications) and an updated 'Table 1' within Appendix 2:-

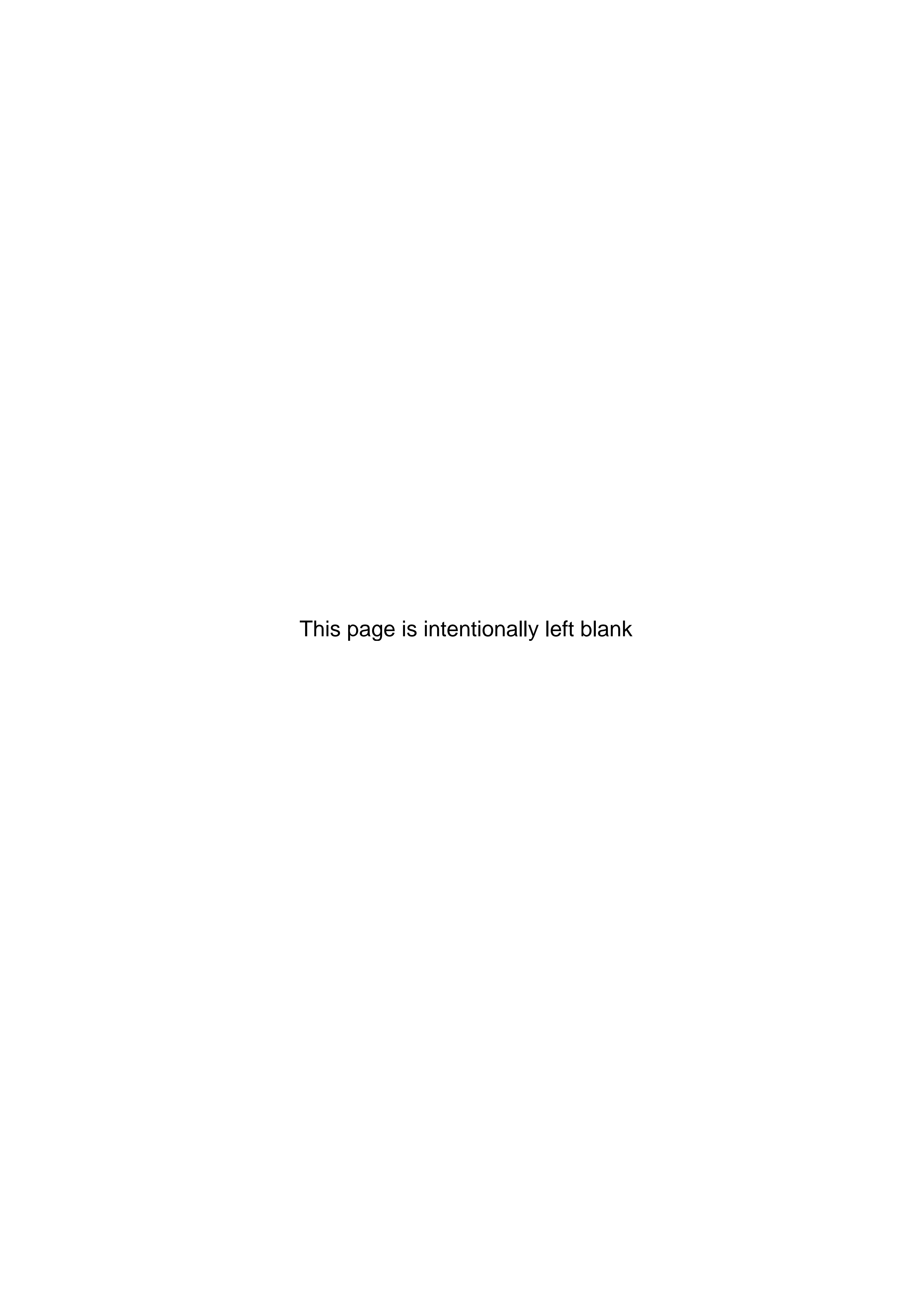
(a) Approval be given for the Schedule of the Inspectors' Main Modifications (as attached as Appendix 2 to the submitted report) and the Sustainability Appraisal of the Main Modifications (as attached as Appendix 3 to the submitted report), to be the subject of a 6 week period of public consultation; and

(b) For the purposes of accuracy, delegation be granted to the Chief Planning Officer, in consultation with the Executive Member for 'Regeneration, Transport and Planning' and with the agreement of the Planning Inspectors, to make any factual and other minor changes to the Main Modifications prior to consultation.

(The matters referred to within this minute, given that they were decisions being made in accordance with the Budget & 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)

DATE OF PUBLICATION: WEDNESDAY, 16TH JANUARY 2019

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: NOT APPLICABLE


This page is intentionally left blank

EXECUTIVE BOARD

WEDNESDAY, 13TH FEBRUARY, 2019

PRESENT: Councillor J Lewis in the Chair

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

APOLOGIES: Councillor J Blake

144 Chair of the Meeting

In accordance with Executive and Decision Making Procedure Rule 3.1.5, in the absence of Councillor Blake who had submitted her apologies for absence from the meeting, Councillor J Lewis presided as Chair of the Board for the duration of the meeting.

145 Exempt Information - Possible Exclusion of the Press and Public

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

(a) That Appendices A and B to the report entitled, 'Full Fibre Network Programme for Leeds', referred to in Minute No. 159 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 the information within those appendices provide commercial pricing from those suppliers involved in the Soft Market Test. In order to obtain the most competitive prices possible in response to a future procurement exercise the Council does not wish to put pricing information received to date into the public domain. It is felt that disclosure of this information would be prejudicial to the Council and the suppliers involved. As such, this information is deemed exempt from publication due to its commercially sensitive nature and the disclosure of which may have a detrimental impact on the outcome of any future procurement. With this in mind, it is felt that maintaining such information as exempt from publication outweighs the public interest in disclosing it at this time;

(b) That Appendix A to the report entitled, 'Proposed Heads of Terms for Joint Venture Arrangements between London and Continental Railways (LCR) and Leeds City Council', referred to in Minute No. 163 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 the information within that appendix relates to the financial and business affairs of both the Council and LCR. To disclose the information contained within Appendix A could prejudice the Council's position in relation to the proposals outlined in the submitted report. As such, in these circumstances, it is deemed that the public interest in maintaining the exemption outweighs the public interest in disclosing the information;

(c) That Appendices 2 and 3 to the report entitled, 'Leeds City Region Enterprise Zone Update and Infrastructure Delivery', referred to in Minute No. 166 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 the information within those appendices relate to the financial and business affairs of the Council and Northern Powergrid (NPG) and the disclosure of such information would be prejudicial to the Council's negotiations with NPG as well as to the commercial interests of both parties. In these circumstances, the public interest in maintaining such information as being exempt from publication outweighs the public interest in disclosing it.

146 Declaration of Disclosable Pecuniary Interests

There were no Disclosable Pecuniary Interests declared during the meeting.

147 Minutes of the Previous Meeting

RESOLVED – That the minutes of the previous meetings held on the 19th December 2018 and the 14th January 2019 be approved as a correct record.

HEALTH, WELLBEING AND ADULTS

148 Safeguarding Adults Board: Annual Report 2017/18 and Strategic Plan 2016/19

Further to Minute No. 84, 18th October 2017, the Director of Adults and Health submitted a report presenting the Leeds Safeguarding Adults Board Annual Report for 2017/18, together with its Strategic Plan (2016/19). The report looked to provide details of the Board's achievements over that period and set out the Board's ambitions moving forward.

The Board welcomed Richard Jones CBE, Independent Chair of the Leeds Safeguarding Adults Board to the meeting, who was in attendance in order to introduce the key points of the annual report and to highlight key priorities.

Responding to a Member's enquiry, the Board received further information regarding the existing arrangements in place and the ongoing work being undertaken with neighbouring Authorities and partners to further develop the collaborative approach towards safeguarding matters, specifically those with cross-boundary implications.

Again, in response to a Member's enquiry, the Board received information on the role played by third sector organisations in the promotion of safeguarding

in the particular communities they serve, together with the work being undertaken to continue to develop the third sector's role in this area.

RESOLVED –

(a) That the contents of the Leeds Safeguarding Adults Board Annual Report 2017/18 and the Board's Strategic Plan going forward, as appended to the submitted report, be noted;

(b) That the strategic aims and ambitions of the Leeds Safeguarding Adults Board, which looks to make Leeds a safe place for everyone, be supported.

LEARNING, SKILLS AND EMPLOYMENT

149 Determination of School Admissions Arrangements for 2020/21

The Director of Children and Families submitted a report which sought approval of the Local Authority Admissions Policy and admissions arrangements for school entry in 2020. Also, the report detailed the changes which had been made to the policy, and invited the Board to note the updated co-ordination arrangements.

RESOLVED –

(a) That in considering the school admissions arrangements for 2020, approval be given to the Admissions Policies for Primary and Secondary schools, as detailed within Appendices A and B to the submitted report, with the following being noted:-

(i) That the nearest priority is no longer included in the policy for Community and Voluntary Controlled Primary Schools and that applications will be prioritised based on catchment area priority;
(ii) That any child with a sibling on roll at the school at the time of admission will receive sibling priority for admission;
(iii) That applications received more than 4 weeks after the national deadline for applications will be considered as 'late' and therefore considered after all 'on time' preferences (currently 6 weeks);
(iv) That the wording in relation to Children Looked After has been amended to reflect current legislation and practice;
(v) That parents will apply directly to the Local Authority for a school place outside the normal admissions round (rather than directly to their preferred school); and
(vi) That the policy includes greater clarity regarding waiting lists, home addresses, shared care arrangements where parents have separated and how multiple birth siblings do not have the random allocation tie break applied where they are tied for the final place available.

(b) That the co-ordinated scheme for admission arrangements for entry in September 2020, as detailed at Appendices C and D to the submitted report, be noted, with it also being noted that there are no changes to

the 2019 arrangements, other than updates to timelines, and that in-year applications should be sent to the Admissions Team rather than directly to schools;

(c) That it be noted that the officer responsible for this work is the Lead for the Admissions and Family Information Service, with it also being noted that the date for implementation (ie. determination of any revised policy) is by no later than 28 February 2019, with the policy being published by 15 March 2019.

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

150 Design & Cost Report and Tender Acceptance Report for the Learning Places expansion of Moor Allerton Hall Primary School

Further to Minute No. 124, 19th December 2018, the Director of Childrens and Families submitted a report on the proposed expansion of Moor Allerton Hall Primary School with specific reference to the proposed entering into a Joint Contracts Tribunal (JCT) 2016 contract with Leeds D&B One Co. for the delivery of critical works which were required to adhere to the expansion programme. In addition, the report sought the necessary approvals to enter into related contracts and to incur the necessary expenditure.

Responding to a Member's enquiry, the Board discussed and received further information on the estimated overall costings for the scheme, and what the estimated costs, as detailed within the submitted report, were comprised of.

RESOLVED –

(a) That the expenditure of £5,653,729.02 from capital scheme number 32737/MAL/000 for the construction work and associated fees for the expansion of Moor Allerton Hall Primary School, necessary for occupation from September 2019, be approved;

(b) That the acceptance of the tender submitted via the Leeds Local Education Partnership in the sum of £4,730,797 inclusive of all professional design fees incurred by the appointed contractor, development costs and surveys incurred by the contractor, be authorised; with it being noted that this figure includes the previously approved sum of £355,503.43 for the completion of the necessary 'Early Works' packages, and that the release of funding for the construction costs will be subject to valuations completed and validated by NPS Ltd. (Leeds);

(c) That the requirement to enter into a contractual agreement with Leeds D&B One Co. in order to deliver the development at Moor Allerton Hall Primary School, be authorised, which will take the form of a JCT 2016 head contract between the authority and Leeds D&B One Ltd. for the sum of £4,730,797;

(d) That approval be given to the entering into a deed of variation with Environments for Learning Leeds PFI One Limited, in order to exclude the existing service road across Allerton Fields from the PFI site for Allerton Grange School in order that such access road can be remodelled as part of the development at Moor Allerton Hall Primary School;

(e) That approval be given for the resolutions, as minuted, from this report to be exempted from the 'Call In' process, on the grounds of urgency, as detailed within sections 4.5.1 – 4.5.4 of the submitted report;

(f) That it be noted that the estimated scheme cost of £5,653,729.02 includes: £4,730,797 for construction works (this is the contract / tender submission value inclusive of £355,503.43 of previously approved 'Early Works' costs); professional fees and survey costs of £509,285; £30,000 for loose furniture and equipment; £55,500 for supporting costs and a client held contingency commensurate to the scale and complexity of the project; with it also being noted that the construction cost includes £358,694.00 of 'on-site' Highways upgrades to facilitate the conversion of the PFI service road into a drop-off loop serving both Moor Allerton Hall and Allerton Grange School, with it being further noted that this solution has been developed in conjunction with Planning and Highways in response to evidenced congestion and road safety issues in the locality and which represents a significant and critical 'abnormal' added to the scheme during design development;

(g) That it be noted that the officers responsible for the implementation of the above resolutions are the Head of Service Learning Systems and the Head of Projects and Programmes, Asset Management and Regeneration, and that approval be given to authorise such officers to enter into all other agreements which are required to deliver this project.

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

(The Council's Executive and Decision Making Procedure Rules state that a decision may be declared as being exempt from the Call In process if it is considered that any delay would seriously prejudice the Council's, or the public's interests. In line with this, the resolutions contained within this minute were exempted from the Call In process, as per resolution (e) above, and for the reasons as detailed within sections 4.5.1 – 4.5.4 of the submitted report)

151 Outcome of Statutory Notice to permanently increase learning places at Benton Park Secondary School from September 2021

Further to Minute No. 89, 17th October 2018, the Director of Children and Families submitted a report detailing proposals brought forward to meet the Local Authority's duty to ensure a sufficiency of school places. Specifically, this report detailed a proposal to expand secondary school provision at

Benton Park Secondary School and sought a final decision in respect of this proposal.

Members welcomed the proposed expansion of provision at Benton Park Secondary School, and responding to a Member's enquiry, the Board received further information on the actions being taken which aimed to deliver increased funding where it was required for other schools of a similar priority.

RESOLVED –

(a) That the proposal to permanently expand secondary provision at Benton Park Secondary School from a capacity of 1225 pupils to 1500 pupils, with an increase in the admission number from 245 to 300, with effect from September 2021, be approved;

(b) That it be noted that the implementation of the decision (as above) is subject to feasibility and planning permission, as indicated at section 4.4.1 of the submitted report, and that the proposal has been brought forward in time for places to be delivered for 2021;

(c) That it be noted that the responsible officer for the implementation of such matters is the Head of Learning Systems.

COMMUNITIES

152 Locality Working and Priority Neighbourhood Update

Further to Minute No. 101, 15th November 2017, the Director of Communities and Environment submitted a report which highlighted the progress which had been made to date, the emerging issues which had arisen and the areas for further development in relation to the Locality Working and the Priority Neighbourhood work programme.

Responding to a Member's enquiry regarding the monitoring of performance in this area, the Board noted that the new approach had only been operational for a year, and that more detailed performance data would follow in the 'Year 2' update report.

Also, in response to a Member's enquiry, the Board received assurances that although focus was being placed upon the 6 priority neighbourhoods and 12 priority Wards, the overall aim of the approach was to provide benefits to all communities across the city, and not to negatively impact upon those communities which bordered the priority neighbourhoods.

RESOLVED –

(a) That the contents of the submitted report, together with the comments made at the meeting regarding the progress which has been made in this area to date, be noted;

(b) That the Director of Communities and Environment be requested to progress performance management arrangements at the appropriate

spatial level to support Year Two of the Priority Neighbourhoods programme;

(c) That the Director of Communities and Environment be requested to provide Executive Board with an annual update on year two achievements in 12 months' time.

153 Long term strategic partnership with Leeds Credit Union

Further to Minute No. 61, 21st October 2015, the Director of Communities and Environment submitted a report which provided an update on the Council's strategic approach towards supporting the work of Leeds Credit Union (LCU) in tackling financial exclusion and poverty in Leeds, and which detailed proposals to further develop the longer term strategic partnership between the Council and the LCU.

Members highlighted the valuable role which continued to be played by the Leeds Credit Union across the city.

In considering the submitted report and in response to a Member's specific request, agreement was provided that, separate to the Executive's consideration of this matter today, the relevant Scrutiny Board would be asked to review the contents of the submitted Executive Board report and any related financial information regarding the LCU, as part of the Council's longstanding partnership role.

Responding to a Member's enquiry, confirmation was received that having sought specific legal advice, the proposals detailed within the submitted report did not violate any EU State Aid Regulations.

RESOLVED –

(a) That, separate to the Executive's consideration of this matter today, the relevant Scrutiny Board be asked to review the contents of the submitted Executive Board report and any related financial information regarding the LCU;

(b) That the significant progress which has been made and the projects developed through the partnership between the Council and Leeds Credit Union, be noted and welcomed;

(c) That the provision to Leeds Credit Union of a grant over 6 years of £198,333 per year, that is linked to greater lending targets and membership levels of Leeds residents, be approved;

(d) That the necessary authority be delegated to the Director of Communities and Environment, in consultation with the Chief Officer Financial Services, to enable the Director to negotiate and enter into a grant agreement with Leeds Credit Union;

(e) That agreement be given for the amount of interest payable by Leeds Credit Union on its existing loan from the Council to be reduced, in line with the details as set out within the submitted report.

154 Homelessness and Rough Sleeping Strategy 2018-2022

The Director of Resources and Housing submitted a report which sought approval of the Leeds Homelessness and Rough Sleeping Strategy 2018 to 2022 and which sought approval to request that the Leeds Homelessness Forum undertake the role of overseeing the delivery of the Strategy over its life span.

Members welcomed the contents of the submitted report and the progress being made in Leeds, with specific reference being made to the key role being played by the multi-agency Street Support Team.

RESOLVED –

(a) That the Leeds Homelessness and Rough Sleeper Strategy 2018-2022, as appended to the submitted report, be approved;

(b) That the Leeds Homelessness Forum be requested to oversee the delivery of the Homelessness and Rough Sleeper Strategy over its life span.

ECONOMY AND CULTURE

155 North and West Yorkshire Business Rates Pool

The Chief Officer (Financial Services) submitted a report which provided an update on the successful North and West Yorkshire bid to pilot 75% business rates retention in 2019/20; which noted the revoking of the Leeds City Region Pool; requested approval of the formation of a new Joint Committee to oversee the North and West Yorkshire Business Rates Pool; and which also requested agreement of the related Governance Agreement and Terms of Reference.

In considering the submitted report and with reference to the Government's 'Fair Funding Review', the Board welcomed the resource which this pilot would bring to the Council as a member of the North and West Yorkshire Business Rates Pool in 2019/20, whilst Members also emphasised the need for such a scheme, or its equivalent, to be provided on a longer term basis for the benefit of the Council's forward planning.

In conclusion, the Board extended its thanks to the Chief Officer Financial Services for the work he, and his team had undertaken in leading on the successful pilot bid and also for the ongoing work being undertaken as part of Leeds' role in being the lead authority for the pool.

RESOLVED –

(a) That the update on the new North and West Yorkshire Business Rates Pool, as detailed within the submitted report, be noted;

(b) That the revoking of the Leeds City Region Pool on 31st March 2019 be noted, and that agreement be given to the disbanding of the Leeds City Region Pool Joint Committee on the same date;

(c) That approval be given to appoint the Leader of Leeds City Council to a new Joint Committee which will oversee the new North and West Yorkshire Business Rates Pool, with such a Joint Committee consisting of the Leaders of those Authorities specified in section 3.5 of the submitted report, and which will have the Terms of Reference, as appended to the submitted report;

(d) That the Governance Agreement for the North and West Yorkshire Business Rates Pool, be noted and agreed;

(e) That the Terms of Reference for the North and West Yorkshire Business Rates Pool, be noted and approved;

(f) That the necessary authority be delegated to the City Solicitor in order to enable the City Solicitor to seek the formal agreement of the other 13 members of the Pool to the new arrangements.

156 2019/20 Revenue Budget Proposals; Capital Programme for 2019-2022 and Treasury Management Strategy 2019/20

Further to Minute No. 135, 19th December 2018, the Chief Officer, Financial Services, submitted a suite of reports regarding: proposals for the City Council's Revenue Budget for 2019/20 and the Leeds element of the Council Tax to be levied during the same period; proposals regarding an updated Capital Programme for 2019-2022 and also a proposed updated Treasury Management Strategy for 2019/20.

(A) <u>2019/20 Revenue Budget and Council Tax</u>

RESOLVED –

(a) That Executive Board recommends to Council the adoption of the following:-

(i) That the revenue budget for 2019/20 totalling £516.7m be approved. This means that the Leeds element of the Council Tax for 2019/20 will increase by 2.99% plus the Adult Social Care precept of 1%. This excludes the police and fire precepts which will be incorporated into the report to be submitted to Council on the 27 February 2019;

(ii) That approval be given for grants totalling £65k to be allocated to parishes;

(iii) That approval be given to the strategy at Appendix 9 of the submitted report in respect of the flexible use of capital receipts;

(iv) That in respect of the Housing Revenue Account, Council be recommended to approve the budget with:-

- A reduction of 1% in dwelling rents in non-Private Finance Initiative areas.
- An increase of 3.4% in dwelling rents in PFI areas.
- A 3.3% increase in district heating charges.

- That service charges for multi-storey flats are increased by £0.75p per week.
- That service charges for low/medium rise properties are increased by 3.3%.
- That the charge for tenants who benefit from the sheltered support service currently paying £6 a week be increased to £8 per week.
- That any overall increase to tenants in respect of rents, service and sheltered support charges are capped at £3.50 per week.
- That an overall freeze is applied to any tenant who would have seen a weekly increase of less than £1 per week.

(b) That Executive Board's authority be given to officers to begin consultations without delay on the proposals for increases to existing fees and charges;

(c) That Executive Board's agreement be given to the proposals for the local Business Rates discount scheme for 2019/2020, namely:-
   (i) to offer £1000 discount to independent pubs with a rateable value of between £51,000 and £100,000, these pubs having been offered the same discount by government in 2018/19, but not covered by the 33% discount introduced by government for 2019/20 for retail properties with a rateable value under £51,000; and
   (ii) to continue to freeze the increase faced by businesses who solely provide childcare to the gross level of rates payable in 2017/18, where this increase is as a result of the revaluation;

(d) That Executive Board's thanks be extended to Scrutiny Boards for the comments and observations they made in considering the Council's initial budget proposals.

(B) <u>Capital Programme Update 2019 – 2022</u>

RESOLVED –
(a) That Executive Board recommends to Council:-
   (i) the approval of the Capital Programme for 2019-2022 totalling £1,699.7m including the revised projected position for 2018/19, as presented in **Appendix G** to the submitted report;
   (ii) the approval of the MRP policy statements for 2018/19 and 2019/20, as set out in **Appendix D(i)** and **D(ii)** to the submitted report;
   (iii) the approval of the new Capital and Investment Strategy, as set out in **Appendix E** to the submitted report.

(b) That Executive Board approval be given for the list of land and property sites, as shown in **Appendix B** to the submitted report**,** to be disposed of in order to generate capital receipts for use in accordance with the MRP policy;

(c) That Executive Board approval be given to the following injections into the capital programme:-

- £194.0m, of annual programmes as set out in **Appendix A(iii)** to the submitted report, to be funded by £90.5m LCC borrowing, £77.5m of HRA specific resources and £26.0m of general fund specific resources;
- £90.9m, of Council Housing Growth Programme Phase 2, as set out in **Appendix A(iii)** to the submitted report, to be funded by £67.8m of HRA borrowing supported by revenue and £23.1m of HRA specific resources;
- £51.7m, of bid pressures as set out in **Appendix A(iii)** and listed at **Appendix A(iv)** of the submitted report, to be funded by Leeds City Council borrowing;
- £127.6m, of other priority pressures as set out in **Appendix A(iii)** of the submitted report, to be funded by £54.8m of Leeds City Council borrowing and £72.8m of general fund specific resources.

(With it being noted that the above resolutions to inject funding of £464.2m will be implemented by the Chief Officer (Financial Services)).

(C) Treasury Management Strategy 2019/20

RESOLVED –

(a) That the Treasury Strategy for 2019/20, as set out in Section 3.3 of the submitted report, be approved by Executive Board, and that the review of the 2018/19 strategy and operations, as set out in Sections 3.1 and 3.2 of the submitted report, be noted;

(b) That it be noted by Executive Board that the revised CIPFA (Chartered Institute of Public Finance and Accountancy) Codes and Practice and Ministry of Housing, Communities and Local Government guidance have been adopted, with it also being noted that related changes are detailed in sections 3.6, 3.7 and 3.8 of the submitted report;

(c) That subject to full Council approval, the proposals for forward funding, as detailed in sections 3.3.6 to 3.3.9 of the submitted report, and as updated in the Treasury Management Policy Statement, as detailed at appendix D to the submitted report, be noted by Executive Board;

(d) That full Council be recommended to set the borrowing limits for 2018/19, 2019/20, 2020/21 and 2021/22, as detailed in Section 3.4 of the submitted report, and to note the changes to both the Operational Boundary and the Authorised limits;

(e) That full Council be recommended to set the Treasury Management indicators for 2018/19, 2019/20, 2020/21 and 2021/22, as detailed in Section 3.5 of the submitted report;

(f) That full Council be recommended to set the investment limits for 2018/19, 2019/20, 2020/21 and 2021/22, as detailed in Section 3.6 of the submitted report;

(g) That full Council be recommended to adopt the revised Treasury Management Policy Statement, as detailed at appendix D to the submitted report.

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

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

RESOURCES AND SUSTAINABILITY

157 Financial Health Monitoring 2018/19 - Month 9

The Chief Officer (Financial Services) submitted a report which presented the Council's projected financial health position for 2018/19, as at month 9 of the financial year.

Responding to a Member's enquiry, the Board was provided with further information on the proposal within the submitted report to change the way in which PFI lifecycle costs were funded, together with details of the benefits and implications of such a proposal.

RESOLVED – That the projected financial position of the Authority, as at Month 9 of the 2018/19 financial year, be noted.

158 Best Council Plan 2019/20 - 2020/21

Further to Minute No. 136, 19th December 2018, the Director of Resources and Housing submitted a report presenting the Best Council Plan 2019/20 to 2020/21 for the Board's consideration and approval that it be recommended for adoption by Council on 27 February 2019.

RESOLVED –

(a) That full Council be recommended to adopt the Best Council Plan 2019/20 to 2020/21, as detailed at Annexe 1 to the submitted report, at its meeting on 27th February 2019;

(b) That the Board's thanks be extended to Scrutiny Boards and other participants for their comments throughout the consultation process which have informed the proposed Best Council Plan 2019/20 to 2020/21;

(c) That subject to the Best Council Plan being adopted by Council, it be noted that further development and graphic design work will take place prior to the publication of the updated Best Council Plan in April 2019.

(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)

159 Full Fibre Network Programme for Leeds

The Director of City Development and the Director of Resources and Housing submitted a joint report which sought approval to undertake a procurement exercise for a partner to build and deliver a full fibre gigabit capable network for Leeds City Council and partner buildings across the district, within a financial envelope, with the aim of using such public sector owned sites as anchors to accelerate the wider roll out of 'fibre' provision.

In considering the submitted report, a Member requested that when this matter returns to the Board, the accompanying report provides details of the alternative approaches to this initiative which had been explored, why they had been rejected and why the approach being recommended was preferred.

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

RESOLVED –

(a) That the necessary authority be provided to go through a new procurement process for a partner to build and deliver full fibre connectivity to ensure the provision of the greatest amount of coverage, coupled with the opportunity to extend connectivity further with commercial investment within Leeds City Council's financial envelope;

(b) That agreement be given for all budgets, where there is a connectivity requirement, to be incorporated within the 'Full Fibre Programme', in order to achieve a greater coverage, cost saving and benefits realisation;

(c) That it be noted that the Chief Digital and Information Officer will be responsible for overseeing the 'Full Fibre' implementation, and that the Chief Economic Development Officer will take responsibility for supporting the commercial investment opportunities that this build may generate for the city.

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

160 Fleet Improvement Plan

The Director of Resources and Housing submitted a report providing a summary of the progress which had been made to date on the upgrade of the Council's fleet, which presented details of the next phase of the Council's fleet replacement plan and the electric vehicle scheme for the city, and which also

provided an overview of the roll out of the related electric infrastructure across the city.

Responding to an enquiry regarding the initiative which would enable local businesses to trial electric vehicles, it was highlighted that to ensure that the maximum number of businesses could benefit from this, an individual trial would only be for a pre-determined timeframe, currently proposed as 2 months.

Also, the Board received further information on the proposal regarding the electric retro-fitting of four refuse collection vehicles, and how such an innovative proposal would provide the Council with an interim opportunity to evaluate the performance of such vehicles on the ground, during a period when electric vehicle technology progressed rapidly. In addition, Members also received further information on how some businesses with fleets of heavy duty vehicles, such as bus companies, were approaching such matters.

Also, in acknowledging the speed at which technology in the field of ultra-low emissions vehicles was progressing, Members received further information on how the Council looked to continually review and monitor such matters in order to inform the approach that the Authority was taking.

RESOLVED –

(a) That it be noted that there is a separate report regarding the Revenue Budget Proposals and Capital Programme for 2019/2020 on the agenda for this meeting which seeks an injection of £1.98m into Capital Scheme 32834/HEL/000 (Minute No. 156 refers);

(b) That the authority to spend the £1.98m capital received from Highways England into the capital programme, be approved;

(c) That the authority to procure for the electric vehicle scheme for: (i) up to 75 vehicles; and (ii) the external partner to support mobilisation of the electric van scheme, be approved;

(d) That the authority to procure for the electric retrofit of four of the refuse collection vehicles, using the capital funding previously allocated for CNG vehicles, be approved;

(e) That the fleet replacement programme for 2019/20, which includes the accompanying electric infrastructure for the Council's own fleet, be approved;

(f) That the authority to procure for the additional electric charging infrastructure, funded through grant funding, be approved;

(g) That the development of the Alternative Fuel Strategy, be supported.

ENVIRONMENT AND ACTIVE LIFESTYLES

161 Design and Cost Report for Proposed new Gym at Middleton Leisure Centre

The Director of City Development submitted a report which outlined proposals to develop a new gym and re-modelled entrance area at Middleton Leisure Centre, and which also sought the relevant 'Authority to Spend' on the further design and construction of the proposed works at the Centre.

RESOLVED –

(a) That Authority to Spend £1,146,000 against Capital Scheme 33055 on the further design and construction of the proposed new gym, be approved, which will be inclusive of construction costs, fees and contingencies, subject to the award of planning consent for the proposed works;

(b) That it be noted that the Head of Active Leeds is responsible for the implementation of these proposals through existing delegated authority.

REGENERATION, TRANSPORT AND PLANNING

162 Leeds Public Transport Investment Programme: Bradford to Leeds (A647) Bus Priority Corridor

Further to Minute No. 45, 25th July 2018, the Director of City Development submitted a report which provided an update on the progress during 2018/19 on the significant schemes and the package development of the Leeds Public Transport Investment Programme. In addition, the report specifically set out the next steps for delivering the Bradford to Leeds A647 Bus Priority Corridor as part of the Programme and which sought related approvals.

Responding to a Member's specific concerns, officers provided assurances that where any related proposals required Traffic Regulation Orders to be obtained, then they would be subject to the usual statutory processes, including any formal public notice requirements.

With regard to the specific proposals regarding bus lanes and the operation of such lanes, the Board was provided with assurances that prior to any decisions being taken on such matters, Members of any affected Wards would be consulted.

RESOLVED –

(a) That the progress made since April 2016 in developing proposals, together with the subsequent public consultation responses received, be noted;

(b) That the total expenditure of £9.93m, funded from the existing Leeds Public Transport Investment Programme funding of £9.68m and an injection of £246,222 from S106 Developer Contributions to carry out

the detailed design and construction of the Bradford to Leeds A647 Bus Priority Corridor, be approved;

(c) That it be noted that the Chief Officer for Highways and Transportation is responsible for the implementation of the decisions arising from the submitted report.

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

163 Proposed Heads of Terms for Joint Venture Arrangements between London and Continental Railways and Leeds City Council

Further to Minute No. 80, 17th October 2018, the Director of City Development submitted a report which presented the proposed Heads of Terms for Joint Venture Arrangements with London and Continental Railways (LCR) in order to progress the proposals for the redevelopment of Leeds railway station. In addition, the report also sought relevant approvals to progress such proposals.

Following consideration of Appendix A 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 detail of the Heads of Terms for Joint Venture Arrangements with London & Continental Railways, as set out in exempt Appendix A to the submitted report, be approved, in order to progress the proposals for the redevelopment of Leeds railway station;

(b) That the necessary authority be delegated to the Director of City Development, to enable the Director to finalise and enter into the Joint Venture Arrangements with London & Continental Railways;

(c) That approval be given to inject and to provide the ‘Authority to Spend’ £2m as the Council’s Capital contribution towards the partnership to be established, pursuant to the Joint Venture Arrangements;

(d) That it be noted that the principle of joint acquisitions with LCR will be the subject of a further report to Executive Board in the future.

164 Phase 2 Leeds (River Aire) Flood Alleviation Scheme

Further to Minute No. 114, 13th December 2017, the Director of City Development submitted a report providing a further update on the development of Phase 2 of the Leeds Flood Alleviation Scheme (LFAS2). In addition, the report also sought approval of the remaining elements of the scheme required to deliver the proposals.

Members welcomed the proposals detailed within the submitted report and briefly discussed the location of the proposed attenuation area.

In addition, the Board acknowledged that the two step approach being recommended was the most pragmatic way forward, given the Government's current position of being unable to provide any more than £65million of funding at this stage, prior to the next Comprehensive Spending Review.

Regarding the Council making representations to Government with the aim of securing further Government funding for the scheme, Members discussed the actions which had been taken to date to make such representations, with the Chief Executive also providing an update in which he advised that liaison with senior civil servants and the Environment Agency continued, and that the city's MPs were also being kept informed.

RESOLVED –

(a) That the scheme, as described within the submitted report, be approved;

(b) That approval be given that the two step phased approach is the most pragmatic way forward at this time;

(c) That the injection of the remaining confirmed funding, as listed within section 4.4.1 of the submitted report, be approved;

(d) That subject to the affordability of tendered prices, the necessary authority required to spend consultant and contractor costs to progress the resolutions arising from the submitted report be delegated to the Director of City Development, subject to agreement with both the Executive Member for 'Regeneration, Transport and Planning' and the Leader of the Council;

(e) That approval be given for Leeds City Council to take responsibility for the maintenance and operation of all assets constructed as part of the LFAS2;

(f) That it be noted that the Chief Officer Highways and Transportation will be responsible for the implementation of such matters.

165 Local Flood Risk Management Strategy

Further to Minute No. 125, 19th December 2018, the Director of City Development submitted a report which reviewed the implementation of the Local Flood Risk Management Strategy (LFRMS) over the past 6 years. In addition, the report provided information on the outcomes from the consultation undertaken in respect of the LFRMS since the Board's initial consideration of the Strategy in December 2018 and which invited the Board to endorse the LFRMS as submitted, and refer it to full Council with a recommendation that it be formally adopted.

RESOLVED –

(a) That the contents of the submitted report; the outcomes from the consultation undertaken, together with the comments of the Scrutiny Board (Infrastructure, Investment and Inclusive Growth), as detailed at Appendix 5 to the submitted report, be noted;

(b) That the Local Flood Risk Management Strategy as appended to the submitted report, be endorsed, and that agreement be given for the Strategy to be referred to full Council in line with the Budgetary and Policy Framework Procedure Rules, with a recommendation that it is formally adopted by the Council;

(c) That it be noted that subject to the Strategy being approved by Council on 27th March 2019, the Strategy will be implemented by 30th April 2019.

(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)

166 Leeds City Region Enterprise Zone update and Infrastructure Delivery

The Director of City Development submitted a report providing an update on the progress within the Leeds City Region Enterprise Zone and which sought to delegate authority to the Director of City Development to negotiate and enter into agreements with Northern Powergrid (NPG), West Yorkshire Combined Authority (WYCA) and the relevant landowners / developers in order to facilitate the installation of, and payment for the infrastructure required for the provision of additional power to the Enterprise Zone and adjoining areas.

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

RESOLVED –

(a) That the progress which has been made to secure the development and occupation of new floorspace within the Enterprise Zone, be noted;

(b) That subject to the approval of a Final Business Case by the West Yorkshire Combined Authority, the principle of the Council entering into agreements with Northern Powergrid and the Combined Authority, as well as with relevant landowners/developers, be approved, in order to facilitate the construction of the infrastructure required to provide an additional power supply for the Enterprise Zone and the adjoining area;

(c) That the necessary authority be delegated to the Director of City Development in order to enable the Director to negotiate and enter into an agreement with West Yorkshire Combined Authority for the

provision of funding to support power infrastructure delivery and to inject the funding provided into the Council's Capital Programme;

(d) That subject to an agreement acceptable to the Director of City Development being negotiated with Northern Powergrid for the installation of the required infrastructure, the necessary authority be delegated to the Director of City Development in order to enable the Director to accept a formal quote from Northern Powergrid and to incur the necessary expenditure to facilitate such installation;

(e) That the necessary authority be delegated to the Director of City Development in order to enable the Director to negotiate and enter into agreements with Northern Powergrid for the installation of the required infrastructure, and also with relevant landowners in order to recover the costs of installing such infrastructure.

167 Leeds Living: Housing Infrastructure Fund Bid

The Director of City Development submitted a report regarding the Council's proposed approach towards supporting a healthy and diverse city centre residential market through a bid to the Government's Housing Infrastructure Fund (HIF).

RESOLVED –

(a) That the contents of the submitted report, together with the vision for the development of the residential offer in the city centre through the Leeds Living programme in line with the Leeds Inclusive Growth Strategy; Best City Centre Vision; Our Spaces Strategy; Connecting Leeds Transport Strategy and the South Bank Regeneration Framework, be noted;

(b) That agreement be given for the Director of City Development to submit a business case to the Housing Infrastructure Fund on the basis as set out at paragraphs 3.5-3.16 of the submitted report, in order to support the acceleration and unlocking of housing delivery in the city centre, with a further report being submitted to the Board to enable the injection of funding, delivery and spending programme, if the submission is successful;

(c) That the necessary authority be delegated to the Director of City Development in order to enable the Director to negotiate and enter into collaboration agreements with landowners/developers in connection with the submission of the Council's business case;

(d) That the necessary authority be delegated to the Director of City Development in order to enable the Director to approve the final details of the Housing infrastructure Fund business case by 22nd March 2019.

DATE OF PUBLICATION: FRIDAY, 15TH FEBRUARY 2019

LAST DATE FOR CAL IN OF ELIGIBLE DECISIONS: 5.00 PM, FRIDAY 22ND FEBRUARY 2019

HEALTH AND WELLBEING BOARD

THURSDAY, 28TH FEBRUARY, 2019

PRESENT: Councillor R Charlwood in the Chair

Councillors P Latty and L Mulherin

Representatives of Clinical Commissioning Group

Dr Gordon Sinclair – Chair of NHS Leeds Clinical Commissioning Group
Tim Ryley - Director of Strategy, Performance and Planning, NHS Leeds Clinical Commissioning Group

Directors of Leeds City Council

Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adults and Health
Chris Dickinson – Head of Service (Commissioning and Marketing) Children and Families

Third Sector Representative

Karen Pearse – Director, Forum Central

Representatives of NHS providers

Eddie Devine – Associate Director, Leeds and York Partnership NHS Foundation Trust
Yvette Oade – Chief Medical Officer, Leeds Teaching Hospitals NHS Trust

Representative of Leeds GP Confederation

Gaynor Connor – Director of Transformation, Leeds GP Confederation

53 Welcome and introductions

The Chair welcomed all present and brief introductions were made.

The Chair asked the Board to note the joint appointment of Paul Money, Chief Officer for Safer Leeds, and Supt. Jackie Marsh as Safer Leeds Representatives to the Board.

The Chair also informed the Board that following the retirement of Moira Dumma, Anthony Kealy - Locality Director, NHS England North (Yorkshire & the Humber) would be appointed as representative of NHS England on the Board. Additionally, the Board were informed by Karen Pearse that Forum Central had undertaken an interview process to select a third sector

representative to the Board, and had selected Alison Lowe, the Director of Touchstone. Both statutory appointments are to be formally agreed at Council on 27th March 2019.

The Chair provided a brief update regarding the recently published CQC Local System Review of Leeds: Action Plan, which included some positive messages for Leeds as well as opportunities to continue to build on the current system. The Chair also informed Members that she would be attending and speaking at the King's Fund 'Health and Care explained' event.

54 Appeals against refusal of inspection of documents

There were no appeals.

55 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

56 Late Items

There were no late items.

57 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

58 Apologies for Absence

Apologies for absence were received from Councillor E Taylor, Phil Corrigan, Steve Walker, Sara Munro, John Beal, Anthony Kealy, Thea Stein and Jim Barwick.

Gaynor Connor, Yvette Oade, Tim Ryley, Chris Dickinson, and Eddie Devine attended the meeting as substitutes. Karen Pearse was also in attendance, representing the third sector.

59 Open Forum

A member of the public, Dr John Puntis, congratulated the Board on achievements set out within the Annual Review report (Item 9).

Dr Puntis raised some concerns about the potential sharing of personal health data between the NHS and the Department for Work and Pensions (DWP) to inform benefit decisions, and wished to hear the Board's views on the matter. In response, the Board recognised the risk associated with sharing personal data in this way, but were not aware of any policies or projects which would facilitate data sharing with the DWP and would seek more information.

In relation to the NHS Long Term Plan (Item 12), Dr Puntis also raised some concerns around the lack of accountability of Integrated Care Systems (ICSs) and the reduced role of the Local Authority. Mr Puntis also felt that some key issues were not addressed within the plan, including vacancies and increased private sector provision. In response, Mr Puntis was informed that the Council have been clear in ensuring that their voice is heard, and will do so through a number of forums such as the introduction of a number of partnership boards chaired by the Leader of the Council. Mr Puntis was also assured that the Leeds approach was to move away from outsourcing.

60 Minutes 12 December 2018

RESOLVED – That the minutes of the meeting held on 12th December 2018 be approved as a correct record.

61 Leeds Health and Wellbeing Board: Reviewing the Year 2018-19

The Chief Officer, Health Partnerships, the Chief Analyst, Leeds City Council and NHS Leeds CCG, and the Head of Service, Intelligence & Policy Service, Leeds City Council, submitted a report that introduced the attached report to be endorsed by the Board subject to the inclusion of images and formatting to be agreed by the Chair, which takes a look back over the last 12 months of Health and Wellbeing Board (HWB) and partnership activity as well as an update on the indicators of the Leeds Health and Wellbeing Strategy.

The following were in attendance:

- Tony Cooke, Chief Officer for Health Partnerships
- Frank Wood, Chief Analyst, Leeds City Council and NHS Leeds CCG
- Peter Storrie, Head of Service, Intelligence & Policy Service, Leeds City Council

The Chief Officer for Health Partnership introduced the item and provided a PowerPoint presentation, providing some examples of key achievements throughout the year. Members were also provided with trends and changes in health data for Leeds, including the widening gap of deprivation and how this impacts health.

Members discussed a number of matters, including:

- The over representation of children and young people in the population of those living in the most deprived areas in Leeds.
- The need for deprivation data to be used to show differences between Local Care Partnership areas, and to form connections with the Neighbourhood Improvement Board to tackle deprivation issues.
- The importance of the 'avoidable years of life lost' data and consideration of how this could be used to inform future work of the Board.

- Some discussion around how far the Board’s responsibilities stretch, balanced with the need to tackle some of the wider determinants of health.
- The need to build on an asset / strength based approach and evidence this within the annual reports, recognising the positive networks in place.
- The Youth Council’s campaign to support better mental health, and the potential for their inclusion in future mental health work.

RESOLVED –

a) To note the Board’s comments and suggestions in relation to the work plan, and the outcomes and priorities of the Leeds Health and Wellbeing Strategy.
b) To agree the contents of the Leeds Health and Wellbeing Board: Reviewing the Year 2018-19 report, subject to the inclusion of images and formatting to be agreed by the Chair.

62 Priority 7: Maximise the benefits from information and technology - Leeds City Digital Partnership Update

The Chief Digital and Information Officer, Leeds City Digital Partnership, submitted a report that provided an update on the progress Leeds City Digital Partnership, the associated programme of work and the commitments set for 2019/20, all of which underpin the delivery of the Health and Wellbeing Strategy 2016-2021. The report also described some of the challenges that can impede progress and how they could be resolved.

Dylan Roberts, Chief Digital and Information Officer, Leeds City Digital Partnership, was in attendance and introduced the report. Members were provided with an update on the ‘one organisation’ approach taken towards the work progressed to date, along with detail around future programmes. The Chair also noted the importance of the joint up approach to new technologies, and the Board’s role in governing the Leeds City Digital Partnership.

Members discussed a number of matters, including:

- It was noted that the Leeds GP Confederation had signed up to the Digital Partnership, which was not reflected in the report.
- The challenge associated with the third sector’s inclusion in the partnership. Members heard that there was work being progressed to enable smaller third sector organisations to access technologies, and that an update would be provided at a later meeting.
- The potential for technology to reinforce inequality, and the need for technology to serve the needs of the people rather than inhibit them. Members discussed how digital literacy could be available to all through well-targeted support and training.

RESOLVED -

a) To note the progress made to date through the Leeds City Digital Partnership.
b) To endorse the 2019/20 Commitments detailed in Appendix 2.
c) To note the main issues described in this report and be an advocate for the Place First Digital approach.
d) To endorse and advocate that all organisations adhere to the MOA and engage with the Leeds City Digital Partnership Team with regards to all IT investments and projects that relate to the Leeds Plan or integrated care.
e) To endorse and if necessary provide support to the Leeds City Digital Partnership Team approach with National organisations and policy.
f) To support in principle the continued use of Better Care Fund Capital, subject to its governance processes and also access other capital funds e.g. Local Authority Capital subject to business cases.
g) To support activity to get more business and clinical stakeholders involved in digital, actively understand the digital opportunities for transforming health and care, help prioritise investment decisions and provide active sponsorship for the process changes required to deliver tangible health and care benefits.

63 Leeds Health and Care Plan: Continuing the Conversation

The Leeds Health and Care Partnership Executive Group (PEG) submitted a report providing an overview of progress to date in reviewing the current Leeds Health and Care Plan.

Paul Bollom, Head of the Leeds Health and Care Plan, Health Partnerships was in attendance and introduced the report, providing more detail on some of the completed actions and priorities, and the areas of opportunity for further review. Members were also informed of a recent consultation process that had been undertaken with a variety of stakeholders and a summary of the feedback.

Members discussed a number of matters, including:

- Support for the Mental Health Strategy being incorporated into the plan when it is developed and published, to demonstrate parity of esteem between mental and physical health.
- Some queries around the elements of the plan that would be open to review. Members heard that the ‘obsessions’ may be subject to change.

RESOLVED –

a) To note the contents of the report, along with the Board’s comments and suggestions.
b) To agree the approach to identifying priorities for the future of health and care and process to review the Leeds Plan to ensure it continues to meet the needs of the changing health and care landscape.

64 Overview of the NHS Long Term Plan

The Chief Officer, Health Partnerships, submitted a report that provided an overview of the NHS Long Term Plan (LTP) and some of the initial implications for Leeds and the region.

Tony Cooke, the Chief Officer, Health Partnership was in attendance and introduced the report, providing a summary of some of the key elements of the plan and how they relate to the Leeds approach.

Members discussed a number of matters, including:

- Members commented on flexibility of the plan, which allows for, and endorses, the Leeds approach.
- The opportunity to link up with the recently published GP new contract deal.
- The absence of recognition of the family system, and the impact this can have on all groups of people.
- The need for communication and engagement with staff to go beyond the approach set out in the plan.

RESOLVED – To note the contents of the report, along with the Board's comments and suggestions.

65 For Information: BCF Quarter 3 2018/19 Return Performance Monitoring

The Board received, for information, the joint report from the Chief Officer Resources & Strategy, LCC Adults & Health and the Deputy Director of Commissioning, NHS Leeds CCG, on the BCF Performance Monitoring return for 2018/19 Quarter 3 which were previously submitted nationally following circulation to members for comment.

RESOLVED – To note the contents of the report.

66 For Information: Leeds Health and Care Quarterly Financial Reporting

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

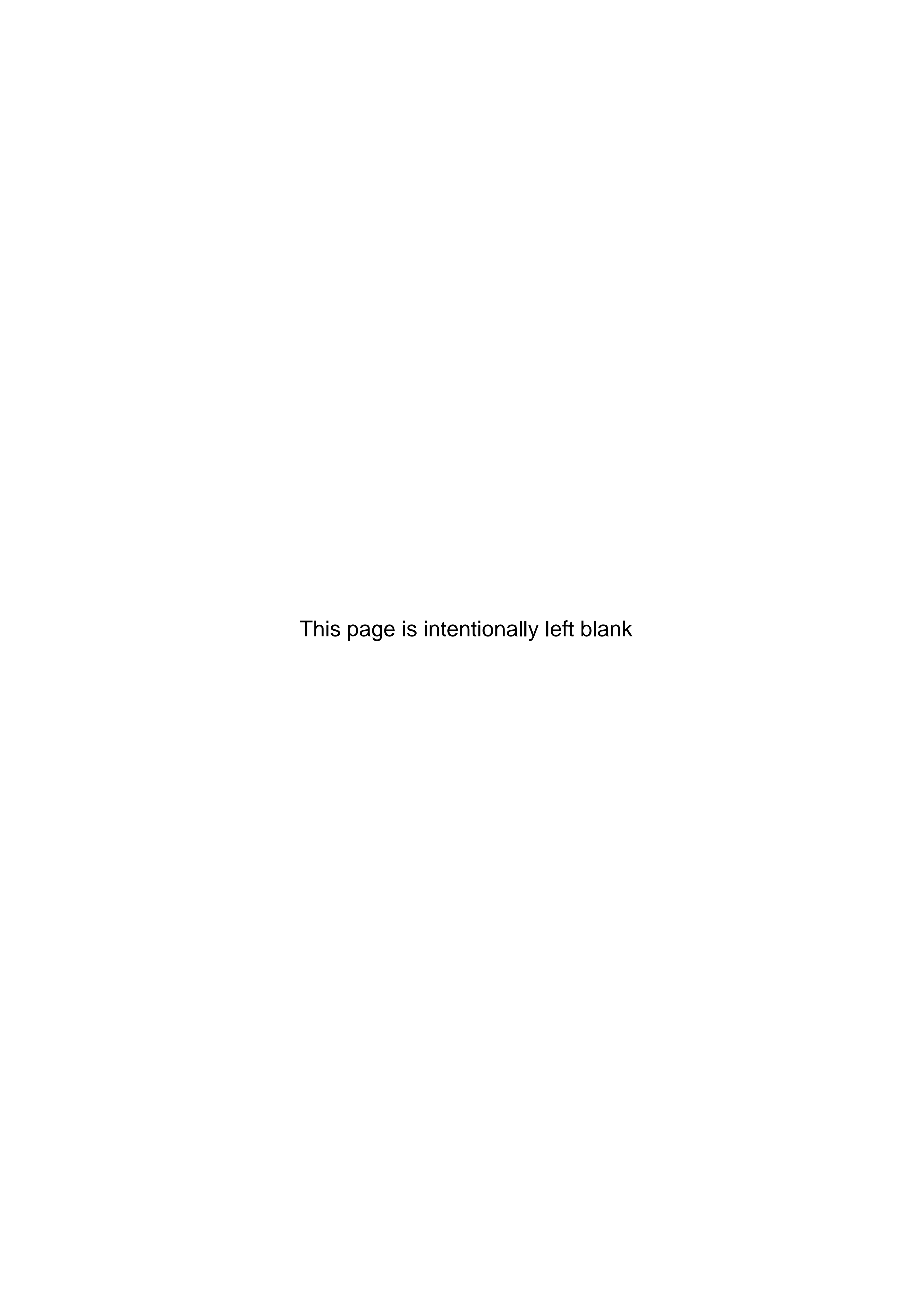
RESOLVED – That the contents of the report be noted.

67 Any Other Business

No matters were raised on this occasion.

68 Date and Time of Next Meeting

RESOLVED – To note the date and time of the next meeting as Thursday 25th April 2019 at 10am (with a pre-meeting for Board members at 9:30am)



This page is intentionally left blank