

Report of : The Director of Adult Social Services

Report to : Executive Board

Date: 18th July 2012

Subject: Shared service partnership with Calderdale Metropolitan Borough Council to meet Adult Social Care technology requirements

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: 10.4(3)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Summary of main issues

1. Adult Social Care and the Health Service are currently undergoing unprecedented change at both a local and national level. Most notably, the Health and Social Care Act (2012) places emphasis on more integrated models of provision of health and social care for the benefit of people in need. The prevailing financial climate and its impact upon public sector resources also raises challenges around how we can work better in partnership to deliver better outcomes for people with significantly less resources. A further review, is also taking place, of Adult Social Care legal responsibilities and funding indicated by the soon to be published Social Care Bill.
2. In terms of the technology requirements to support the future Health & Social Care model in Leeds, the extent of these changes and challenges were recognised at the Executive Board in January 2011, where it was agreed that the replacement of the Adult Social Care case management system would be deferred until national requirements and local responses to those requirements were clearer.
3. Although there is much greater clarity, particularly in relation to the expectation of much more integrated services at a local level, there still remains some uncertainty. Nevertheless, Leeds existing ESCR system is now approaching end of life and will not support new ways of working in the near future. Therefore a solution is required which enables Adult Social Care to move to a new system in a timely manner but also offers the potential flexibility to adapt to the integrated Health and Social Care agenda.
4. This report outlines the known and expected future requirements for a replacement case management system and examines the options available to meet those requirements. The key issues to be addressed are the provision of:

- an intuitive system that meets the current and known future requirements of front line staff.
 - a system that offers both a stable and agile configuration that can be amended quickly and easily to respond to the changing requirements of existing and future integrated service needs
 - a system that can be implemented in a more timely manner and does not lock the Council in to a long term contract for modules that may not be required in the medium term.
5. The report outlines the range of options considered to meet the above requirements and recommends the implementation of a successful system developed by another local authority, Calderdale Metropolitan Borough Council, as the preferred option that best meets the above requirements.
6. The report further suggests that this option is implemented as a 'shared services partnership arrangement' to enable both authorities to gain mutual ongoing benefit from the arrangement.

Recommendations

7. The report seeks approval to:
- Enter into a partnership agreement with Calderdale Metropolitan Borough Council for the purchase of an initial 20% share in their Adult Social Care Client Information System (CIS) with options to increase this share as described in section 3.2 of this report
 - Authorise expenditure, as defined in exempt Appendix 1 to:
 - § purchase a share in the system and implementation support from Calderdale Metropolitan Borough Council
 - § implement the Case management, integrated financial and contract management modules of Calderdale's CIS in partnership with Calderdale Metropolitan Borough Council to meet Leeds requirements.
 - § implement and integrate Leeds City Council's corporate Electronic Document and Records Management System (EDRMS) in parallel with the Case Management System
 - § build and develop a reporting and Business Intelligence (BI) solution utilising existing corporate reporting and Business Intelligence technology.

1 Purpose of this report

- 1.1 This report considers the options for replacing the current Adult ESCR and ESCR financial systems and outlines the case for adopting a shared service partnership arrangement with another local authority, Calderdale Metropolitan Borough Council, as the preferred option.
- 1.2 The report also outlines the supporting technology components, including Electronic Document Record Management and Reporting, to be implemented alongside the case management solution. The investment in and the implementation of this set of technology components will help Adult Social Care to meet its short and medium term requirements and priorities. It will also provide significant opportunities for future joint developments of the system itself, its integration with other systems including health systems and also potential commercialisation of the products.
- 1.3 The report seeks approval to enter into a partnership agreement with Calderdale Council and release funding and incur expenditure as detailed within section 6 of this report.

2 Background information

- 2.1 One of the key priorities for Leeds City Council is to provide excellent Adult Social Care services to protect vulnerable adults, enable people to maintain their independence and support them to play a full part in society. To do this, Adult Social Care must have efficient processes supported by effective information and case management systems.
- 2.2 Our systems and processes must be aligned to, and enhance, the way that practitioners work so they are empowered to support people to achieve the outcomes that are important to them and to allow service users to have clear control of their care. Practitioners need immediate access to accurate and up-to-date information if they are to keep people safe and deliver excellent services.
- 2.3 Demographic research has shown that Leeds, like other national and international cities, is faced with a number of key challenges. The number of people who access Adult Social Care services will continue to rise, and the economy is still recovering from the effects of global recession. In attempting to mitigate any negative impact on services, Leeds City Council has to make savings and realise efficiencies in the way services are provided. More effective ways of working and proficient processes supported by modern fit for purpose systems will be fundamental to meeting the challenges of reducing costs whilst meeting increased demand.
- 2.4 On 21 May 2012 the Department of Health published the Information Strategy for the next 10 years in a document entitled 'The Power of Information: Putting all of us in control of the health and care information we need'. This strategy was based on feedback from the national consultation on the document Liberating the NHS: An Information Revolution: a consultation on proposals (Department of Health, 2010).
- 2.5 The Power of Information sets aspirations for the use and management of information across health and social care. The document 'marks a shift in the way information must drive better health, care and support – to improve our experience, quality and outcomes of health and care services, putting people truly at the heart of care.' (Department of Health, 2012:p.2).

- 2.6 The future of Adult Social Care is therefore likely to look very differently to the present model of service delivery. Increased integration with health partners and the delivery of the new 'Easy Social Care Model', recently endorsed by ADASS, will require significant business change. To ensure we remain at the forefront of these developments it is vital that Adult Social Care has systems and technology to not only support the way we work now, but to place us in the best possible position to make these changes and support future ways of working.
- 2.7 The technology roadmap for Leeds Adult Social Care has been developed in light of this major change that will revolutionise the way that information is used to support the future direction of Adult Social Care. The approach adopted by Leeds has been informed by the 'Easy Social Care Model'. Appendix 2 shows the Leeds version of the model with the first phase components as proposed in this paper highlighted.
- 2.8 The Government is committed to an approach that connects local systems and unleashes innovation at a local level rather than expecting every organisation to use the same technology.
- 2.9 We must have a system in place that leaves us in the best possible position to respond to these ambitions. With an increased focus on joint working with health and more extensive commissioning activity, it is essential that Leeds is mindful of the evolving landscape and in the best possible position to welcome and respond to the changes. This will require improved information systems and practices.
- 2.10 A considerable amount of time and effort has been put into the development of a roadmap of technology that will meet this future vision. The technology roadmap is aligned to the Leeds Adult Social Care priorities of achieving; better lives through enterprise, better lives through integration and better lives through housing care and support.
- 2.11 In January 2011 a paper was presented to Executive Board requesting approval for Children's Services to progress with the procurement and implementation of a replacement system. This procurement has now concluded and a supplier has been selected ready for the implementation to commence.
- 2.12 The paper, presented at January 2011 Executive Board, also sought agreement to defer any decision to procure a replacement system for Adult Social Care as it was not deemed prudent to pursue a traditional case management system when other solutions may be better placed for the evolving national landscape.
- 2.13 The remainder of the report details our requirements, options considered and the reasons for the preferred solution.

3 Main issues

3.1 Options Appraisal

- 3.1.1 A number of options for the replacement of the existing ESCR and ESCR financials systems have been investigated in light of the changing Health and Social Care landscape. Options have therefore been investigated in relation to:

- Upgrading the existing system
- The use of health systems
- The procurement of a third party system (similar to or the same as Children's Social Work Service.)
- Potential 'shared service' arrangement with another local authority where we adopt their case management recording system

(exempt Appendix 1 provides more detail of the options appraisal).

3.1.2 To ensure that a rounded view of all the options has been undertaken the following key criteria have been used:

- Tactical Fit (meets the need to move to a new solution in a timely manner)
- Strategic Fit (potential to support integrated ways of working with partners)
- Business Fit (fit with ASC processes and delivery of its services)
- Technical Fit (fit with internal technology infrastructure)
- Risk Factors (associated risks)
- Implementation Considerations (costs and timescales)

3.1.3 An upgrade to the existing ESCR and ESCR Financials systems was considered. However, this would be an expensive, time consuming and resources intensive process and whilst providing a stable, supported platform would not deliver the required improved functionality to meet Adult Social Care's needs.

3.1.4 A long term vision exists for integrated health and social care teams to utilise joint systems, but currently health systems do not have sufficiently mature capability to support social care processes. Health also use a number of different systems across health establishments including GP surgeries. Work is still ongoing with Health and their suppliers to develop future strategies for improved use and integration of health and social care systems.

3.1.5 Consideration has been given to transferring to a 3rd party system but whilst these systems could meet social care requirements, the market is very under developed in terms of these systems hosting both health and social care data/processes. A 3rd party option would also require a lengthy procurement process which would not meet the business need for a 'tactical' solution or provide the flexibility ASC needs to respond to a rapidly changing environment and new ways of working. In addition to this constraint it could potentially lock the council into an expensive, long term contract that, when providing joint services with health, may not be entirely required.

3.1.6 A shared service, with Calderdale Metropolitan Borough Council, is the preferred option to provide Adult Social Care with a 'tactical solution' as it meets both short and medium term requirements in a cost effective manner. Removing the need for a lengthy procurement process will enable Adult Social Care to migrate to a new solution in a more timely manner. This option also provides a high degree of flexibility with opportunities for its potential longer term use with partners or, if the direction changes, reduced use as the council would not be locked into a 3rd party contract.

3.1.7 The project to replace the current ESCR case management and ESCR Financials systems is not restricted to purely acquiring a new case management system. This project will deliver a number of supporting technology components, and integration between these components, to ensure that Adult Social Care are able to continue to deliver an efficient and effective Adult Social Care service.

(Appendix 3 provides more details on the components).

- 3.1.8 The project will be responsible for managing all implementation activities to ensure that the new technology components and changes are fully embedded into Adult Social Care to ensure the associated benefits can be realised.

(Appendix 4 provides more details on the business benefits).

3.2 Recommended Option - Partnership Arrangements

- 3.2.1 Leeds City Council will enter into a formal partnership arrangement with Calderdale Council for the delivery and support of the Adult Social Care client system. The agreement will not be as prescriptive or of the same nature contractually as similar commercial agreements with the private sector. There will be a binding legal agreement which will afford both parties mutual benefit and adequate protection for the period with flexible exit options and opportunities to extend arrangements if agreed by both parties.
- 3.2.2 The partnership has many benefits as outlined in the next section and is based on a public sector shared reward, risk and effort model – a true ‘shared service’ arrangement. For a fee agreed at the outset, Leeds City Council will own a stake in the system and this will ‘buy’ the right to have an equal say in the development of the system going forward. Calderdale will undertake these developments using predominantly their own staff and the cost for major work would typically be shared. However, routine developments undertaken for legislative or enhancement reasons would not be directly chargeable and would be contained within the annual support and maintenance fee payable by Leeds to Calderdale. Note, there could be occasions when Leeds might undertake particular developments when it was judged by both parties to be appropriate and beneficial for Leeds to do so.
- 3.2.3 Calderdale have always been committed to an internal systems development strategy and they are less dependent on third party packages for their line of business systems. Leeds historically, mainly because of its size, has been more dependent on packaged solutions. This strategy has served Calderdale well and they have developed a reputation for agile development on a technical platform that they understand very well and therefore their ability to meet changes in legislation and generally keep pace with business driven requirements is well proven. This history and strategy gives Leeds City Council the confidence required to ‘buy into’ a system and approach that is highly likely to meet continual legislative and business demands for change in a service area which is still emerging and developing nationally.
- 3.2.4 The ‘partnership’ approach outlined above is valid within the council’s procurement rules with the significant benefit of retaining investment in the public sector and enhanced speed of acquiring the system i.e. without the need for a protracted tendering exercise. Due diligence around the functional and technical aspects of the system have been and continue to be undertaken to ensure the system is a good fit for Leeds in the short and medium term. The future vision of Adult Social Care and the Health Reform agenda are an opportunity for Leeds City Council and Calderdale to work together on developing the system longer term. Alternatively the flexibility of the arrangement provides Leeds City Council (and Calderdale) the option of choosing a different route if appropriate without the ‘lock in’ to a contract normally associated with public, private contracts.
- 3.2.5 It is recognised that implementing the solution in Leeds would represent a significant boost for the reputation of the system and in return for Leeds being a showcase, a further share in

the system would be issued free of charge taking Leeds City Council towards a full 49% stake in the asset.

3.2.6 There is significant 'buy in' to making the proposed model a success from both parties and both Chief Executives and respective senior management teams are very supportive of this approach. Furthermore, Calderdale have recently entered the market for a private sector partner to help market and sell this and other Calderdale developed systems. There is initial market interest and therefore the opportunity for income to Calderdale and Leeds (for its share of up to 49%) to benefit local 'social enterprise' initiatives is possible.

3.2.7 The benefits of a Shared Service Partnership Model are outlined below:

- A true shared service approach demonstrated in West Yorkshire based on shared reward, risk and effort.
- Funding stays within the two parties and is not for profit and will drive shared product development and support.
- No protracted and resource intensive procurement
- Leeds City Council will have an equal say in the development of the solution going forwards in return for an initial purchased stake in the asset (system).
- Leeds initial stake in the asset would be refundable if the system is not successfully delivered to agreed time, quality and price.
- Most of the development and support work will be undertaken by Calderdale resources.
- Not locked into a long term contract. Minimum period 3 years with options to extend and with a 3 month exit arrangement beyond 3 years.
- Potential for income based on up to 49% share of the system if the system is sold to other parties. This arrangement is exclusive to Leeds City Council.
- Work with Calderdale on opportunities for integration with the health sector and on other mutually agreed developments.
- Underpinned by a legal agreement that will give both parties the necessary benefits, flexibility and protection.
- The partnership will help Calderdale sustain its development programme and continue to provide cost effective solutions to Adult Health and Social Care within Calderdale.
- Calderdale already provides its Social Care systems to one of the smallest Local Authorities in the UK, providing software to Leeds would enable Calderdale to demonstrate truly scalable solutions for Social Care. This has the potential to become a highly marketable commodity which would generate income for Calderdale (and Leeds).
- Calderdale will benefit from the Social Care expertise within Leeds which will help inform robust system enhancements and future design.

4 Corporate Considerations

4.1 Corporate Considerations – Customer Access

4.1.1 The component model, outlined within the Easy Social Care Model, supports the Adult Social Care direction of travel in relation to the 'Customer Access' strategy that is being developed in Adult Social Care. The model is very much focused on getting the 'customer contact' right at the first point and ensuring that we understand our customers needs for information and advice services.

4.1.2 The corporate WIRP (Web and Intranet Replacement Project) is one channel that supports us to deliver this 'customer journey' model and we intend to exploit the functionality for 'do it on line' options so we can offer a better user experience and expand the services that are accessible on line in the future.

4.1.3 Adult Social Care is also in partnership on a regional level for the E Market Place developments. The provider for this is Shop4Support and we are currently scoping our requirements to ensure we can maximise the information directories we already have. Our main directory is the Leeds Directory of services and analysis is currently underway to understand how the directory can be expanded/updated to meet the E market Place requirements.

4.2 Consultation and Engagement

4.2.1 Business engagement has been at the heart of the evaluation process and the evaluation for the shared service model has been undertaken alongside operational staff from Adult Social Care. The project also benefits from having full time dedicated staff from the operational teams involved in all areas of the developments, together with representatives from all service areas assessing the business fit of the system.

4.2.2 Consultation and engagement with operational staff is one of the key lessons learnt from the previous implementation of the ESCR system, therefore operational staff as 'end users' are at the forefront of these emerging developments. Business Process Re engineering (BPR) resources have also enabled us to capture all our Adult Social Care processes across the assessment and care management pathway and these have formed the basis of the statement of requirements for the replacement system which has been used to assess the business fit of the system for use in Leeds.

4.2.3 The roadmap of technology has been developed in consultation with the Leeds Informatics Board which is part of the Leeds Health and Social Care Transformation Programme. This board is taking the lead to develop the joint strategies to deliver joined up health and social care information through the Leeds Care Record.

4.3 Equality and Diversity / Cohesion and Integration

4.3.1 In line with the requirement to ensure we give due regard to equality issues in relation to the replacement system proposal, an equality screening tool has been completed. This document sets out the areas that will be 'impacted' by this proposal and the actions which need to be taken to mitigate these impacts (see Appendix 5).

- 4.3.2 The technology components will improve customer experiences and progress services whilst enabling us to measure quality. The technology is the foundation to ensuring that care can be delivered in the most appropriate manner across all client groups maximising the achievement of individually identified outcomes.
- 4.3.3 Adult Social Care provides a route to services that are accessible to all citizens of Leeds with social care needs. There is also a particular emphasis on engagement with service users and their carers to ensure that choice, flexibility and control are delivered through personalised services. This proposal will enhance these processes and facilitate a more person-centred approach.
- 4.3.4 The replacement of the current case management system mainly impacts internally on social work staff and other administrative functions aligned to the assessment and case management processes. The integration of contract monitoring and financial processes should also ensure that the new system supports our safeguarding responsibilities and reduces risk of harm or exploitation of our most vulnerable service users.
- 4.3.5 Future developments such as the introduction of e-Market Place and the Councils new web site will however have a direct impact on service users. To mitigate this impact we are working to remove the barriers and obstacles that people often experience by providing a universal offer of information, guidance and support for all residents of Leeds. Arrangements have been put in place to ensure these developments include service user consultation.
- 4.3.6 We are working with our Customer Service colleagues and other operational staff teams to develop a more efficient customer relationship. This will improve the customer experience by “getting it right first time”. This will reduce unnecessary referrals and assessments and allow time and resources to be redirected to those who need it most. It will also provide more opportunities for service users to contact us in a variety of ways and share information with us in a more flexible manner.
- 4.3.7 The replacement system and associated developments for customer access to services will therefore impact on a wide spectrum of stakeholders, with implications for finance processes, staffing and resource allocation, job specifications, staff training and business support requirements and ongoing stakeholder engagement and communication strategies.
- 4.3.8 With every proposed change to the current processes and practice, there have been consultation sessions with workers across all levels of the operational teams. This analysis and feedback has been incorporated into the replacement systems project core business plan and any products emerging from the identified requirements have formed the basis of the future replacement system model.
- 4.3.9 As we monitor the progress of these developments we will be able to ensure the actions identified in the EIA screening tool are reviewed and actioned accordingly.

4.4 Council policies and City Priorities

- 4.4.1 The Vision for Leeds 2011-2030 states the ambition for Leeds to become the best city for health and wellbeing by 2030. This programme will support this ambition by ensuring Adult Social Care has effective and efficient information systems and can efficiently and effectively share information with partners to holistically improve customer outcomes. This will reduce duplication in assessment processes and ensure that the right level of

customer information is available to those professionals who need it. The customer experience will be improved and practitioners will be better placed to support service users to achieve the outcomes that are important to them, while making limited resources go further.

4.4.2 Corporately Leeds City Council has identified a list of the 'Top 25 Priorities' to be delivered within the year 2012. The Adult Social Care Directorate has proposed three of these priorities based on our 'better lives' theme:

- Better lives through enterprise
- Better lives through integration
- Better lives through housing care and support.

4.4.3 These priorities aim to reduce inequalities in the health of the citizens of Leeds, address the challenges that are presented by more people living longer and ensure people receive high quality services.

4.4.4 Underpinning the priorities is the principle of personalisation; seeing every service user as an individual and supporting them to achieve their personal priority outcomes. Leeds Adult Social Care aims to enable people to exercise greater choice and control over the support they receive. The increased variety of services accessible through individual budgets will require Adult Social Care to be responsive to demands for different types of care and support. The realisation of these priorities and the delivery of quality services is dependant upon the support of high quality and appropriate information systems. This programme will support the capturing of information about how self-funders and direct payment recipients are choosing to meet their needs. This information will provide us with a more accurate picture of the overall care market and enable us to respond to this information and deliver the services that people want, in the way that they want them.

4.4.5 If better lives are to be achieved through integration, technology must support new models of service delivery and provide robust information transfer between social care and other partners. This programme will ensure we are in the best possible position to support integrated teams in the future. Improved information sharing will enable professionals to coordinate support and allow service users to access the most appropriate services in their local area, improving access and reducing delays and duplication.

4.4.6 This programme will contribute towards the Council's resource priorities to:

- Create the environment for effective partnership working
- Improve the Information Communication Technology (ICT) infrastructure to support the delivery of priorities
- Maintain effective arrangements to buy goods and services that give value for money.
- Maintain effective audit and risk management arrangements
- Staff are fully involved in delivering change and feel able to make an impact on how services are delivered

4.4.7 Improved information management systems will create efficiencies and so release resources to meet the challenges of bringing about large scale business change and reorganisation across health and social care. Improved electronic care records alongside the use of electronic forms will significantly reduce the volume of paper forms and records that need to be retained.

4.5 Resources and value for money

- 4.5.1 Please see exempt Appendix 1 outlining the options appraisal and associated costs.
- 4.5.2 To support the realisation of the aspirations as set out in the White Paper Equity and excellence: Liberating the NHS, the Department of Health has allocated capital grants to local authorities in the UK. It is the intention to fund this programme to implement this first set of components from this capital grant funding.
- 4.5.3 This capital grant funding is accumulated over 2011/12, 2012/13 and included in the council's existing capital provision. The council therefore does not require any further borrowing to fund this investment.

4.6 Legal Implications, Access to Information and Call In

- 4.6.1 The partnership arrangements described in section 3.2 have been developed in consultation with the Head of Property, Finance and Technology and the Procurement Governance and Regulations Manager.
- 4.6.2 The information in exempt Appendix 1 is deemed confidential/exempt under Access to Information Procedure Rule 10.4.3, as it contains information which if disclosed to the public would, or would be likely to prejudice the commercial interests of the Council and/or proposed partner.

4.7 Risk Management

- 4.7.1 This project will not only replace the existing Adult Social Care case management recording solution but also deliver a number of supporting components, such as Reporting, Business Intelligence and EDRMS, and integrate a number of these components together. This means there are a number of dependencies to manage effectively if the project is to deliver successful and timely outcomes.
- 4.7.2 However, this project should not just be viewed purely as a technology project as it will only be a success if the associated business change is effectively managed. It is critical that effective communication, engagement and buy-in is established to effectively embed new technology and garner ownership within Adult Social Care. The project will manage and deliver change as part of its scope.
- 4.7.3 A 'shared service' model is an innovative approach which requires careful diligence and specific arrangements put in place to be successful. This project has the relevant procurement and legal resources working on defining and documenting the partnership and commercial principles and arrangements. This will ensure that Leeds City Council has the relevant assurances and protection in place.
- 4.7.4 All proposed options, and costs, include provision for the relevant number of resources, with the required level of expertise, to deliver the project. In addition effective governance arrangements will be put in place to manage dependencies, risks and budget and ensure the effective delivery of the project.

5 Conclusions

- 5.1 The existing Adult Social Care case management system is now end of life, difficult to develop and will struggle to meet Adult Social Care's short and medium term business

requirements. A replacement system will ensure that quality services continue to be delivered to service users.

- 5.2 The future direction of integrated health and social care provision is becoming much clearer. Delivery of health, social care and local working arrangements are evolving and will lead to the delivery of joint services with Health. Significant investment could therefore be made in an Adult Social Care third party case management solution which becomes redundant.
- 5.3 The shared service option is an innovative approach which seeks to retain and maximise the use of resources within the public sector. As outlined in this report the delivery of the benefits and the mitigation of the risks will be closely managed within the project.

6 Recommendations

6.1 The report seeks approval to:

- Enter into a partnership agreement with Calderdale Metropolitan Borough Council for the purchase of an initial 20% share of their Adult Social Care Client Information System (CIS) with options to increase this share as described in section 3.2 of this report
- Authorise expenditure, as defined in exempt Appendix 1 to:
 - § purchase a share in the system and implementation support from Calderdale Metropolitan Borough Council
 - § implement the Case management, integrated financial and contract management modules of Calderdale's CIS in partnership with Calderdale Metropolitan Borough Council to meet Leeds requirements.
 - § implement and integrate Leeds City Council's corporate Electronic Document and Records Management System (EDRMS) in parallel with the Case Management System
 - § build and develop a reporting and Business Intelligence (BI) solution utilising existing corporate reporting and Business Intelligence technology.

7 Background documents¹

7.1 References

Department of Health (DoH) 2010. *Liberating the NHS: An Information Revolution: a consultation on proposals*. The Stationary Office. London.

¹ The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.

Department of Health (DoH) 2012. *The Power of Information: Putting all of us in control of the health and care information we need*. The Stationary Office. London.

Leeds 2030: Our vision to be the best city in the UK Vision for Leeds 2011 to 2030 available from:
<http://www.leeds.gov.uk/files/Internet2007/2011/46/vision%20document%20final.pdf>

Leeds 2015: Our vision to be the best city in the UK City Priority Plan 2011 to 2015 available from:
[http://www.leeds.gov.uk/files/Internet2007/2011/39/citypriorityplanintranet%20raw\(1\).pdf](http://www.leeds.gov.uk/files/Internet2007/2011/39/citypriorityplanintranet%20raw(1).pdf)

Council Business Plan: Our ambition to be the best city council in the UK 2011 to 2015 available from:
<http://www.leeds.gov.uk/files/Internet2007/2011/42/council%20business%20plan%20raw.pdf>

Health and Social Care Act (2012) available from:
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted/data.htm>