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Leeds CITY COUNCIL

SCRUTINY BOARD (HEALTH)

Meeting to be held in Civic Hall on
Tuesday, 20th January, 2009 at 10.00 am

(A pre-meeting will be held for ALL Members of the Board at 9.30 a.m.)

MEMBERSHIP

Councillors

D Atkinson	-	Bramley and Stanningley
A Blackburn	-	Farnley and Wortley
J Chapman	-	Weetwood
P Grahame (Chair)	-	Cross Gates and Whinmoor
J Illingworth	-	Kirkstall
M Iqbal	-	City and Hunslet
G Kirkland	-	Otley and Yeadon
A Lamb	-	Wetherby
J Langdale	-	Temple Newsam
G Latty	-	Guiseley and Rawdon
A McKenna	-	Garforth and Swillington
J Monaghan	-	Headingley
L Rhodes-Clayton	-	Hyde Park and Woodhouse

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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 Chief Democratic Services Officer 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:-	

Item No	Ward/Equal Opportunities	Item Not Open		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			**DECLARATIONS OF INTEREST** To declare any personal / prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.	
5			**APOLOGIES FOR ABSENCE** To receive any apologies for absence.	
6			**MINUTES OF THE PREVIOUS MEETING** To receive and approve the minutes of the previous meeting held on 12 December 2008.	1 - 8
7			**GP LED HEALTH CENTRE - SCRUTINY INQUIRY** To receive and consider the attached report of the Head of Scrutiny and Member Development.	9 - 16
8			**HOSPITAL DISCHARGES** Report to follow	
9			**CLINICAL SERVICES RECONFIGURATION** To receive and consider the attached report of the Head of Scrutiny and Member Development.	17 - 28
10			**PERFORMANCE REPORT (NHS LEEDS)** To receive and consider the attached report of the Head of Scrutiny and Member Development.	29 - 58

Item No	Ward/Equal Opportunities	Item Not Open		Page No
11			**PERFORMANCE REPORT FOR QUARTER 2 2008/09** To receive and consider the attached report of the Head of Scrutiny and Member Development.	59 - 72
12			**WORK PROGRAMME** To receive and consider the attached report of the Head of Scrutiny and Member Development	73 - 96
13			**DATE AND TIME OF NEXT MEETING** Tuesday, 17 February 2009 at 10.00 a.m. (Pre-meeting at 9.30 a.m.)	

SCRUTINY BOARD (HEALTH)

FRIDAY, 12TH DECEMBER, 2008

PRESENT: Councillor P Grahame in the Chair

Councillors A Blackburn, J Chapman, D Congreve, J Illingworth, G Kirkland, A Lamb, A McKenna and L Rhodes-Clayton

45 Late Items

There were no late items as such, however a paper was submitted by NHS Leeds which provided further information for the inquiry into GP-Led Health Centres.

46 Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Iqbal and Latty.

47 Minutes of the Previous Meeting

RESOLVED – That the minutes of the meeting held on 18 November 2008, be confirmed as a correct record.

48 Scrutiny Inquiry - Improving Sexual Health Among Young People

The Head of Scrutiny and Member Development submitted a report which reminded the Board of the decision to carry out an Inquiry into Teenage Conception. This had subsequently been broadened to cover sexual health in general among young people and terms of reference for the inquiry had been agreed.

The Chair welcomed John Freeman, School Improvement Adviser and Kiera Swift, Teenage Pregnancy Co-ordinator to the meeting.

It was reported that improving sexual health among young people was part of the Narrowing the Gap agenda and there was a need to raise aspirations among young people. Three key themes had been identified and these focussed on long term stable relationships, contraception and age issues. Attention was brought to appendix 3 of the report which focussed on Personal, Social and Health Education (PSHE). Sexual Health issues were not always addressed as they could be in schools and two secondary schools in Leeds had received adverse Ofsted reports although others had received successful reports. The PSHE programme in schools was briefly explained

and it was noted that there was not a uniform approach to PSHE in Leeds schools.

In response to Members questions and comments, the following issues were discussed:

- The use of drop down days in schools for PSHE. It was felt that although this met curriculum requirements, it did not always meet young people's needs as required.
- Emotional issues including sexuality – there was a focus on these during key stages 2 and 3.
- PSHE across faith schools and single sex schools.
- Teenage conception and planned teenage pregnancies.
- Links between deprivation and teenage pregnancy.
- Effects on less teaching of PSHE and teenage conception – it was reported that figures for this would be difficult to gauge due to the number of terminations not being recorded to a specific area. It was also noted that pregnancy termination services are provided on a confidential basis.
- It was stated that the 'hot spot' wards were known and, in general, the schools where teenage pregnancies was a particular issue/ concern were also known. However, it was stressed that in most cases the schools involved were servicing challenging communities with high levels of need.
- Issues relating to more vulnerable groups including children in care.
- The role of other agencies including the Youth Service and Social Services.
- Abandoned babies and babies taken from young people into care.

RESOLVED –

(1) That the report be noted.
(2) That a further meeting of the Improving Sexual Health among Young People Working Group be arranged in early 2009.

49 GP Led Health Centre - Scrutiny Inquiry

The report of the Head of Scrutiny and Member Development provided the Board with an update into the Inquiry into the provision for a GP Led Health Centre in Leeds. A paper was also submitted by NHS Leeds summarising the development of the GP-Led Health Centre and the associated procurement process.

The Chair welcomed Christine Outram, Chief Executive, NHS Leeds and Dr Damian Riley, Director of Primary Care, NHS Leeds to the meeting. The following points were highlighted at the meeting:

- It was reported that NHS Leeds had a priority towards reducing health inequalities and improving access to high quality primary care services.

- Additional GP and Dental services had been procured in Leeds in recent years.
- The interim report of Lord Darzi had required all Primary Care Trusts to establish GP Led health centres that opened at least 12 hours a day, 7 days per week.
- Following a review of services across Leeds, it was felt that the Lincoln Green/Burmantofts area would be best suited to host such a centre.
- The proposed centre would provide a regular GP service in addition to a walk in facility.

In response to Members questions and comments, the following issues were discussed:

- It was anticipated that the centre would alleviate pressure on accident and emergency services/ units in Leeds.
- Sunday openings would provide increased opportunities to access health care.
- Concern over the condition and location of the health centre building – unsuitable wheelchair access, low ceilings, narrow corridors, poor parking provision and access via public transport.
- In response to questions regarding the number of GPs employed at the centre, it was reported that there would always be a GP present, with overall clinical responsibility as part of the provider's contractual obligations. It was not guaranteed that a patient would get to see a GP in the first instance.
- The boundary for the practice at the centre would be citywide; this would enable any resident within the City of Leeds to register there.
- Other health care and nurse practitioners would also be available at the site (It was noted that the full extent of such facilities would be determined by the successful service provider awarded the contract).
- There were no plans to cut provision at any of the city's other walk in centres. Analysis had shown that there would not be a threat to the future of other GP practices.
- GPs at the centre would be employed by the provider of the contract.
- Contract monitoring arrangements – it was reported that some aspects of this were still commercially sensitive and would be made available to the Board in due course. It was also offered to issue the Board with other information including details of the capital and revenue budgets associated with establishing the centre.
- Enforcement – any enforcement issues would fall within the PCTs Performance Management Framework. The PCT had previously carried out successful enforcement procedures where necessary.
- Patient involvement in the consultation and procurement process.
- Viability of the centre – which had been forecast using business planning and workforce models.
- All necessary IT systems were in place for the Centre to be operational.

- Details of the successful bidder responsible for providing services at the GP-led Health Centre could not yet be released, but would be made available to the Board when possible.
- The Centre would be in operation from 1 March 2009.

In summary to the discussion, it was reported that NHS Leeds were confident that the GP Led Health Centre would provide a considerable improvement to services in and around the Burmantofts area as well as providing more health care options for people across the City. It was suggested that the Working Group make another visit to the centre, following completion of the current refurbishment works.

RESOLVED – That the report and discussion be noted with the following actions.

- Details of the preferred/ successful provider to be issued to the Board as soon as confirmed (within the boundaries of the procurement process), along with confirmed service provision.
- Confirmation of the capital and revenue budgets associated with establishing a GP-Led Health Centre at Burmantofts.
- Confirmation of any information previously submitted to/ considered by the former Health Proposals Working Group.
- A further visit to Burmantofts Health Centre (following the completion of the refurbishment works).
- A further report to be submitted to the January 2009 Board meeting in addition to a report from the Director of Adult Social Care which would provide a Council perspective on the development.

50 Provision of Stroke Care

The Head of Scrutiny and Member Development submitted a report which reminded the Board of the request to consider the provision of stroke care as part of the work programme. The request had been made following the announcement of the Department of Health Stroke Awareness campaign.

The Chair welcomed the following to the meeting for this item:

Christine Outram, Chief Executive, NHS Leeds
Lucy Jackson, Public Health Consultant, NHS Leeds
Paula Deering, Head of Development and Commissioning for Long Term Conditions, NHS Leeds
Steve Jamieson, Divisional General Manager, Specialist Surgery, Leeds Teaching Hospitals NHS Trust

It was reported that stroke awareness was not only a national priority, but also a priority in Leeds. Citywide there were over 1,600 new stroke cases every year and over 8,000 people living with the effects of a stroke. The national strategy focussed on the following key elements:

- Prevention – raising awareness, healthy lifestyle choices, identifying symptoms, regular vascular checks

- Time taken to access the right services during the instance of a stroke – this could have a major effect on the need for and level of post stroke treatment and the quality of life for the stroke patient
- Life after stroke – the PCT had a Stroke Transformation Board

Members attention was brought to the FAST campaign of the Stroke Association which focussed on recognising symptoms and the importance of early treatment. Local initiatives had included a publicity campaign and work with community groups.

Further issues discussed included the following:

- Response times and the subsequent impact on the quality of life and chance of survival.
- The development of a hyper acute stroke unit – which acted as a single unit for all of West Yorkshire.
- Genetic connections – as part of planned assessments, patient's family histories could be checked.

RESOLVED –

(1) That the report be noted.
(2) That the Board be issued with the following:
    - information/data on the impact of early treatment/interventions, referred to at the meeting.
    - Department of Health information regarding its stroke awareness campaign.

51 Mental Health Act 2007 - Supervised Community Treatment

The report of the Head of Scrutiny and Member Development referred to the Board meeting of 21 October and the report which set out the main changes to the Mental Health Act 1983 and reminded of the Board's concern regarding the practical implications around Supervised Community Treatment. Appended to the report was a submission of the Leeds Partnership NHS Foundation Trust which provided more detail on Supervised Community Treatment.

The Chair welcomed Dr Tim Barnton, Leeds Partnership NHS Foundation Trust to the meeting.

It was reported that Supervised Community Treatment was one of the key amendments to the Mental Health Act 1983 since when a greater number of patients had been cared for within the community. The key change would allow certain patients to receive Supervised Community Treatment following a longer term hospital order and treatment. This would allow patients to continue to receive treatment within the community. Under the provisions of the Act, a patient could be recalled to hospital for treatment without delay where necessary.

RESOLVED – That the report be noted.

52 NHS Next Stage Review - High Quality Care for All

The report of the Head of Scrutiny and Member Development informed Members about the NHS Next Stage Review – High Quality Care for All. Supporting papers from NHS Leeds and Leeds Teaching Hospitals NHS Trust (LTHT) were appended to the report.

Christine Outram, Chief Executive, NHS Leeds and Ross Langford, Deputy Director of Marketing and Communications, LTHT were present for this item.

Members attention was drawn to the eight health pathways agreed by the Strategic Health Authority for the NHS across the Yorkshire and Humber region. Specific reference was made to the Staying Healthy Pathway and the high population of Super Output Areas in and across Leeds and the need to address health issues and health inequalities in these areas.

In brief summary, the following issues were discussed:

- Many factors impacting on overall health and well-being
- The use of preventative activities, treatments and medicines.
- Lack of play and exercise areas, particularly for children and young people in inner city areas.
- Poor health issues in areas of high deprivation.
- Smoking cessation.
- Patient safety and tackling MRSA and C.Diff.

RESOLVED – That the report be noted.

53 Work Programme

The report of the Head of Scrutiny and Member Development outlined the Board's Work Programme for the remainder of the current municipal year. Also appended to the report was a copy of recent Executive Board minutes and Members attention was drawn to those issues within the remit of the Scrutiny Board (Health).

It was agreed to reconsider the GP Led Health Centre item at the next meeting of the Board, which would include a report from the Director of Adult Social Care to provide a Council perspective.

It was also agreed to undertake an Inquiry into Hospital Discharges which would consider current discharge arrangements and how the Council and its partners planned to strengthen procedures by:

- Focussing on the quality of peoples experiences;
- Setting out clear reciprocal responsibilities, with procedures in place for ensuring compliance with those standards; and
- Agreeing a process for resolving and learning from concerns about the quality of multi-disciplinary work.

RESOLVED –

(1) That the report be noted.
(2) That the work programme be amended as agreed.

54 Date and Time of Next Meeting

Tuesday, 20 January 2008 at 10.00 a.m. (Pre-meeting for all Members at 09.30 a.m.)

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Leeds CITY COUNCIL

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 20 January 2008

Subject: GP-led Health Centre – scrutiny inquiry

Electoral Wards Affected:	**Specific Implications For:**
	Equality and Diversity ☐
	Community Cohesion ☐
☐ Ward Members consulted (referred to in report)	Narrowing the Gap ☐

1.0 Introduction

1.1 At its meeting on 22 July 2008, the Scrutiny Board (Health) agreed the terms of reference for undertaking a scrutiny inquiry to consider the proposals for and implications of developing GP-led Health Centres (Polyclinics) in Leeds. The scope of the inquiry is to make an assessment of and, where appropriate, make recommendations on the following areas:

- The likely impact of Lord Darzi's interim report (NHS Next Stage Review) on healthcare in Leeds in the short, medium and longer term.
- The impact which the proposed GP-led health centre will have on healthcare provision and Council Services (particularly Adult Social Care and Children's Services) in Leeds.
- How the PCT can best manage the establishment of the new health centre in order to maximise the benefits for the population of Leeds and minimise any negative impact.
- How the Council ought to approach the issue, and its overall role in managing public expectation.

1.2 At the July 2008 meeting, the Board also agreed the membership of a working group to undertake some aspects of the inquiry. Updates on the work undertaken by the working group have been provided at the Board meeting held on 21 October 2008 and 18 November 2008. The Board gave further consideration to this mater at its meeting in December 2008.

2.0 Inquiry issues

2.1 At its meeting in December 2008, the Board raised a number of concerns/ issues and requested a range of additional information, including:

- Details of the preferred/ successful provider to be issued to the Board as soon as confirmed (within the boundaries of the procurement process), along with confirmed service provision.
- Confirmation of the capital and revenue budgets associated with establishing a GP-Led Health Centre at Burmantofts.

2.2 A further submission from NHS Leeds, aimed at addressing the issues above, is presented at Appendix 1. Representatives form NHS Leeds will attend the meeting to respond to issues raised by the Scrutiny Board.

3.0 Recommendations

3.1 The Board is requested to:

3.1.1 Consider the information provided in this report and appendix and any specific matters discussed at the meeting;

3.1.2 Identify any additional information that may be required and determine any specific matters that require further scrutiny;

3.1.3 Determine and confirm the next steps of the inquiry.

4.0 Background Papers

Terms of reference – Inquiry into GP-Led Health Centres/Polyclinics (agreed 22 July 2008)

GP-led Health Centre for Leeds

1. Background

A number of local and national initiatives gave direction to primary care trusts during 2007 and 2008, guiding the development of improved NHS services. These included:

- **The NHS Next Stage Review Interim Report October 2007** (*known as the "interim Darzi Report"*). This report gave a commitment that the every PCT will establish a new GP-led Health Centre.
- **The NHS Operating Framework 2008/09**. This confirmed that each PCT will be expected to complete procurements during 2008/09 for the GP services that form the core of these health centres, with a flexible range of bookable appointments and walk in services available from 8am to 8pm seven days per week
- **Department of Health letter to Strategic Health Authorities *Gateway Ref* 9194** which states "Each PCT will be expected to complete procurements during 2008/09 for (as a minimum) the GP services that form the core of these health centres"
- **GP Access and Patient Satisfaction Surveys 2007 and 2008**

In line with national and local priorities, NHS Leeds' strategy and core objectives include reducing health inequalities and increasing patient access to high quality primary care medical services. Initiatives commencing and/or coming to fruition over the last two years include the following:

- **the procurement of new additional primary care medical services** (as recommended in the NHS Operating Framework);
- **the procurement of new additional primary care dental services** (including Yeadon dental services);
- **the enhancement of existing services** (including the extended opening hours of almost 70% of GP practices now opening in evenings or at weekends);
- **premises and estates developments** (including nine new LIFT premises, and a £2M upgrade programme underway for existing premises);
- **increasing investment and commissioning of existing primary care providers of medical, dentistry, and pharmacy services**. The primary care contract funding for GPs, pharmacists and dentists in Leeds has increased year on year, and in 08/09 is now at its highest ever.

2. A new GP-led Health Centre

Location

National and international evidence, backed by the Royal College of General Practitioners has concluded that by increasing numbers of GPs in a deprived area, thus increasing access to medical services, the NHS can reduce health inequalities.

In line with the national and local initiatives outlined above, whist recognising that many areas of Leeds are deserving of continued investment, the Lincoln Green/Ebor Gardens area of Leeds was chosen as the site for an additional GP-led Health Centre. This is because the area is recognised as having particular health needs. In particular NHS Leeds took account of the following:

- the demographics of this locality includes a population which finds it difficult to access traditional GP services, as can be seen by the high attendance rates at Accident and Emergency;
- the area faces challenges in tackling the high rate of teenage pregnancy, sexual health issues, mental health issues, and long term conditions. Improved access to primary care services can help to address this;

Provider

Following a robust procurement process, we can confirm that Care UK Clinical Services Limited has been chosen as the preferred provider to deliver primary care services for the new GP-led Health Centre in Leeds.

Care UK is a leading independent provider of health and social care. Working in close partnership with local authorities, PCTs and SHAs, the company has 15 years of experience and expertise in delivering highly specialised, value for money, tailor-made service solutions including residential, community, secondary and primary care.

Care UK operates over 50 nursing and residential homes for older people as well as supported living services and provides care for those with learning disabilities or mental health needs. The company provides over 120,000 hours of care and support each week to people in their own homes and also operates a range of specialist children's services including residential care and fostering.

Care UK Clinical Services Limited was chosen to deliver the contract after demonstrating that it is an excellent and experienced provider of GP Services offering the highest level of care. The organisation currently delivers a wide range of primary, secondary and community based services nationally including GP Services, Walk in Centres and treatment centres.

3. The services to be provided

Care UK in the new GP-led Health Centre service

A public engagement exercise took place between May 2008 and August 2008 to seek views on the services which could be provided. The results confirmed public desire for extended opening of traditional GP services.

A patient advisory group was established to facilitate the procurement programme and to elect a patient representative who joined the PCT team to help in choosing the provider of this service.

The service is scheduled to open in March 2009, At its heart this is a GP practice, with a registered list of patients, to be cared for as any GP cares for their patient. As with any other GP practice and indicated within the March 2008 Board paper and specification, the contractor will provide:-

- **Essential Services** such as services required for the management of patients who are or believe themselves to be ill, including consultation, examination and onward referral if appropriate.
- **Additional Services** such as; Childhood vaccinations, cervical screening, contraception, maternity services.
- **Enhanced Services** such as; Influenza vaccinations, minor surgery procedures and contraceptive device fitting.

However, NHS Leeds uses the term GP-led Health Centre because this is more than an ordinary practice, and it also offers the following:

- 8am to 8pm opening for patients, all days of the year;
- walk-in services to any resident of Leeds, and will offer a real alternative to queuing at Accident and Emergency for the treatment of simple primary care conditions; such as minor injuries and illnesses such as minor burns and scalds, rashes, headaches cough colds etc.;
- appointments to patients registered at any other practice in Leeds or elsewhere, who prefer to access the GP services here, because of convenience of access;
- a range of Extended Services such as weight management, osteoporosis screening services and sexual health services. The service will also have a strong focus on Children and families;
- an innovate "Street Doctor" service which involves GPs and nurses going out to community groups to discuss health concerns and encourage registration with a GP to support their primary healthcare needs.

This is the third Walk In Centre for Leeds with others at LGI and The Light. Anyone can walk in and use the services of the health professionals and GP if this is more convenient and means they get the care that they need at the time they need it. However, the cornerstone of our primary care strategy is that the people of Leeds are encouraged to be registered with a GP as this means they have consistent and on-going care which ultimately improves health outcomes. The improvements made around extended access to GP services in Leeds recently are supporting this strategy further.

NHS Leeds and Care UK will closely monitor access to the Walk In services by those who are not registered with the GP-Led Health Centre by way of an agreed Core Data Set. This will enable both the commissioner and provider to establish the reasons patients are accessing the services for and identify trends. NHS Leeds will take the opportunity to use this information to drive quality standards on access across the city.

The successful provider has committed to establishing local patient groups and forums to focus on addressing the outcomes of the consultation. They will explore further how they might be able to deliver some of the services that people said they would like to see in the new GP-led service in the future.

The revenue cost of this service for years one and two is £600,000 per year. This represents 0.5% of the contractual spend from NHS Leeds on GP services across the city. By investing this money in accessible primary care services we will hope to see savings in secondary care services such as A&E. The refurbishment costs total £300,000.

Chilvers McCrea –Burmantofts Health Centre

The current GP practice in the building is an independent practice and is expected to fulfil its own contractual obligations to support its registered patients. As with all GPs across Leeds we expect access to appointments for patients to meet the national standards. These are for patients to be able to get an appointment with a primary health professional within 24 hours and an appointment with a GP within 48 hours.

There are many examples across the city of different independent GP practices sharing premises and this instance they will operate no differently. Having the new GP-led Health Centre service will increase choice for local people and provide more

flexibility at weekends and evenings to be able to access primary healthcare services locally.

4. Other Health Centre developments in Leeds

In total nine health centres have been opened under the LIFT scheme in Leeds PCT area. (The Local Improvement Finance Trust (LIFT) programme is a public and private partnership between Leeds LIFT, Leeds PCT and Leeds City Council).

These centres are listed below.

- East Leeds Health Centre 78 Osmondthorpe Lane LS9 9EF
- Wetherby Health Centre, Hallfield Lane, Wetherby LS22 6JS
- Wortley Beck Health Centre, Ring Road, Wortley, Leeds, LS12 5SG
- Yeadon Community Health Centre, South View Road, Yeadon, LS19 7PS
- Beeston Hill Community Health Centre, 123 Cemetery Road, Beeston
- Armley Moor 95 Town Street
- Beeston Hill Community Health Centre, 123 Cemetery Road
- Woodsley Road Health Centre Woodsley Road
- Parkside Community Health Centre 331 Dewsbury Road

5. Programme of upgrades to existing primary care premises

A £2 million programme to upgrade and refurbish NHS health centres across the city is now underway. The Board of Directors for NHS Leeds agreed proposals in July 2007 to refresh premises at 19 sites across Leeds to improve the environment for staff and patients attending for health care and treatment.

Improvements vary at each site and include backlog maintenance, access for disabled people, refurbishing and furnishing waiting areas and consulting rooms, and upgrading heating systems to make them more energy efficient. Information technology systems in the clinics will be upgraded to enable clinic staff faster and better access to patient records, the Choose and Book appointments booking system and other online medical resources like specialist referral forms.

Other maintenance works will also take place to upgrade fire alarm systems and telephone systems, re-surface some car parks and improve security.

Morley Health Centre on Corporation Street is to undergo a £90,000 refurbishment including the conversion of treatment rooms to improve the environment and facilities for patients. The new Podiatry Suite will include a larger treatment room, a workroom for doctors and nurses with dedicated equipment store and the conversion of a third room into a second treatment room.

The project includes the refurbishment of the Burmantofts Health Centre which will soon become the city's new GP-led Health Centre offering patients greater accessibility and choice. The £300,000 refurbishment includes an improved entrance and access, reception and waiting area, better security, redecoration of the interior and new furniture.

Damian Riley/Kathryn Hilliam
Director of Primary Care,
NHS Leeds
January 2009

Appendix 1

Communications chronology for new GP-led Health Centre
(PCT Board and Scrutiny Committee working group communications – copies of all documents available on request)

20 December 2007	Early information given to Health Proposals Working group describing Department of Health intentions
13 March 2008	Full briefing to Health Proposals Working Group
20 March 2008	Leeds PCT Board Paper seeking Board approval to progress with procurement.
12 May 2008	Public Engagement programme starts
15 May 2008	Leeds PCT Board Update describing premises proposals
5 June 2008	PCT update to Scrutiny Committee member's enquiry, clarifying the proposed list size of the new centre, and its purpose
September 2008	Health Proposals Working Group update presented

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Leeds CITY COUNCIL

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 20 January 2009

Subject: Clinical Services Reconfiguration

Electoral Wards Affected:	**Specific Implications For:**
	Equality and Diversity ☐
	Community Cohesion ☐
☐ Ward Members consulted (referred to in report)	Narrowing the Gap ☐

1.0 Introduction

1.1 The purpose of this report is to update members of the Scrutiny Board (Health) on the progress of the Clinical Services Reconfiguration, which will see inpatient services for children centralised at Leeds General Infirmary and elderly medicine and the majority of inpatient acute medical services centralised at St James's. Members of the Scrutiny Board should note that it is planned that children's inpatient and critical care services will be centralised at LGI by June 2010.

1.2 Attached to this report is a submission from NHS Leeds which details the associated communications and engagement plan (Appendix 1), alongside a further paper from Leeds Teaching Hospital NHS Trust (LTHT) which provides a summary of progress to date (Appendix 2).

2.0 Background

2.1 The proposed centralisation of children's inpatient and critical care services at Leeds General Infirmary, which received ministerial support in autumn 2007, has been the subject of a number of reports and discussions at the Scrutiny Board (Health) and its predecessor Scrutiny Board (Health and Adult Social Care).

2.2 Such discussions have taken place on a number of different levels, including both the Health Proposals Working Group and the full Scrutiny Board meetings, which can be summarised by the following:

- December 2007 (Health Proposals Working Group) – received outline details of the proposed centralisation of children's hospital services.
- March 2007 (Health Proposals Working Group) – received and considered the wider impact of the proposed centralisation of children's hospital services, i.e. implications on adult services. Under the definitions of reconfiguration proposals and stages of engagement / consultation, the proposed changes where identified as 'significant' – which required formal mechanisms to be established to ensure that patients, service users, careers and the public were engaged in planning and associated decision-making processes.
- July 2008 (Scrutiny Board (Health)) – the newly formed Scrutiny Board received a brief summary of the proposals, including the aims and philosophy for Children's Services, Adult Acute Medicine and Older People's Medicine. The Board was also presented with an update on the engagement and involvement process to date.
- November 2008 Scrutiny Board (Health)) – The Scrutiny Board received a verbal update on progress, including the ongoing consultation with staff and parents to develop proposals for children. The Scrutiny Board was advised that building work had commenced on the Children's Assessment Unit, which was due for completion in January 2009, and further building would take place between April 2009 and June 2010 before all the new provision was complete.

2.3 At its meeting on 13 March 2008, the Health Proposals Working Group (a working group formed under the former Health and Adult Social Care Scrutiny Board) considered the impact of proposals to centralise children's inpatient services at Leeds General Infirmary (LGI). '. This required

3.0 Report Issues

3.1 The attached submission (Appendix 1) from NHS Leeds details the communications and engagement plan associated with this project. This is presented alongside a further paper from Leeds Teaching Hospital NHS Trust (LTHT) which provides an update of progress to date (Appendix 2). In summary, the purpose of this item is to provide the Scrutiny Board with:

- A summary of the children's services changes previously presented;
- A more detailed account of the proposed changes on adult and older peoples medicine;
- Details of the communication and engagement to date;
- Details of the further communication and engagement work planned going forward;
- Confirmation of the latest implementation timescales.

3.2 Representatives from both NHS Leeds and Leeds Teaching Hospitals NHS Trust (LTHT) will attend the Board to present the attached reports and address any questions identified by the Board.

4.0 Recommendations

4.1 The Board is requested to consider the information provided in this report and its appendices and determine what, if any, further scrutiny is required.

4.2 The Board is further asked to:

4.2.1 Comment on the communication and engagement work to date and confirm that both NHS Leeds and LTHT are meeting the Scrutiny Board's expectations in this regard.

4.2.2 Comment on the all the proposed service changes and associated implications.

5.0 Background Papers

- 20 December 2007 – Health Proposals Working Group: Centralisation of Inpatient Children's Services In Leeds
-
- 13 March 2008 – Health Proposals Working Group: Clinical Services Reconfiguration Programme, including:
  - Centralisation of Inpatient Childrens Services in Leeds at LGI (Children's Services Project);
  - Centralisation of Inpatient Elderly and Adult Acute Medicine Services and Adult Gastroenterology (Elderly, Adult Acute Medicine and Gastroenterology Projects)

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CLINICAL SERVICES RECONIGURATION

COMMUNICATIONS AND ENGAGEMENT PLAN – DRAFT

Introduction

In November 2007 it was announced that inpatient services for children at Leeds Teaching Hospitals would centralise at Leeds General Infirmary.

The Trust is using this opportunity to make improvements to the way that adult acute medical and elderly medical services are provided by bringing many of the services together at St James' University Hospital.

Over the past year there has been widespread engagement with patients (including children), parents, carers and staff which has helped shape plans.

This engagement will be on-going throughout the planning, development and implementation process to ensure appropriate stakeholders are involved at all stages.

This paper describes a plan to broaden the engagement to include more patients, the public and stakeholders across the city.

Aims

The aim of this plan is to ensure that stakeholders and the general public are aware of the proposed changes, have the opportunity to learn more about the improvements that are taking place and are given the opportunity to comment on how the developments can work best for local people.

Objectives

The objectives of the plan are:

- to give all sections of the community, including seldom heard groups, the opportunity to understand, and comment on, changes that are taking place at Leeds Teaching Hospitals
- to ensure that key stakeholders, including MPs, the Scrutiny Board, councillors, GPs, Practice Based Commissioners and the Leeds Medical Committee are aware of the proposals and have confidence in the engagement process and the fact that the views of local people are informing the planning process
- to effectively raise awareness of the engagement via the media and community and voluntary organisation newsletters and websites
- to build confidence in, and support for, the changes that are taking place

Key Messages

1. Many specialist services at Leeds Teaching Hospital are being brought together to provide the best possible care for patients. This is in line with best practice throughout the country.

2. Moves will see inpatient services for children centralised at Leeds General Infirmary and elderly medicine and the majority of inpatient acute medical services centralised at St James's.

3. Leeds Teaching Hospitals is using the moves as an opportunity to develop services and improve the hospital environment for patients, and their carers/parents, wherever possible.

4. Bringing services together will improve the care and treatment patients and their families or carers receive by ensuring patients consistently receive prompt treatment from specialist staff, reducing the number of times patients need to be transferred between sites and improving the environment that patients are cared for in.

5. These plans are clinically-led. Proposals to centralise all children's services at the LGI were initially made by doctors and doctors, nurses and other clinical staff have been directly involved in developing all aspects of the plans since that time.

6. Patients, carers and parents at the hospital are closely involved in developing the plans to ensure that they meet the needs of people who are admitted to Leeds Teaching Hospitals.

7. For convenience and ease of access, patients will still have the opportunity to attend outpatient appointments at a number of hospital sites in the city.

Audiences

Audiences identified in this plan are:

- patients and patient groups
- parents/carers
- the general public
- MPs
- OSC
- councillors
- community and voluntary organisations
- Local Area Committees and parish / town councils
- partner organisations (LPFT, LCC, universities, other clinical networks and other NHS organisations - GPs, including those providing out of hours services)
- LMC
- PBC
- Staff at NHS Leeds and LTHT

- SHA
- Media

Timetable

A detailed plan identifying a clear timetable for engagement can be found in Appendix One.

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Audience	w/c 12 Jan	w/c 19 Jan	w/c 26 Jan	w/c 2 Feb	w/c 9 Feb	w/c 16 Feb	w/c 23 Feb	w/c 2 Mar	w/c 9 Mar	w/c 16 Mar	w/c 23 Mar	w/c 30 Mar
Patients/Patient Groups (children, adults and older people)		Letter from Chris/Maggie and copy of first newsletter Newsletter and engagement plans on LTHT and NHSL websites Telephone call from Chris to involved stakeholders/parent Flyers advertising public drop-ins to be circulated round patient waiting areas/GP practices etc	Targeted engagement with patient groups throughout remainder of Jan/Feb 09 - specific dates to be confirmed		Public drop-in	Newsletter	Public drop-in		Public drop-in	Newsletter		
Community & Voluntary organisations (to include children's, adult and older peoples' groups)		Letter from Chris/Maggie and copy of first newsletter Newsletter & engagement plans on LTHT and NHSL websites	Targeted engagement throughout remainder of Jan/Feb (specific dates to be confirmed)		Public drop-in	Newsletter	Public drop-in		Public drop-in	Newsletter		
General Public		Flyers advertising public drop-ins circulated to libraries/one-stop shops etc Newsletter and engagement plans on LTHT and NHSL websites			Public drop-in	Newsletter made available via websites	Public drop-in		Public drop-in	Newsletter made available via websites		
Media		Press release promoting engagement, drop-ins, engagement so far, commitment to involving people - sent after stakeholders notified		Press release reminder of drop-ins		Newsletter				Newsletter		

MP's		Letter from Chris/Maggie and copy of first newsletter Copy of press release		Copy of press release		Newsletter				Newsletter			
Scrutiny Board	Copy of draft newsletter and engagement plans	Letter from Chris /Maggie and copy of first newsletter Copy of press release	Attend Scrutiny	Copy of press release		Newsletter				Newsletter			
Councillors/Local Area Committees/Parish Councils		Letter from Chris/Maggie and copy of first newsletter Copy of press release		Press release		Newsletter				Newsletter			
Partners		Letter from Chris/Maggie and copy of first newsletter Copy of press release				Newsletter				Newsletter			
GPs - via Practice Managers **LSD/NYED (out of**		Letter from Chris/Maggie and copy of first newsletter Flyers about drop-ins				Newsletter/update via practice bulletin				Newsletter/update via practice bulletin			
LMC	Book slot at Feb LMC	Letter from Chris/Maggie and copy of first newsletter Copy of flyer for drop-in Copy of press release	PBC event			Newsletter				Newsletter			
PBC		Letter from Chris/Maggie and copy of first newsletter Copy of flyer for drop-in Copy of press release	PBC event			Newsletter				Newsletter			
Staff		Email link to internet sites highlighting work to date, newsletter etc				Email link to updated internet sites				Email link to updated internet sites			

APPENDIX 2

LEEDS TEACHING HOSPITALS NHS TRUST

CLINICAL SERVICES RECONFIGURATION

UPDATE TO SCRUTINY BOARD MEETING – TUESDAY 20TH JANUARY 2009

1. This paper is complementary to the accompanying paper from the PCT on the wider engagement issues relating to Clinical Services Reconfiguration.

2. Work is proceeding well on the programme and the Trust is still aiming for the centralisation of childrens inpatient and critical care services at LGI to occur in June 2010.

3. All the enabling schemes have been agreed and 1:50 drawings are nearing completion. The negotiations on capital costs with the Trust's P21 partner will continue up until 13th March 2009 and will allow the business case to be agreed by the end of March.

   Some enabling schemes have already started and the whole programme will complete by the end of April 2011.

4. There is a significant amount of work ongoing around high level service models and how new relationships, once centralisation has taken place, will work. This work will continue up to centralisation taking place.

5. Staff and user/carer engagement has continued - as described in the previous briefing to the Health Scrutiny board in December 2008. The plan is to continue with this engagement throughout the whole programme and beyond.

6. The key benefits identified so far include:
   - Better adjacencies for different elements of the same specialties.
   - Significant reduction in infection in cystic fibrosis patients.
   - Reduction in infection through more single rooms for older people.
   - Childrens dialysis adjacent to childrens wards
   - Better environment for children currently inpatients at SJUH (better facilities currently already exist for LGI patients).
   - Better facilities for parents who wish to stay overnight by their child's bedside.
   - Privacy and dignity benefits for older people (single sex wards, more single rooms, doors on bed bays).
   - Children not having to stay in hospital inappropriately overnight.
   - Adults consistently being seen by a senior consultant in A&E with quicker diagnosis and treatment.

7. A key issue has been parking and transport between the two sides of the city. The Trust is planning to work with one of the local bus companies to establish a regular route cross city between SJUH and LGI. This will allow a park and ride facility to be established at SJUH. The current congestion of the LGI site will be reduced as a significant number of staff will move to use the park and ride facility at SJUH. Their will then be sufficient car parking spaces at LGI for parents.

Sylvia Craven
Director of Planning
05/01/09

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Leeds CITY COUNCIL

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 20 January 2009

Subject: Performance Report (NHS Leeds)

Electoral Wards Affected:	**Specific Implications For:**
	Equality and Diversity ☐
	Community Cohesion ☐
☐ Ward Members consulted (referred to in report)	Narrowing the Gap ☐

1.0 INTRODUCTION

1.1 At its meeting on 17 June 2008, the Scrutiny Board (Health) received an outline of the key priorities and targets for NHS Leeds (formerly Leeds Primary Care Trust (PCT)), Leeds Teaching Hospitals NHS Trust (LTHT) and the Leeds Partnership Foundation Trust (LPFT).

1.2 As part of the discussion, the Scrutiny Board outlined a desire to be kept appraised of progress throughout the year, agreeing to consider the performance report presented to the NHS Leeds Board on a regular basis. Performance was last reported to the Scrutiny Board (Health) in October 2008.

2.0 PERFORMANCE MATTERS

2.1 Attached at Appendix 1 is the performance report presented and discussed at the NHS Leeds Board meeting on 11 December 2008.

Priority Areas

2.2 The attached report provides a summary update on progress against the six priority areas identified by NHS Leeds, using specific indicators as follows:

18 weeks standards

- 18 week referral to treatment waits; admitted and non-admitted
- Diagnostic waits less than 6 weeks
- Maximum wait time of 13 weeks for an outpatient appointment

- Maximum wait time of 26 weeks for an inpatient appointment
- Choose & Book rates

Cancer wait times

- Maximum wait time of 14 days from urgent GP referral to first outpatient for suspected cancer
- Maximum wait time of 31 days from diagnosis to treatment for all cancers
- Maximum wait time of 62 days from urgent GP referral to treatment for all cancers
- Breast cancer screening for women aged 53 to 70 years

Health care associated infections standards

- MRSA levels sustained, with local stretch targets beyond the national targets
- C.Difficile reduction of 30% at national level, with local targets now agreed

Primary care access standards

- Guaranteed access to a primary care professional within 24 hrs
- Guaranteed access to a GP within 48 hrs
- Number of GP practices offering extended opening hours

Sexual health programme standards

- Chlamydia screening programme standard
- Access to a GUM service within 48 hrs

Urgent care

- 4 hr A&E standard
- Ambulance response times: Cat A 8 min standard
- Ambulance response times: Cat B 19 min standard

2.3 An executive summary of performance is provided. In respect of the priority areas the following issues are highlighted:

Positive performance	Weaker performance
Cancer wait times: • 14 day waits from urgent referral to first outpatient • 31 days from diagnosis to commencement of treatment • Breast screening coverage	18 weeks standards: • 13 weeks for an outpatient appointment • 26 weeks for an inpatient appointment
Sexual health programme standards: • Access to a GUM service within 48 hr	Health care associated infections standards: • MRSA levels

2.4 The report also provides details of progress towards securing 100% usage of the Choose & Book system for onward referrals by Oct 2009. The take-up and use of the Choose and Book services fall within the overall 18 week standards priority area. In November 2008, performance in this area remained below 30% and was the subject of a separate report presented to the NHS Leeds Board on 18 December 2008.

2.5 The report presented to the NHS Leeds Board included a report produced by Atos Consulting following an independent review of the uptake of Choose and Book in Leeds. The report states that the current uptake of all Choose and Book services

puts the Leeds health economy at the bottom of the Choose and Book performance tables across the Yorkshire and the Humber Strategic Health Authority (SHA) and in the bottom 5% of trusts nationally. The recommendation of the review was to initiate a programme to deliver Paperless Patient Referrals across the Leeds health economy.

2.6 The report presented to the NHS Leeds Board states that for 'Paperless Patient Referrals' to be successfully implemented, the full range of issues across the referral pathway will need to be tackled, including choice, access and demand. The full report presented to the NHS Leeds Board is available on request.

Other Areas

2.7 As previously agreed, the report also highlights other indicators (i.e. outside the six priority areas) where exceptions or non-delivery has occurred. In this respect, the following areas are highlighted as areas where performance is weaker than planned:

- Childhood immunisation programme
- Early intervention service

2.8 The Director of Performance, Improvement and Delivery from NHS Leeds will attend the meeting to present the key issues highlighted by the attached report and to address any specific questions identified by the Scrutiny Board.

3.0 RECOMMENDATIONS

3.1 The Board is requested to consider the information provided in this report and the attached report from NHS Leeds and determine any matters that require any further scrutiny.

4.0 BACKGROUND PAPERS

- Performance Report (NHS Leeds) – Scrutiny Board (Health), 21 October 2008
- Review of the Utilisation of Choose and Book in Leeds – NHS Leeds Board meeting, 18 December 2008

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NHS LEEDS

BOARD MEETING

AGENDA ITEM
20.7.1

Date of Meeting: 18 December 2008	Category of Paper Tick(✓)	
PCT Trust Lead: Beverley Bryant	Decision & Approval	
Paper Author: Graham Brown	Position Statement	✓
Paper Title: Performance Report	Information	
	Confidential Discussion	

ALIGNMENT TO STRATEGIC OBJECTIVES	Tick (✓)	ALIGNMENT TO STANDARDS FOR BETTER HEALTH	Tick (✓)
1. Better health & wellbeing and health protection		Safety	
2. Health inequalities		Clinical & Cost Effectiveness	
3. Safe, effective, respectful care in modern facilities		Governance	
4. Care where and when needed, promoting health and avoiding admission		Patient Focus	
5. Choice and control		Accessible and Responsive Care	
6. Working with partners		Care Environment and Amenities	
7. Commissioning high quality care		Public Health	
8. Effective and sustainable use of resources			
9. Support, develop and value staff			
10. Improving and learning organisation			

SUMMARY

This report has been prepared to provide an overview of performance against key performance indicators for 2008/09. The report is presented in the format set by the Board, showing data in the form of graphs and a narrative explaining the performance position. The report on this occasion also reviews progress on two areas of performance concern; the early intervention service and the child immunisation programme. The report also includes an executive summary identifying key issues.

ACTION REQUIRED

The PCT Board is asked to receive the performance Report and to feed back on any areas where they would like further assurance at future Board meetings.

Performance Report

December 2008

Monthly Performance Report – December 2008

Executive Summary

Key Points - Negatives

There are several performance indicators that are delivering weaker performance than planned. Some of these indicators are already well known to the Board.

- **Childhood immunisation programme**
  This indicator set is not at required performance levels. The set covers a range of childhood immunisations at different ages. The most significant issue is with levels of coverage for the MMR vaccine. There are two issues here, the first is the accurate capture of data and the second is one of poor uptake. There are clear actions set out in the report and further actions beyond these are in the process of being developed and will be described in future reports.

- **Early intervention service**
  The Board have heard previously that performance in this area is lower than planned. The issue is again featured, to maintain focus. The year to date performance is still below the target trajectory. It is anticipated that the extra funding agreed to support this work will now realise improved levels of performance. Some early signs of this are described in the specific section of the report.

- **13 and 26 Weeks**
  As previously reported, breaches continue to occur. Due to the complex nature of some of the clinical considerations surrounding such cases, the challenge remains to secure additional capacity with alternative providers and to ensure it used to minimise breaches.

- **MRSA**
  Cases of MRSA are still running beyond the planned maximum level. There were 12 cases in November, against an original trajectory of 6. The November tally means that the total number of cases so far this year now exceeds the planned maximum for the whole year to March 2009.

Key Points - Positives

There are several indicators that are showing a positive performance. A couple of the key issues here are -

- **Cancer wait times**
  Whilst the 62 day cancer wait time target is proving difficult to sustain, the other targets in this area, those covering 14 day waits from urgent referral to first outpatient; 31 days from diagnosis to commencement of treatment; and breast screening coverage, all continue to be generally delivered within standard. There will be significant challenge as the implementation of the Cancer Reform Strategy bites from Jan onwards, though we have action plans in place or under development.

- **Access to GUM services**
  Access to GUM services is improved overall, compared to the same period last year. NHS Leeds continues to meet the annual target overall for patients offered an appointment to be seen within 48hrs. There is a positive working relationship with LTHT, which is continuing to develop, meaning that issues that arise are dealt with in a swift and constructive way.

18 weeks standards

18 week referral to treatment waits; admitted and non-admitted

Target:

Government operational targets of 90% of pathways where patients are admitted for hospital treatment; and 95% of pathways that do not end in an admission, should be completed within 18 weeks.

Delivery of the referral to treatment (RTT) time standard is challenging for NHS Leeds. The performance trajectory draws from the plan agreed with the SHA for delivery of the operational targets.

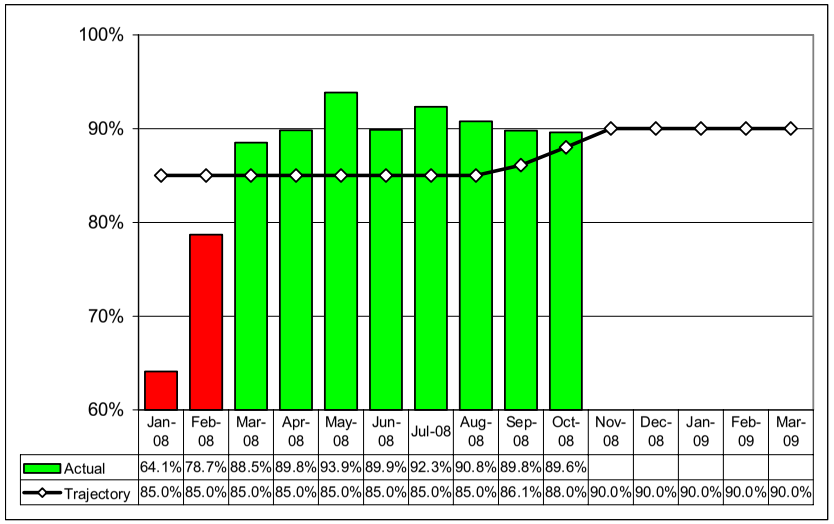
The target position for delivery of 18 weeks was achieved for Oct. However, there are risks around achievement for Nov and Dec, possibly into Jan 09, due to increases in elective referrals since Sep.. The issues relate both to specialty level capacity and to very specific constraints within highly complex sub-specialties. This latter set of issues has been escalated to the SHA for discussion in national commissioning forums.

To address the potential capacity issues, independent sector providers have been approached and are working with both LTHT and NHS Leeds to relieve pressure in risk areas such as in ENT, gynaecology and general surgery.

Lead Executive Director:	Matt Walsh
Management Lead:	Nigel Gray
Operational Lead:	Nigel Gray

Ensure by March 08 most patients wait less than 18 weeks from referral to treatment

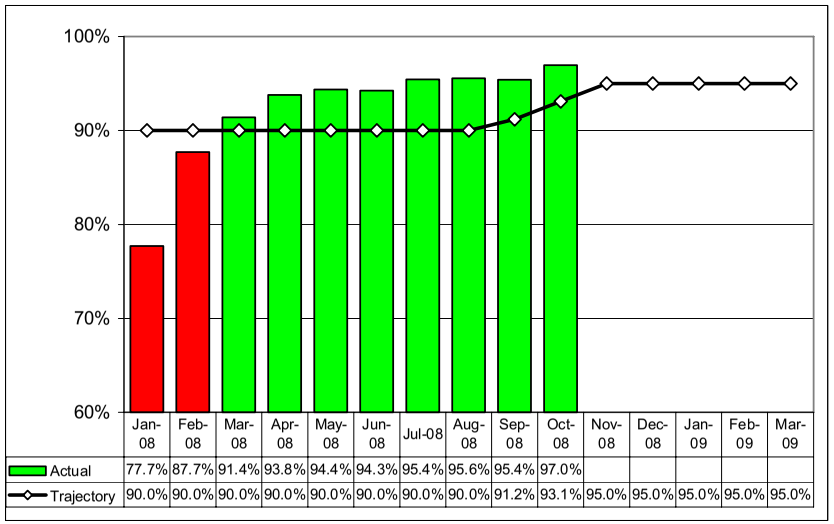
Percentage of patients seen within 18 weeks - admitted



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	64.1%	78.7%	88.5%	89.8%	93.9%	89.9%	92.3%	90.8%	89.8%	89.6%					
Trajectory	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	86.1%	88.0%	90.0%	90.0%	90.0%	90.0%	90.0%

Ensure by March 08 most patients wait less than 18 weeks from referral to treatment

Percentage of patients seen within 18 weeks - non admitted



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	77.7%	87.7%	91.4%	93.8%	94.4%	94.3%	95.4%	95.6%	95.4%	97.0%					
Trajectory	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	91.2%	93.1%	95.0%	95.0%	95.0%	95.0%	95.0%

18 weeks standards

Diagnostic waits less than 6 weeks

Target:

The number of patients waiting 6 weeks or more at the date of measurement for all diagnostic tests, should decrease to zero as rapidly as possible after March 2008.

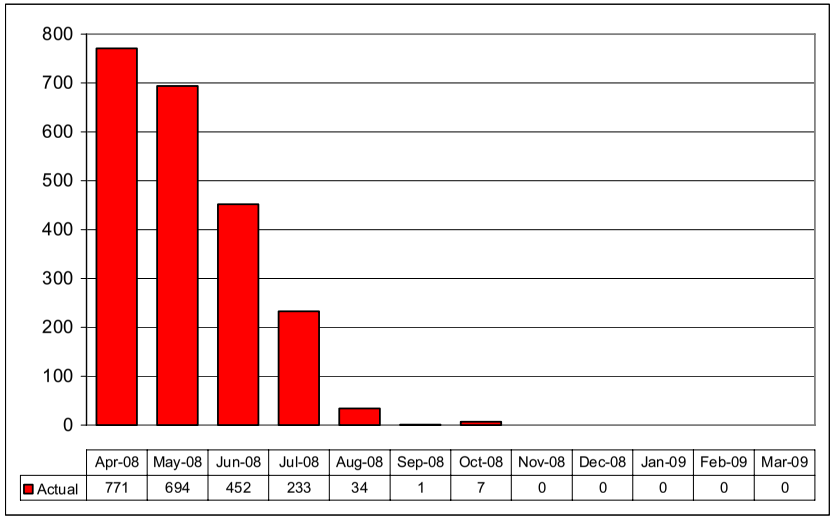
The number of breaches has fallen dramatically over the period since Aug. Given the position in the early part of the year this is a significant achievement.

There were seven breaches reported for Oct, against a target of zero. The breaches were from across a range of diagnostic procedures and for a variety of reasons. Examples of the circumstances of the breaches were in one case a child for which safeguarding procedures needed to be invoked, causing delay and for two others where the clinical needs of the patients meant that it was not possible to deliver the diagnostic procedure in time. Lessons on all of the breaches have been drawn and will enable the teams at LTHT to ensure that risks are identified at an earlier stage and minimise the risk of breaches in future.

The Oct position represents the final stages in embedding the culture of no breaches. There is no evidence that the breaches are indicative of a wider system failure, but more a matter of ensuring that all the possible eventualities and possibilities for breaches to occur have been addressed.

Waits for diagnostics to be reduced to 6 weeks maximum

Number of patients waiting 6+ weeks for 15 key diagnostics



	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	771	694	452	233	34	1	7	0	0	0	0	0

Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Sue Hillyard

18 weeks standards

Number of inpatients waiting longer than standard; Number of outpatients waiting longer than standard

Target:

That the maximum wait for a first outpatient appointment be no more than 13 weeks from GP referral and for an inpatient no more than 26 weeks after a decision to admit.

During Oct eight outpatient and nine inpatient breaches occurred, all at LTHT. Outpatient breaches remain a risk in Neurosurgery although breach numbers have more than halved in Oct from the Sep position. Inpatient breaches at LTHT for NHS Leeds patients has risen to six in Oct compared to two in Sep. Overall though, the LTHT position is in line with trajectories for improving performance agreed with the SHA.

Extra capacity in the independent sector for Neurosurgery is available, though risks remain in more complex cases which are unsuitable to transfer. Sustainable increases in capacity will not be achieved until the appointment of two additional neurosurgeons in Feb 09.

Plastic Surgery patients (mainly children) requiring reconstructive limb surgery remains a breach risk. Though the issue has been referred to National Specialised Commissioning team it is yet to be determined whether it will be re-classified as a nationally commissioned service.

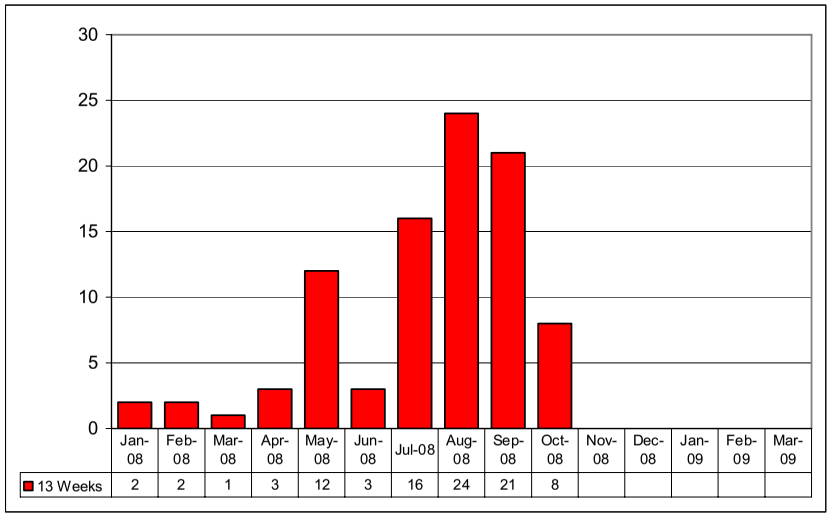
A further breach occurred in a paediatric complex spinal case. A review of the spinal service is currently being undertaken at LTHT to avoid such breaches in future.

Oct has also seen two breaches due to administrative errors, which are being investigated. The inpatient breach is retrospective, impacting on the entire year position. Some of the breaches in the chart are subject to confirmation, due to possible over-reporting in the independent sector.

Lead Executive Director:	Matt Walsh
Management Lead:	Philip Grant
Operational Lead:	Neil Hales & Richard Wall

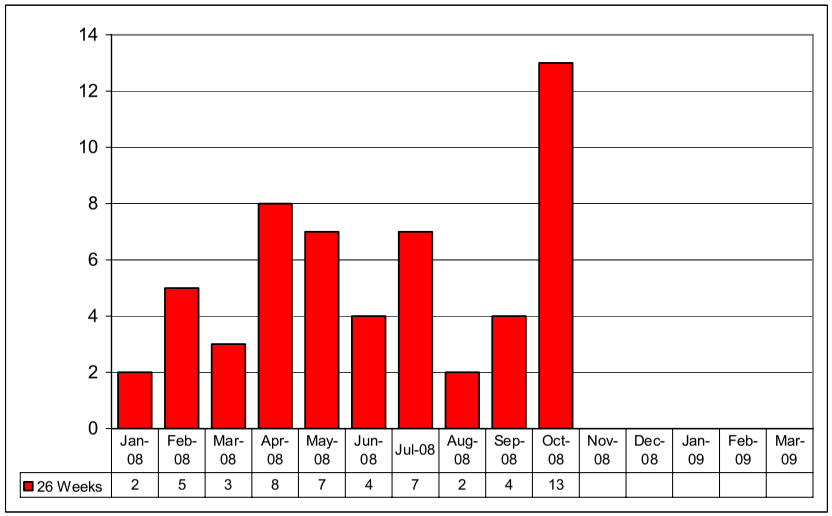
Ensure a maximum wait of 13/11 weeks for outpatients

Number of outpatients breaching 13+ weeks at each month-end



Ensure a maximum wait of 26 weeks for inpatients

Number of inpatients breaching 26+ weeks at each month-end



18 weeks standards

Maximise the use of the Choose & Book system

Target:

To secure 100% usage of Choose & Book system for onward referrals by Oct 2009.

The 18 Week Board has accepted the recommendations of the report from Atos, and a new trajectory agreed, at 90% utilization by October 09.

Choose and book (C&B) rates dropped slightly to 28% in Nov. Weekly figures currently show no further increase, though this is with an increased average referral rate. The number has risen to 10,370; in Apr this figure was 9,025. So, although the rate of usage remains static in Nov, there is an actual increase in the numbers of referrals booked via C&B.

The C&B team have made 24 GP Practice visits in Nov, compared to 23 and 36 in the previous months. Two more practices who were not using C&B have now requested further training to allow them do so; this leaves just six practices throughout Leeds who do not use the system.

LTHT have extended their polling time (the number of weeks in advance a GP can book an appointment) to 5 weeks for all specialties. This has seen their average polling time increase from 4.1 to 4.7 weeks already. This is expected to reduce the number of appointment slot issues that LTHT have.

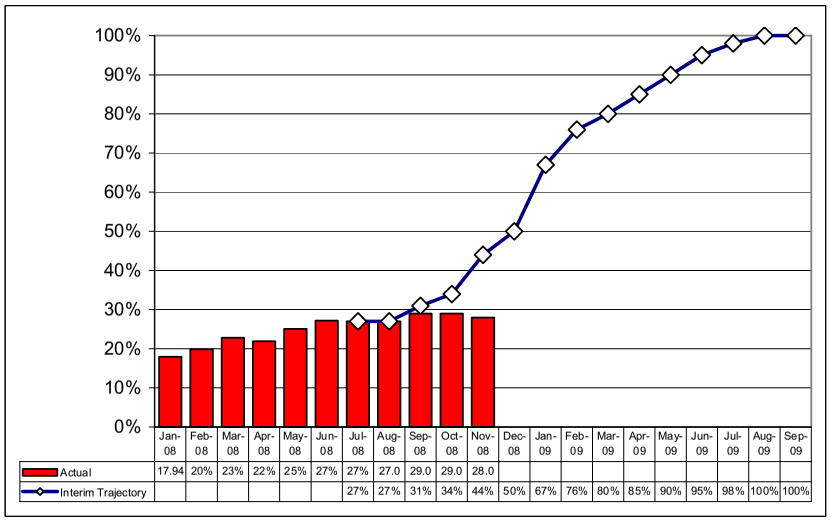
Additional actions to improve the use of the C&B system include

- Intensive engagement with Care Services to add MSK and children's community services to C&B by the end of Jan
- NHS Leeds Contracting Group to review provider DOS's to ensure what has been commissioned is accurately reflected
- Community dermatology and ophthalmology services to be added.
- A review of LES payments for usage of C&B in Q2
- Independent sector local services to be made available through C&B

Lead Executive Director: Lynton Tremayne
Management Lead: Rob Goodyear
Operational Lead: Rob Goodyear

Choose and Book

Percentage of outpatient bookings made using the Choose & Book system



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09
Actual	17.94	20%	23%	22%	25%	27%	27%	27.0	29.0	29.0	28.0										
Interim Trajectory							27%	27%	31%	34%	44%	50%	67%	76%	80%	85%	90%	95%	98%	100%	100%

Cancer wait times

Maximum wait time of 14 days from urgent GP referral to first outpatient appointment for suspected cancer

Target:

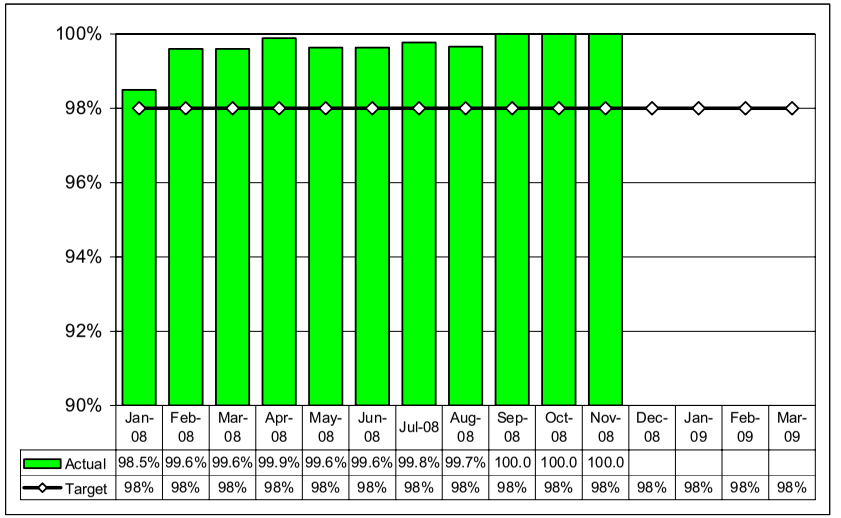
That there be a maximum wait time of 14 days from urgent GP referral to a first outpatient appointment for suspected cancer, with a target of 100% and an operational standard of greater than or equal to 98% patients seen.

The validated position for October is 100% for both Leeds PCT and all patients to LTHT (with 900 cases to LTHT). The projected November position is 100%.

This wait time target has been consistently achieved within the operational standards.

Access to Cancer Services

Urgent GP Cancer Referrals received within 48 hours and seen within 14 days



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	98.5%	99.6%	99.6%	99.9%	99.6%	99.6%	99.8%	99.7%	100.0	100.0	100.0				
Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%

Please note that data shown for Nov is yet to be formally validated

Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Sandra Frier

Cancer wait times

Maximum wait time of 31 days from diagnosis to treatment for all cancers

Target:

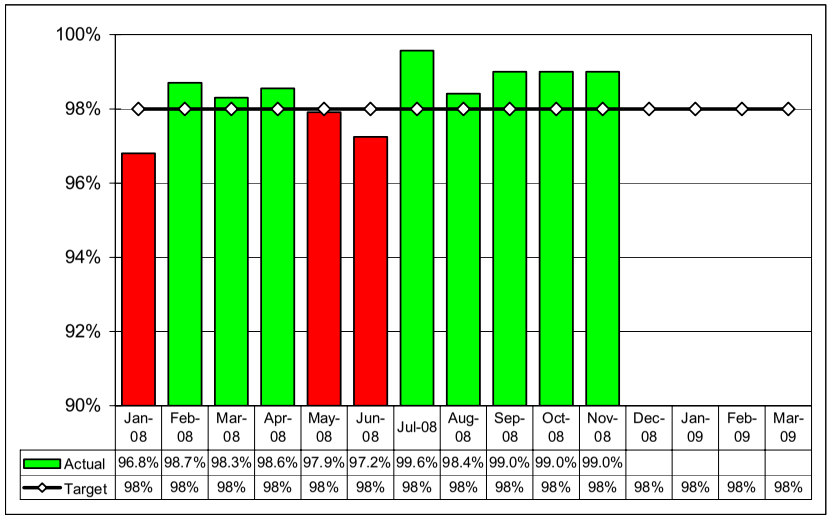
That there be a maximum wait time of 31 days from diagnosis of cancer to the beginning of treatment , with a target of 98% of patients seen.

The validated position for October is 98% for Leeds PCT and 98% for all patients to LTHT (with approx 400 cases to LTHT). The unvalidated position for November is 99% for both Leeds PCT and all patients to LTHT.

There was an increase in the number of breaches in October, compared to September, with a total of 8 breaches: 4 urology, 2 skin, 1 lung and 1 HPB (with 462 cases in total).

Access to Cancer Services

Percentage of patients receiving treatment within 31 days of diagnosis



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	96.8%	98.7%	98.3%	98.6%	97.9%	97.2%	99.6%	98.4%	99.0%	99.0%	99.0%				
Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%

Please note that data shown for Nov is yet to be formally validated

Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Sandra Frier

Cancer wait times

Maximum wait time of 62 days from urgent GP referral to treatment for all cancers

Target:

That there be a maximum wait time of 62 days from urgent GP referral for suspected cancer to the beginning of treatment , with a target of 95% of patients seen.

The Oct validated position is that 96% ***(DN: the exact figure to be confirmed)*** performance was achieved, with a total of 170 cases (146 accountable). 122 patients were Leeds patients. There were 10 patients who breached, 7 of these were inter-trust referrals across a range of tumour groups and 3 were Leeds patients.

The projected Nov position is that 91% to 94% performance will be achieved for Leeds patients, but for LTHT as a whole 90% to 91%. Patients not treated in Oct have impacted on the Nov position.

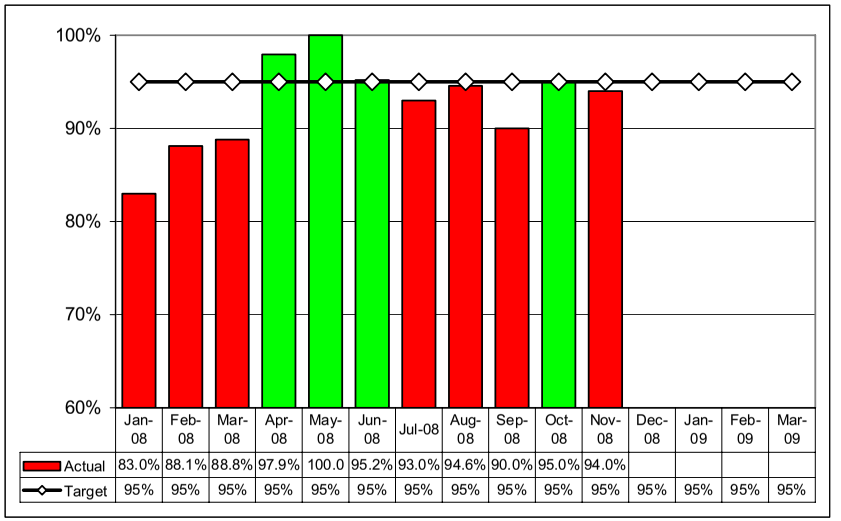
A key issue remains with lung surgery capacity and inter trust referrals. The YCN are undertaking further work on the lung surgical pathway, using Statistical Process Control techniques to monitor variances in performance. NHS Leeds continues to support LTHT in resolving delays in inter-trust transfer of patients, together with the SHA. NHS Leeds have also agreed to fund a number of additional pathway tracker posts for up to 6 months, to enable LTHT to have robust tracking and redesigned processes by the end of Dec 08. LTHT are confident in delivering the external reporting processes from Jan 09, to meet DH and SHA requirements.

A number of revised patient pathways are being implemented in response to the changes to the 62 day standard. Areas of risk remain in lung, skin/ plastics, pathology, and lower GI. Focused areas of work are planned to address these pathways.

Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Sandra Frier

Access to Cancer Services

Percentage of patients receiving treatment within 62 days of referral



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	83.0%	88.1%	88.8%	97.9%	100.0	95.2%	93.0%	94.6%	90.0%	95.0%	94.0%				
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Please note that data shown for Nov is yet to be formally validated

Cancer wait times

Breast cancer screening for women aged 53 to 70 years

Target:

That all women aged 53 to 70 years be invited for routine screening for breast cancer, based on a three-year screening cycle, with an operational target of 70% for uptake and 90% for round length cycle.

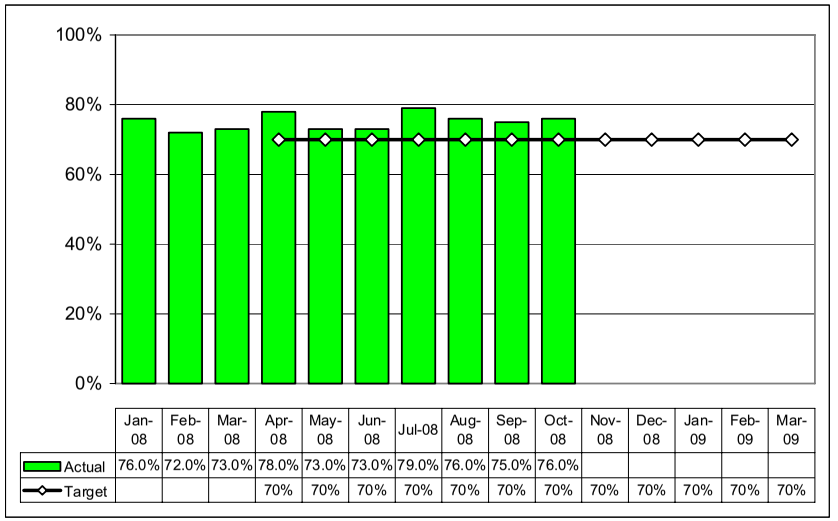
Breast screening uptake continues to meet the target. The Breast Screening programme is now looking to reach gold standard of 80%. The breast screening programme was previously not meeting round length target (90% of women screened in 36 months), but has now sustained this target.

Work with voluntary and community groups to promote screening has also begun, including with Women's Health Matters and Age Concern. One focus is on screening women over the age of 70, who presently self refer, given that risk increases with age.

Development of a LES with practices is also being explored. A drug company is supporting a project to target practices that have low uptake and fall within the 10% highest deprivation areas.

Access to Cancer Services

Women offered breast screening



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	76.0%	72.0%	73.0%	78.0%	73.0%	73.0%	79.0%	76.0%	75.0%	76.0%					
Target				70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%

Lead Executive Director: Ian Cameron
Management Lead: Simon Balmer
Operational Lead: Kate Jacobs

Health care associated infections standards

MRSA levels sustained, with local stretch targets beyond the national targets

Target:
To maintain a maximum of not more than 6 cases per month.

There have been 12 cases of MRSA in November. This is a considerable reduction from last month's target, but over trajectory. This means that the total annual target of 72 cases has been breached.

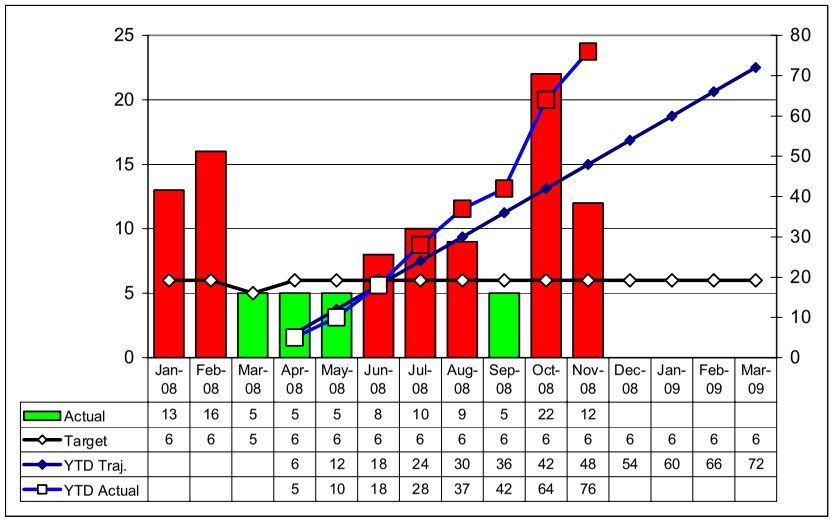
Cases occurred within A&E, Critical Care medicine, General Medicine, General Surgery, Paediatrics, Elderly Medicine and Trauma and Orthopaedics.

The Trust has comprehensive procedures and systems in place for controlling MRSA and these have been verified by both the Healthcare Commission and DH. The main issue and thrust of the work for LTHT and NHS Leeds is in ensuring these are rigorously followed.

An action plan is in place, and further specific actions have been taken to ensure that staff comply with infection control policies. This work programme has included further letters to all staff in LTHT from the Chief Executive and the Medical Director and meetings at that level with consultants. It is also understood that the disciplinary procedure is being invoked where agreed procedures are not being followed.

Health Care Associated Infections

Cumulative number of MRSA positive blood culture episodes



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	13	16	5	5	5	8	10	9	5	22	12				
Target	6	6	5	6	6	6	6	6	6	6	6	6	6	6	6
YTD Traj.				6	12	18	24	30	36	42	48	54	60	66	72
YTD Actual				5	10	18	28	37	42	64	76				

Lead Executive Director: Ian Cameron
Management Lead: Simon Balmer
Operational Lead: Bob Darby

Health care associated infections standards

Incidence of Clostridium Difficile

Target:

That NHS Leeds work to contribute to a reduction of 30% in the number of cases at the national level, with a local target of 4.1 cases per 1000 admissions by 2010/11.

There have been 78 cases in the Leeds health economy in November, 18 from LPFT and the community and 60 from LTHT. This is an improvement from the previous month. The trend for the community has been constant during this year and the overall trend in LTHT is downward. This is likely to be a positive result of increasing compliance with antibiotic protocols and the introduction of more isolation capacity at LTHT. All community cases are investigated using root cause analysis techniques. The majority of cases are proving to be related to inappropriate prescribing.

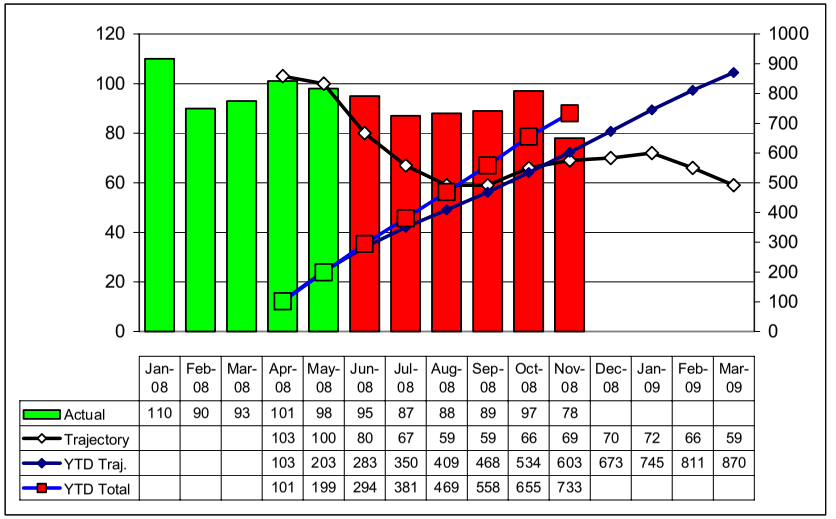
LTHT has a comprehensive set of policies and procedures relating to HCAIs, including having in place robust procedures relating to antibiotic prescribing. There is a renewed emphasis on making sure these are followed, with a programme of feedback to clinicians, helping in the process of education and training in identifying bad practice that can be eliminated.

For the community there is continued emphasis on implementation of rigorous infection control, and a community-level antibiotic policy is to be developed. As part of this, work is ongoing with LTHT to identify good practice from other PCTs. The national support team have also been consulted. Early ideas include the development of performance indicators. It is however likely, due to the relatively rare examples of such programmes, that locally developed indicators, with incentives to encourage better practice may be needed.

Lead Executive Director: Ian Cameron
Management Lead: Simon Balmer
Operational Lead: Bob Darby

Health Care Associated Infections

C.Diff infections



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	110	90	93	101	98	95	87	88	89	97	78				
Trajectory				103	100	80	67	59	59	66	69	70	72	66	59
YTD Traj.				103	203	283	350	409	468	534	603	673	745	811	870
YTD Total				101	199	294	381	469	558	655	733				

Primary care access standards

Access to primary care

Target:

Patients are able to access a primary care professional within 24 hrs and a GP within 48 hrs.

The quarterly PCAS survey was not undertaken this month and so the data shown is unchanged. Te most recent survey was undertaken in July.

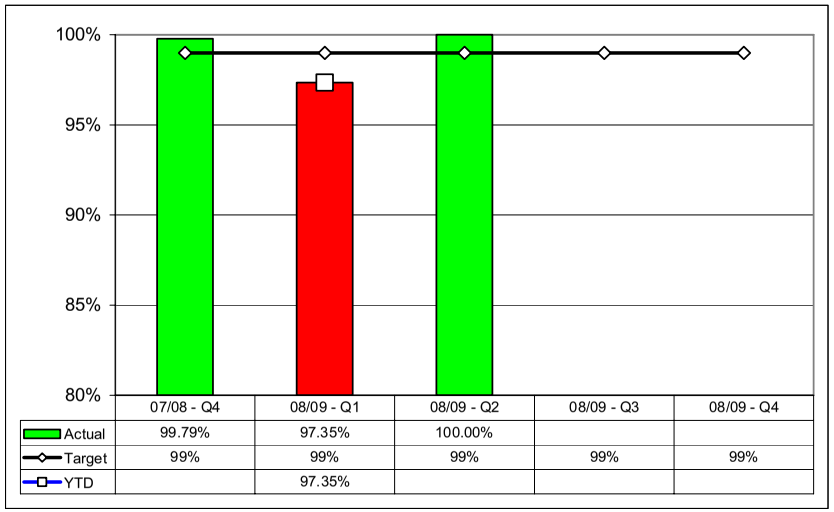
2009/10 will see significant changes in the way that the PCT meets this vital sign. Further details regarding this can be found in the Commissioning Directorate report.

NHS Leeds met the target set by the Dept of Health (DH). Work continues to ensure the sustainability of the target with particular support for practices identified as 'near misses', that is those who meet the target, despite an inability to get a practice nurse appointment within 24 hours, because a GP appointment is available within this timescale.

Lead Executive Director: Matt Walsh
Management Lead: Damian Riley
Operational Lead: Emma Wilson

Primary Care Access

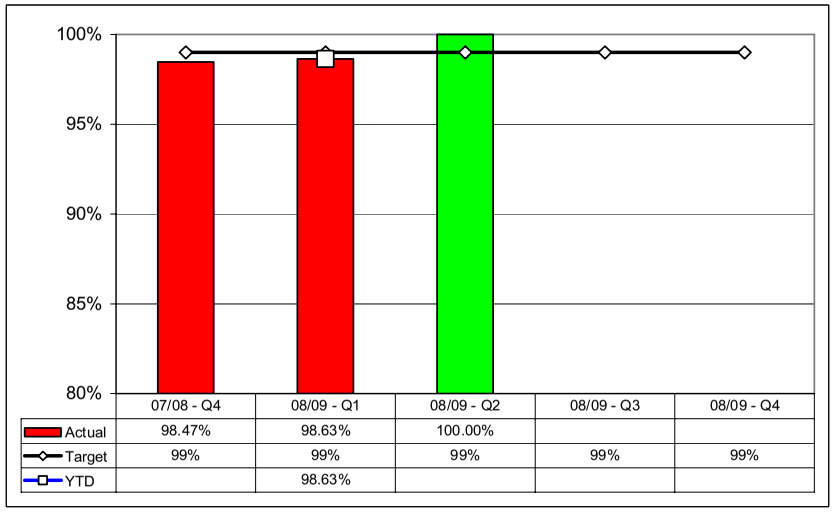
48 Hour Access to a GP



	07/08 - Q4	08/09 - Q1	08/09 - Q2	08/09 - Q3	08/09 - Q4
Actual	99.79%	97.35%	100.00%		
Target	99%	99%	99%	99%	99%
YTD		97.35%			

Primary Care Access

24 Hour Access to a PCP



	07/08 - Q4	08/09 - Q1	08/09 - Q2	08/09 - Q3	08/09 - Q4
Actual	98.47%	98.63%	100.00%		
Target	99%	99%	99%	99%	99%
YTD		98.63%			

Primary care access standards

Access to primary care

Target:

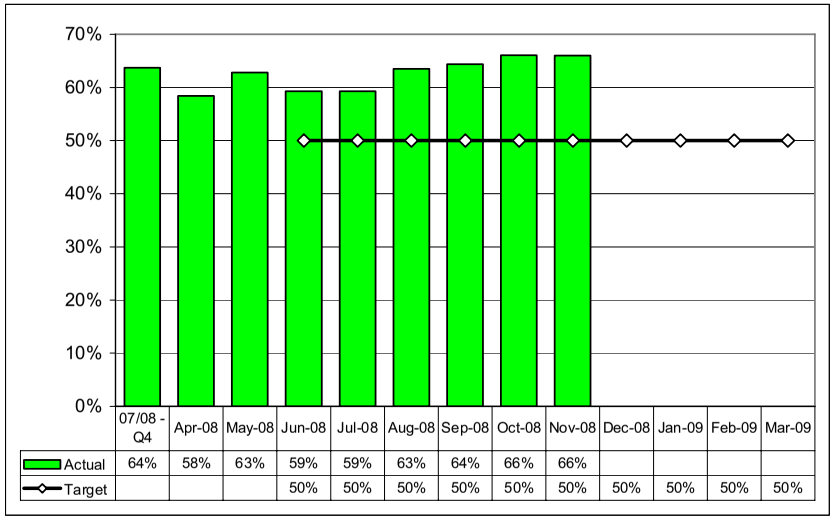
At least 50% of GP practices in NHS Leeds offer extended opening hours by December 2008.

In November, 76 out of the 115 practices (66%) are opening 'extended hours' and offering appointments to patients in a mixture of early morning slots, late evening and Saturday mornings

This number will increase still further by the end of the year as the 3 PCTMS practices now run by the new provider following the recent procurement exercise begin to offer a wide variety of appointments

Primary Care Access

Family Friendly Hours



	07/08 - Q4	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	64%	58%	63%	59%	59%	63%	64%	66%	66%				
Target				50%	50%	50%	50%	50%	50%	50%	50%	50%	50%

Please note that data shown for Nov is yet to be formally confirmed

Lead Executive Director: Matt Walsh
Management Lead: Damian Riley
Operational Lead: Emma Wilson

Annual Health Check Standards

Access to primary dental services

Target:

To increase the number of patients receiving primary dental services across NHS Leeds to 415,000 during the year, from a baseline set in the 24 month period to March 2006 of 414,947.

The trajectory target does not reflect events from April 06, when a significant number of dentals left the NHS. There is reasonable confidence that from 2010 targets can be achieved. 2008/09 however is proving to be extremely challenging.

There are perverse incentives in meeting the target, as described earlier. A measure of how long patient wait to secure an NHS dentist is also made. Up until Oct this year, the target of within 4-6 weeks has been met.

A three pronged approach to increasing capacity is in place:

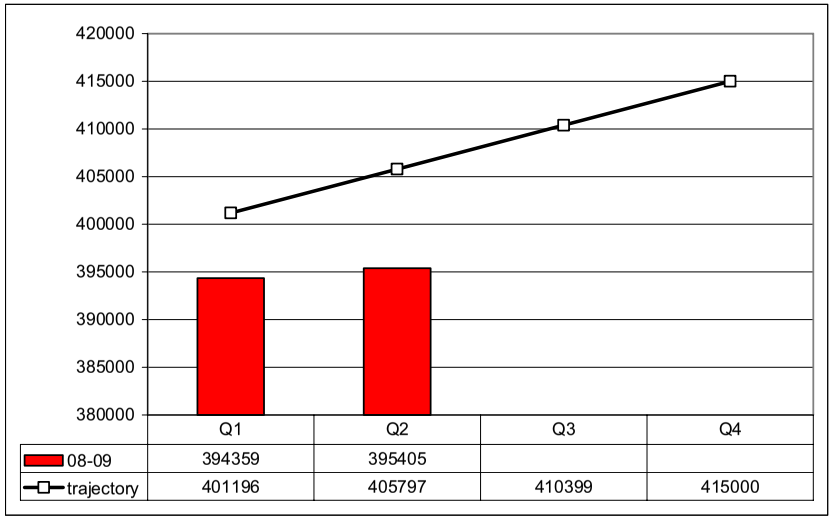
- The offer of additional activity to existing NHS dentists has resulted in 20 practices agreeing to accept an extra 500 LDAL patients per month
- The procurement exercise to offer all Leeds dentists (NHS and private) the opportunity to bid for additional NHS sessions for LDAL patients resulted in 11 successful bids, including 3 from previously exclusively private dentists. This has resulted in access to routine NHS care for 14,000 LDAL patients
- The £2.75m proposal for new services in areas with high needs has been approved. The procurement process is now underway, and is expected to result in a further 38,000 LDAL patients receiving NHS care. The nature of open procurements means new services will not be in place until Sep 09.

It should be noted that not all LDAL patients receiving treatment in the new services will be represented in the data; this will be only if they have not received NHS dental treatment in the previous 24 months.

Lead Executive Director: Matt Walsh
Management Lead: Damian Riley
Operational Lead: Steve Laville

Primary Care

Access to primary dental services



	Q1	Q2	Q3	Q4
08-09	394359	395405		
trajectory	401196	405797	410399	415000

Sexual health programme standards

Chlamydia screening programme standard

Target:

That 17% of the population aged 15-24 accept screening or testing for chlamydia in 2008/09

This indicator now includes screens carried out in primary care. The number of these screens tops-up the known validated number conducted within the national screening programme.

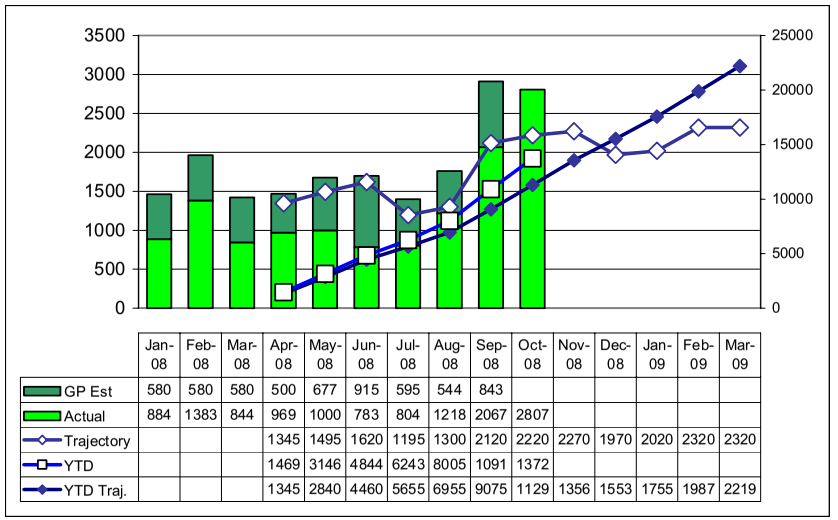
The trajectory for Q1 and Q2 has now been exceeded. There were 10,866 screens against a trajectory of 9,075 representing 48.9% of the total annual target achieved. Raw preliminary data for October shows that 2,525 screens were performed, again exceeding the trajectory level.

Actions to improve performance still further include:

- An outreach plan has been developed by CaSH to increase activity
- The service is to recruit to new posts and pending vacancies
- A working group has been established to look at plans for the core programme to meet increasing demand
- Development work with H3+ LES to incentivise GPs on opportunistic testing
- An SLA with Leeds Prisons is being finalised.

Sexual Health

Chlamydia Screening



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
GP Est	580	580	580	500	677	915	595	544	843						
Actual	884	1383	844	969	1000	783	804	1218	2067	2807					
Trajectory				1345	1495	1620	1195	1300	2120	2220	2270	1970	2020	2320	2320
YTD				1469	3146	4844	6243	8005	1091	1372					
YTD Traj.				1345	2840	4460	5655	6955	9075	1129	1356	1553	1755	1987	2219

Lead Executive Director: Ian Cameron
Management Lead: Victoria Eaton
Operational Lead: Sharon Foster

Sexual health programme standards

Access to GUM services

Target:

All patients should receive an offer of an appointment to be seen within 48 hrs of contacting the GUM service (not an offer made within 48hrs to be seen at a later date).

Performance for the first 2 weeks of November was on target at 100% achievement, with 68.65% actually seen within 48 hrs. This is a slight improvement on Oct, though the service has still been experiencing difficulties in offering patients appropriate appointments. The local target on patients seen within 48 hours has recently been agreed with the SHA at 84%.

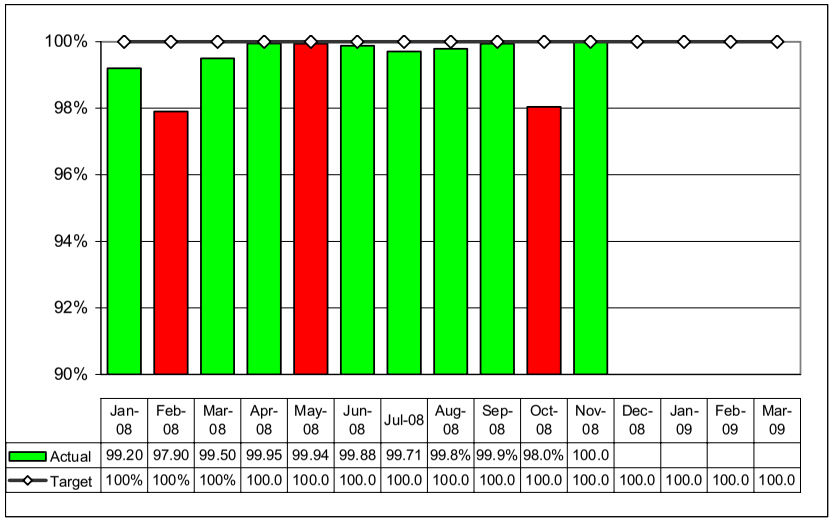
The GUM service will now be able to use a different system to send text reminders to all new appointments made. This system also has a facility for patients to text into the department if they need to cancel an existing appointment.

Other issues and actions include:

- Doctor leave absence to be monitored and highlighted where service capacity may be affected.
- The SHA seen within 48 hrs target to be addressed through plans to move capacity to early morning and evening clinics.
- To raise delays in recruitment to vacant posts with senior managers at LTHT.
- The LTHT financial improvement target to be assessed to quantify how it may impact on achievement of the GUM target.

Improve access to genito-urinary medicine

Percentage of patients offered an appt for within 48 hrs of contacting GUM



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	99.20	97.90	99.50	99.95	99.94	99.88	99.71	99.8%	99.9%	98.0%	100.0				
Target	100%	100%	100%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Please note that the data shown for Nov is preliminary data only and will be validated for the next version of this report

Lead Executive Director: Ian Cameron
Management Lead: Victoria Eaton
Operational Lead: Sharon Foster

Sexual health programme standards

Teenage pregnancy rates

Target:

The rate of under-18 conception rates should reduce by at least half by 2010, set against the 1998 baseline, locally by 55%.

The latest formally validated figure (for 2006) is 50.9% which is actually 0.9% above the baseline. This is a slight increase on that previously reported due to revalidation by the Teenage Pregnancy Unit. This indicator has been highlighted as a high risk of not being achieved.

The graph shows the rolling quarterly average rate for quarters 1 to 3 of 2007 (the data shown is provisional and not fully validated). This data is used to give the best available picture of progress in the times between officially confirmed annual data becoming available. The next annual, fully validated figure will be published in Feb 2009, covering the whole of 2007.

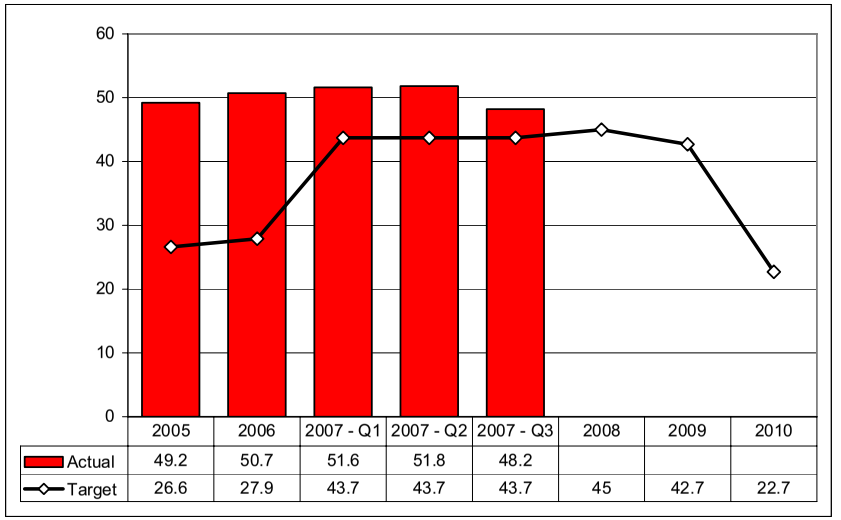
A new development for the management of the service is that from 1 April 2008, data is being collected on bookings for NHS midwifery services at LTHT, in line with the 'Maternity Matters' programme. This data makes information on teenage pregnancies available. It is early days in the use of this data but it should allow comparison with previous data from other similar sources. The data itself is not directly comparable with the national data used in the chart and which is used by DH and the Healthcare Commission for the purposes of monitoring NHS Leeds against the national target, but as it builds up over time it will allow the appropriate management action in the targeting of resources.

It is hoped that as this data collection becomes more robust, and even though it is limited to information from LTHT, it could be used as an early indication of teenage conceptions and trends, and could be used in conjunction with the national-level data.

Lead Executive Director: Jill Copeland
Management Lead: Sarah Sinclair
Operational Lead: Martin Ford

Sexual Health

Teenage pregnancy rates per 1000 females aged 15-17



	2005	2006	2007 - Q1	2007 - Q2	2007 - Q3	2008	2009	2010
Actual	49.2	50.7	51.6	51.8	48.2			
Target	26.6	27.9	43.7	43.7	43.7	45	42.7	22.7

Urgent care standards

4 hr A&E standard

Target:

That at least 98% of patients spend 4hrs or less in A&E, from arrival to admission, transfer or discharge.

Year to date cumulative performance as the end of is 99.26%. Performance during Nov has seen more blips than previous months, with 10 days where the LTHT as a whole fell short of the target. Reasons for this include high bed occupancy levels, sickness absence in A&E, and high levels of attendances within concentrated periods of the day (although overall attendances are not significantly high when benchmarked). NHS Leeds has been in regular contact with the team at LTHT, and have co-ordinated the input of out-of-hours GPs into A&E to alleviate pressure at times of peak demand, in addition to launching a public communications campaign to promote alternatives to A&E for minor injury and illness needs. Further action plans will be agreed at meetings w/c 1/12/08 as required.

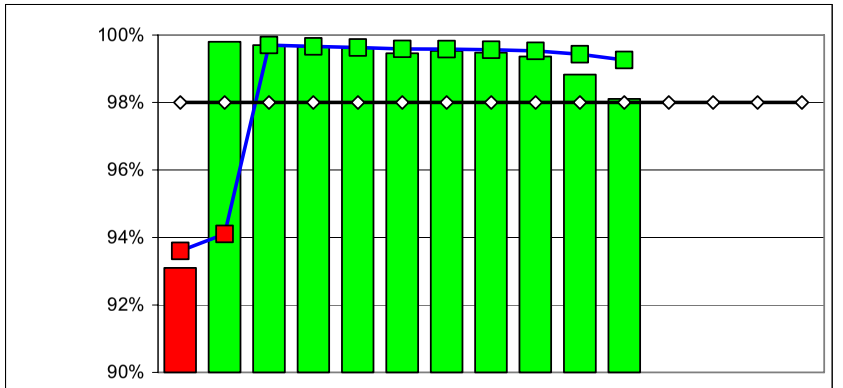
Sustainability of the target going into autumn and winter is a key priority for the recently re-launched whole system Unplanned Care Operational Group, which reports to the Urgent Care Board led by Nigel Gray. The winter plan has been refreshed and SHA winter checklist has been completed and submitted, with details of extra capacity in place to deal with winter demand. Daily SitReps have begun as of 3rd November, reporting any significant escalations to the SHA.

The activity from the Commuter Walk-in Centre in The Light is now contributing towards the 4hr target and is now being fed into the overall year-end return.

Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Laura Sherburn

Maximum 4hr wait in A&E

Percentage of patients spending less than 4hrs in A&E



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	93.1%	99.8%	99.7%	99.7%	99.6%	99.5%	99.5%	99.5%	99.4%	98.8%	98.1%				
Year to Date	93.6%	94.1%	99.7%	99.7%	99.6%	99.6%	99.6%	99.6%	99.5%	99.4%	99.3%				
Target	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%

Urgent care standards

Ambulance response times: Cat A 8 min & Cat A 19 min standards; Cat A defined as immediately life-threatening

Target:

A minimum of 75% of Cat A calls should receive an emergency response at the scene within 8 mins and 95% of Cat A calls should be met within 19 mins of a request for a vehicle capable of transporting the patient.

Performance on these indicators is based on the whole ambulance service returns. On the Cat A 75% target, at 28th November 2008 the Yorkshire Ambulance Service (YAS) performance year to date stood at 68.5%. It has been acknowledged by both the DH and the SHA that the year-end position will fall short of 75%. This is a key risk for the region and NHS Leeds in terms of Healthcare Commission ratings.

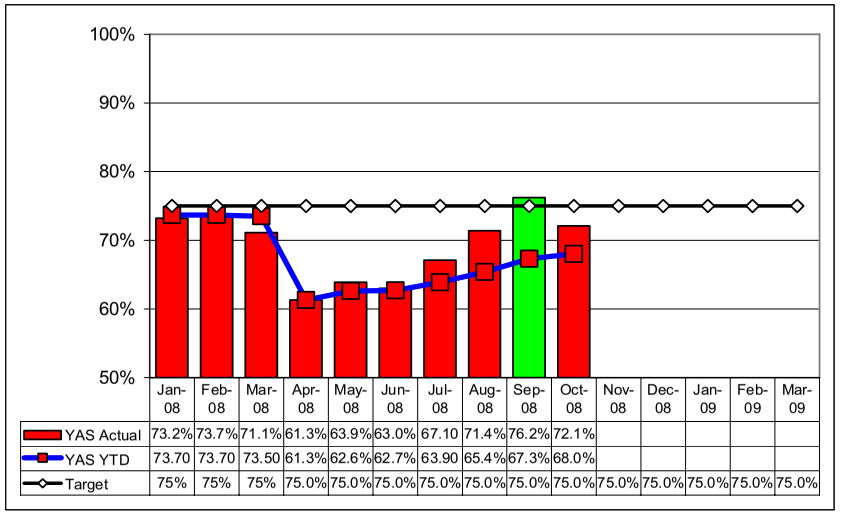
The recent marked decline in performance is acknowledged to be due to the impact of Call Connect. The performance management framework implemented by the SHA from April 08; with key actions for PCTs and NHS organisations ongoing.

It is the SHA's expectation that 75% will be achieved on a monthly basis for the rest of the year, and YAS have submitted a business case to commissioners asking for extra non-recurrent investment to mitigate the downside risk of achieving this. The business case is being considered at Chief Executive forum and is supported by Leeds PCT on the condition that it is linked to performance and is supported by a sustainability plan going into 2009-10.

Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Laura Sherburn

Ambulance Response Times

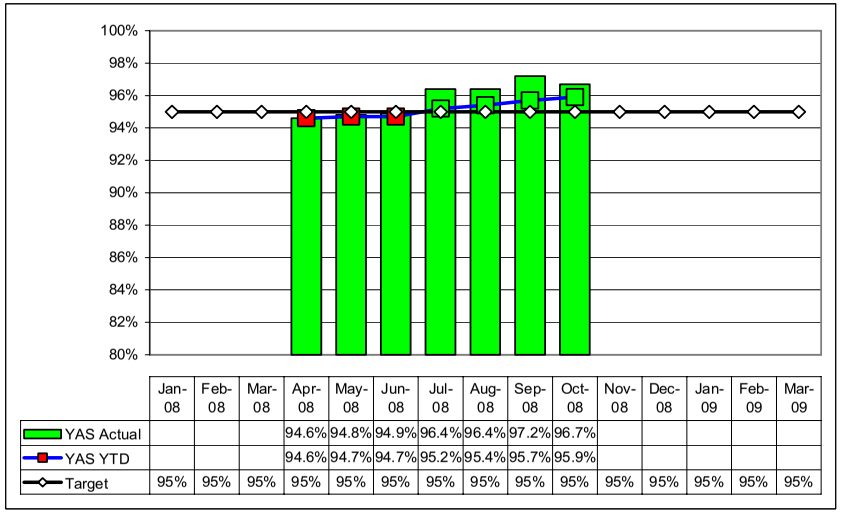
Category A calls receiving a first response within 8 minutes



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
YAS Actual	73.2%	73.7%	71.1%	61.3%	63.9%	63.0%	67.10	71.4%	76.2%	72.1%					
YAS YTD	73.70	73.70	73.50	61.3%	62.6%	62.7%	63.90	65.4%	67.3%	68.0%					
Target	75%	75%	75%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%

Ambulance Response Times

Category A calls receiving a first response within 19 minutes



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
YAS Actual				94.6%	94.8%	94.9%	96.4%	96.4%	97.2%	96.7%					
YAS YTD				94.6%	94.7%	94.7%	95.2%	95.4%	95.7%	95.9%					
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Urgent care standards

Ambulance response times: Cat B 19 min standards; Cat B defined as serious, but not immediately life-threatening

Target:

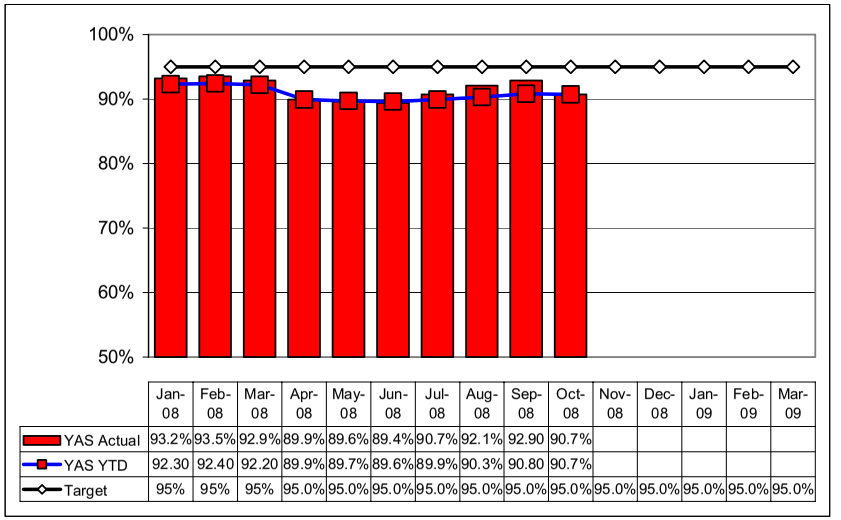
A minimum of 95% of Cat B calls should be met within 19 mins of a request for a vehicle capable of transporting the patient.

Performance on these indicators is based on the whole ambulance service returns.

On the Cat B target, YAS performance as a whole is 90.7% year to date as of 28th November. Ongoing contract negotiations for 08-09 and the SHA performance management action plan will address this going forward, after the DH position on the future of this target has been confirmed, as there are discussions as to whether this target should be replaced by a more quality-focused indicator that takes account of clinical outcomes.

Ambulance Response Times

Category B calls receiving a first response within 19 minutes



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
YAS Actual	93.2%	93.5%	92.9%	89.9%	89.6%	89.4%	90.7%	92.1%	92.90	90.7%					
YAS YTD	92.30	92.40	92.20	89.9%	89.7%	89.6%	89.9%	90.3%	90.80	90.7%					
Target	95%	95%	95%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Laura Sherburn

Urgent care standards

Delayed transfers of care: Rate per 100,000 population

Target:

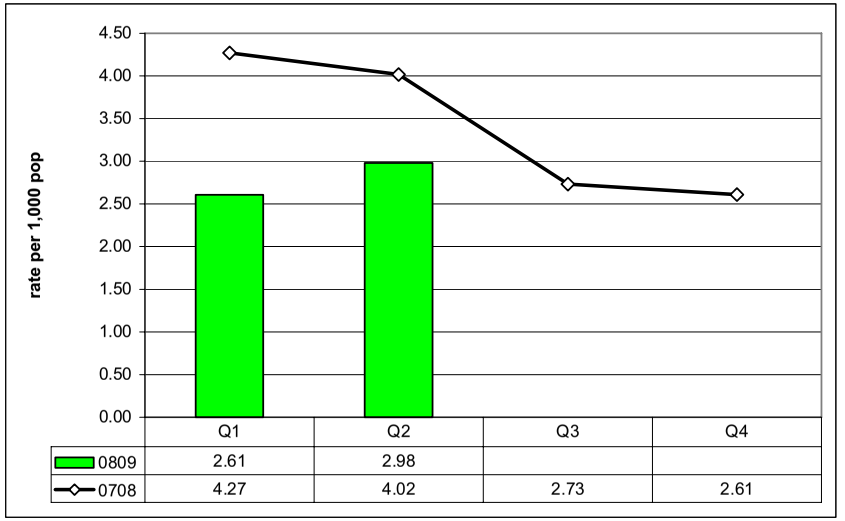
No identified target at this time, with 2007/08 to be used to set a baseline in a method yet to be defined.

The indicator on delayed transfers of care (often known as delayed discharges) is under development. The plan is to move toward a system that measures the rate per 100,000 of the general population, as opposed to the rate per occupied acute bed day. The Healthcare Commission have not formally defined the indicator at the time of writing, but the direction of travel seems clear, hence the use of that measure in the chart.

Numbers of reportable delays remain well under the level last year. The Unplanned Care Board has Delayed Transfers of Care as one of its key workstreams, and as of December 2008 will receive an information report collating numbers of bed days taken up with delays, as an accurate indicator of the impact. The Unplanned Care Operational Group continues work on project areas to contain and reduce delays further.

Urgent Care

Delayed transfers of care per 100,000 population



Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Laura Sherburn

Annual Health Check indicators reported by exception:

- **Commissioning of early intervention in psychosis services**
- **Proportion of individuals who complete immunisation by recommended ages**

Annual Health Check Standards

Commissioning of early intervention in psychosis services

Target:

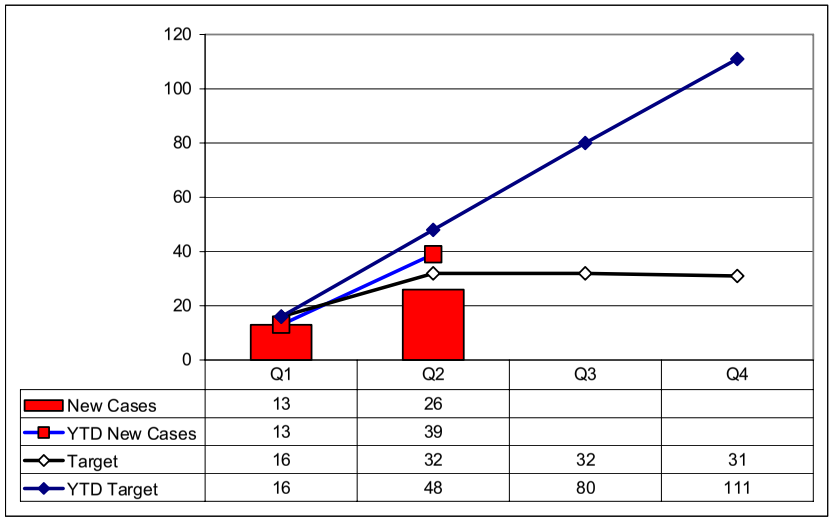
To deliver the locally agreed share of the national target of 7,500 new cases of psychosis served by early intervention teams, 124 new cases as applied to Leeds PCT.

Extra funding from the PCT has been secured to extend the current service to provide for the target age group, keep fidelity to the original model and meet the trajectory agreed with the provider for 2008/09.

The target number of new cases commissioned is 111 by March 2009. As of November 08 the service has seen 53 new cases against a trajectory of 69. Given the providers track record of delivery evident in numbers picking up in Q3, there is some confidence that they will reach the target number of 111 by Mar 09.

Annual Health Check Standards

Commissioning of early intervention in psychosis services



	Q1	Q2	Q3	Q4
New Cases	13	26		
YTD New Cases	13	39		
Target	16	32	32	31
YTD Target	16	48	80	111

Lead Executive Director: Jill Copeland
Management Lead: Carol Cochrane
Operational Lead: Tabitha Arulampalam

Annual Health Check Standards

Proportion of individuals who complete immunisation by recommended ages

Target:

To ensure that children are immunised in line with recommended levels of coverage, for a range of six key immunisation programmes.

Childhood immunisation target (including MMR) has not been achieved due to lower than anticipated uptake. There is also a discrepancy between actual and recorded childhood immunisation figures. The position is that recorded information, returned to DH via the COVER system by the Child Health team is not able to draw on the GP practice data, resulting in under reporting.

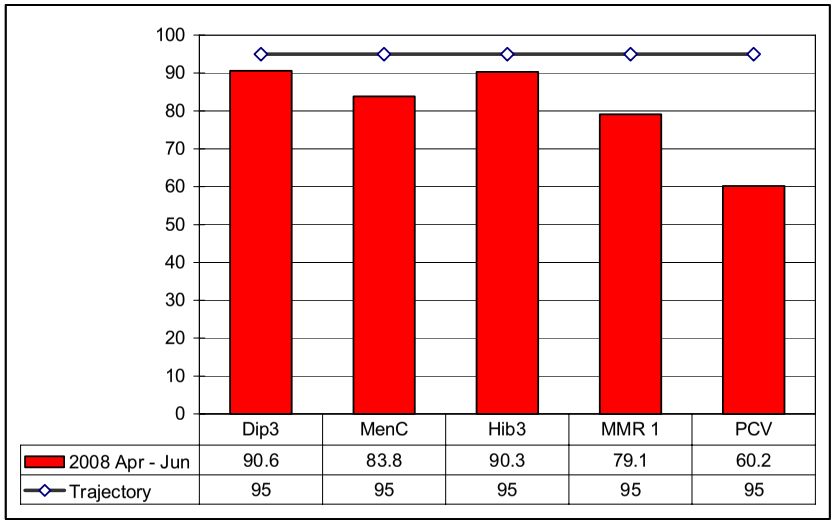
Action plans to address this and other problems limiting performance are in place and reviewed on an ongoing basis. These include:

- Child Health team have increased staffing capacity to input extra data.
- Practices urged to ensure timely return of data to Child Health; COVER data to be validated.
- National catch-up campaign for MMR; GPs calling those not immunised.
- Work with practices whose uptake has been poor.
- Public campaign highlighting potential measles epidemic.
- Health Visitors to immunise those in lowest 10% SOAs.
- Social Marketing Strategy – to target professionals and the public.
- Increase incentives to immunise, including a LES with GPs.
- Provide staff training in Children's Centres and Leeds City Council.
- Communicate with schools to share data and target unimmunised.
- Health Equity Audit commissioned from Public Health Observatory.
- GP vaccination payments to be made according to Child Health immunisation records.
- The move to System One (underway at present) for GPs should lead to improved data entry.

Lead Executive Director: Ian Cameron
Management Lead: Simon Balmer
Operational Lead: Beryl Bleasby

Annual Health Check Standards

Percentage of childtren gven immunisations at the required age



	Dip3	MenC	Hib3	MMR 1	PCV
2008 Apr - Jun	90.6	83.8	90.3	79.1	60.2
Trajectory	95	95	95	95	95

Please note that the data shown in the chart is COVER data, which is used in the reporting of the national target. This data does not include some GP information – please see the narrative

Originators: Marilyn Summers

Tel: 39 50786

Report of the Head of Policy, Performance and Improvement

Health Scrutiny Board

Date: 20th January 2009

Subject: Leeds Strategic Plan Performance Report for Quarter 2 2008/09

Electoral Wards Affected:	**Specific Implications For:**
	Equality and Diversity ☐
	Community Cohesion ☐
☐ Ward Members consulted (referred to in report)	Narrowing the Gap ☐

Eligible for Call In ☐ Not Eligible for Call In (Details contained in the report) ☐

EXECUTIVE SUMMARY

The purpose of this report is to provide an update on the revised approach to performance reporting and accountability arrangements for the Leeds Strategic and Council Business Plans and to provide a performance report by exception (ie red and amber) on the progress against improvement priorities relevant to the Board at Quarter 2 2008/09.

It outlines how the development of the partnership approach to the Leeds Strategic Plan and the changes that will result from the implementation of the comprehensive area assessment have required us to review and revise our council performance management framework and associated reporting processes. As a result, this has seen a significant change, in particular, the identification of lead and contributory officers for each improvement priority and the introduction of a reporting process that will provide a single source of performance information to be used by the full range of different stakeholders in the accountability process.

An overview of current performance information at the mid-year point is provided although this needs to be interpreted with some caution given the newness of the reporting process. A more robust and comprehensive position of performance progress against the Leeds Strategic and Council Business Plans should be available at the end of year one of implementation. In addition, there is a need to ensure that year end data is reported by partners and the council in a full and timely fashion so that any necessary remedial action can be expedited promptly.

1.0 Purpose of this Report

1.1 This report provides a strategic overview of performance against those improvement priorities within the Leeds Strategic Plan 2008-11, and specifically in relation to Health priorities. In particular the Action Tracker Summary Sheet (appendix 1) provides an overall assessment of progress against each of the improvement priorities relevant to the Board; a rating of Red, Amber or Green is applied to indicate the status of each improvement priority.

1.2 In appendix 2 to this report the Action Trackers are provided on an exception basis for those areas of under performance and/or of concern in relation to the improvement priorities for Health, within the Leeds Strategic Plan, as at 30th September 2008. In addition, performance indicator information is provided for those indicators from the 198 National Indicator Set which are not included within the Action Trackers provided together with any locally agreed indicators where appropriate. Through this the Board will continue to receive the full set of performance information.

2.0 Background Information

2.1 Executive Board approved a new corporate planning framework for the council in July 2007. The strategic element of this framework includes two high level plans which set the policy objectives for the organisation and our partnership working. These are:

- **Leeds Strategic Plan 2008 to 2011** - which sets out the customer/citizen (external) focused strategic outcomes being sought by the council and its partners for the city. This plan includes our requirements to produce a Local Area Agreement and is the main delivery mechanism for the Vision for Leeds 2004 to 2020.

- **Council Business Plan 2008 to 2011** - which sets out what the council needs to do internally to enable the organisation to achieve the Leeds Strategic Plan. That is outlining the business development, organisational change, process transformation and financial planning activities that we will be undertaking over the next three years.

2.2 Both these plans include a set of outcomes, improvement priorities and aligned performance indicators with three year targets. Through our performance reporting and accountability arrangements we need to track our progress against the improvement priorities as well as against the indicators to provide both a qualitative and quantitative picture of performance. This is because the scope of most of the improvement priorities is wider than that of the performance indicator and without some form of contextual reporting we would not be able to capture or monitor this progress.

3.0 Main Issues

3.1 Comprehensive Area Assessment

A key aspect of a robust performance management framework is to highlight an organisation's self-awareness. This will be a fundamental part of the CAA process where councils will be expected to carry out an annual self evaluation that will be crucial in determining the overall CAA judgement of the area and the organisation, having particular importance in relation to the Managing Performance KLOE.

The joint inspectorates' proposal for consultation, issued in summer 2008, notes that:

"Councils and their partners, and their representative bodies, are developing approaches to self-evaluation. While we are not making it a requirement of CAA, we do expect that each area will wish to complete an annual self-evaluation and we will take full account of it and any service level self-evaluation. We do not intend to repeat the work carried out already by the council or its partners. We will expect that any self-evaluation is based on ***verifiable evidence****. The more robust the self-evaluation the more reliance we will be able to place on it.*

CAA will draw as far as possible on the information used by the council and its partners to manage performance and deliver improvements set out in the Local Area Agreement and Sustainable Community Strategies. *This approach will minimise the administrative burden imposed by CAA and will make optimum use of self-evaluation."*

The self evaluation will enable the partnership to work through and be able to demonstrate that it is sufficiently self-aware of key issues and that there are effective plans in place to address any concerns. It will demonstrate that the partnership is aware of where there are gaps in performance that need to be addressed or where more focused attention is needed to ensure that the partnership will deliver its outcomes. It will also highlight where action plans are in place to address these issues. This is important in ensuring self awareness and preparedness to really deliver on improvements.

As such, it is important that timely**,** appropriate and accountable performance information is available to the relevant audiences so that problems in relation to performance and/or data quality are flagged, the focus of improvement activity can be challenged and that appropriate action is being taken and reported to address areas of under performance.

Within the council Lead Chief Officers have the key role in making this happen through co-ordinating the activities of contributors and providing an overview of the progress against the improvement priority for which they are accountable. This overview position is described in the Action Trackers previously approved by CLT and agreed by Lead Officers, and updated at Qtr 2 and Qtr 4 of the performance reporting and accountability process. The Action Trackers at Qtr 2 & Qtr 4, therefore, provide a single source of performance information for the full range of different stakeholders in the accountability process.

3.2 Role of Scrutiny Board

A key performance management role of Elected Members is to ensure that delivery of our strategic outcomes and improvement priorities within both the Leeds Strategic Plan and Council Business Plan is on track. Members need to be made aware of any issues and areas of under performance, and be assured that actions are being taken to improve performance, that the appropriate level of resources are available and that problems or blockages to delivery are identified and addressed. However, it is recognised that the volume of information within the Action Trackers produced for each six months could hinder Scrutiny Boards in carrying out their role in the accountability process. Therefore the approach from Quarter 2 is to provide the Action Trackers by exception, highlighting just those areas that are under performing or causing concern ie those traffic lighted amber or red. This is supplemented by a performance indicator report that includes all of the performance indicators relevant to the Board - except for those that already appear within the action trackers themselves.

The Scrutiny Board role is to challenge the council's performance to raise standards acting as a balance to the Executive Board by examining and questioning the range of actions, activities and decisions, and also considering and challenging the work of partnership bodies contributing to the delivery of improvement priorities.

3.3 Information Provided

Therefore within this report the following information is provided:

Appendix 1 Action Tracker Summary Sheet - this sheet sets out all the improvement priorities relevant to the Board and shows the full set of overall progress traffic lights.

Appendix 2 Action Trackers – this appendix includes the action trackers for the improvement priorities that have been given an *amber* or *red* rating for overall progress. There is a guidance sheet to assist members in interpreting the information provided.

Appendix 3 Performance Indicator Report – this appendix list the Q2 performance indicator results for the indicators taken from the *green* action trackers, along with those from the rest of the 198 national indicator set and any locally agreed indicators for which quarterly results are available.

4.0 Implications for Council Policy and Governance

4.1 Effective performance management enables senior officers and Elected Members to be assured that the council is making adequate progress and provides a mechanism for them to challenge performance where appropriate. Effective performance management also forms a key element of the organisational assessment proposed under the new Comprehensive Area Assessment. The CAA will examine and challenge the robustness and effectiveness of both our corporate performance management arrangements and those across the partnership.

5.0 Legal and Resource Implications

5.1 The implementation of these new performance reporting arrangements is achievable within current resources across the organisations as they essentially replace an existing similar process.

6.0 Conclusions

6.1 The development of the partnership approach of the Leeds Strategic Plan, the introduction of a Council Business Plan and the changes resulting from CAA have required us to review and revise our council performance management framework and associated reporting processes. As a result, this has seen a significant change in identifying lead and contributory officers and partners with accountable roles for each improvement priority within the Leeds Strategic Plan and Council Business Plan as appropriate. There is a need to fully complete this framework and strengthen a culture of accountability within the council and with partner organisations through our scrutiny arrangements.

6.2 At Qtr 2 each Lead Chief Officer/partner has completed an Action Tracker against each of the improvement priorities, which has significantly increased the amount of performance information produced. As such, in order for Elected Members to fulfil their role effectively through the scrutiny process, these action trackers are reported by exception; highlighting just those areas that are under performing or causing concern. This is supplemented by a complete set of performance indicator information to enable members to maintain an overview of performance.

6.3 As the lead partner for the Local Area Agreement and Leeds Strategic Plan, it is fundamentally important that the council can demonstrate to partners, Government Office and through CAA that its has an integrated, robust performance management framework that is fit for purpose.

7.0 Recommendation

7.1 That members of Scrutiny Board note the content of the report and comment on any particular performance issues of concern.

Action Tracker Guidance

Introduction

The 'Action Trackers' are prepared on a half yearly basis and are intended to give an organisational 'snapshot' view of the progress against the city's top level priorities as set out in the Leeds Strategic Plan and Council Business Plan. They provide a broader range of information and progress than is provided in the performance indicator results alone. Each improvement priority within the Leeds Strategic Plan and Council Business Plan has been allocated to a **Lead Officer** whose role is to provide leadership, co-ordinate the activities of contributing officers/partners and evaluate the performance information to ensure the delivery of the improvement priority. An action tracker has been completed for every improvement priority by the Lead Officer who has provided an overall evaluation of progress to date. Please see below a brief summary of the information that has been provided in each of the sections of the action tracker template.

Overall Progress Rating	The Lead Officer provides an overall traffic light rating on the progress to date based on all the information provided in the completed action tracker including the results for the aligned performance indicators. The criteria for this traffic light is as follows: Green = Progressing as expected Amber = Minor delays or issues to address Red = Significant delays or issues to address
Overall assessment of progress	In this section the Lead Officer provides an overall summary analysis of the progress to date - taking a view based on all the information provided in the completed action tracker including the results for the aligned performance indicators. This section should provide an explanation for the overall traffic light rating.
Contributory Officers/partners	This part of the action tracker sets out who else is contributing to the delivery of the improvement priority and where relevant these officers/partners also appear in the main body against specific actions/activities.
Performance Indicator Information	In this section the results for the aligned performance indicators for this improvement priority are presented including the target and are traffic lighted both the result itself and for data quality. Brief commentary is also provided to highlight any issues or important information relating to the indicator. **NB** this only shows the indicators which are **directly aligned** but additional performance information is presented in appendix 2.
Improvement priority progress to date **Risk / Challenges** **Key actions** **Contributory officer** **Timescale** **Other information**	This is the main body of the action tracker and sets out the key actions/activities which are underway and contribute to the delivery of the overall improvement priority. For each action/activity a set of information is provided that includes any risks or challenges to delivery, the key actions which are due to take place over the next 6 months, who the contributory officer/partner is and highlights where any other more detailed information can be found. This section could not possibly include all activities and Lead Officers have been asked to provide a strategic overview through including the main activities only and signposting further sources of information where relevant.

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Leeds Strategic Plan

Health and Well Being

Code	Improvement Priority		Accountable Director
HW-1a	Reduce Premature mortality in the most deprived areas		Sandie Keene
HW-1b	Reduce the number of people who smoke		Sandie Keene
HW-1c	Reduce rate of increase in obesity and raise physical activity for all.		Sandie Keene
HW-2a	Reduce teenage conception and improve sexual health		Sandie Keene
HW-3a	Improved psychological, mental health and learning disability services for those who need it.		Sandie Keene

Thriving Places

Code	Improvement Priority		Accountable
TP-2c	Improving lives by reducing the harm caused by substance misuse		Neil Evans

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Health and Wellbeing 2008/09 Quarter 2 Performance Update	Reference	HW-3a

Improvement Priority	Lead Officer	Organisation	Overall Progress Rating
Improve psychological, mental health and learning disability services for those who need it	John Lennon and Paul Broughton	Leeds C C	Amber

Overall assessment of progress

The scale of service transformation is been scoped and project plans developed to change and improve the totality of what is provided in Leeds for people using Mental Health Service.
Learning Disability : In relation to the improvement of council provided accommodation for people with learning disability , excellent progress is being made. In relation to the transformation of day services, we have a good understanding of stakeholders requirements through consultation. The development of a detailed plan and approval for implementation has not yet been agreed. These developments and others will see major improvements in service provision over a 2 to 3 year timescale

PI Ref	Definition	Comments	Baseline	2008/09 Target	Year to Date Performance	RAG Rating	Data Quality
VSC02	Proportion of people with depression and/or anxiety disorders who are offered psychological therapies		2008/09 new data return - baseline will be in place by March 2009	Targets and milestones to be determined by March 2009			No checklist

Improvement priority progress	Risk / Challenges	Key Actions	Contributory Officer	Timescale	Other Information
Mental Health and Wellbeing Project- The scope of this has been approved by Adult Social Care Directorate Management Team. An options appraisal has been developed . The Project Support arrangements for this have been identified. The Project Resources have been scoped and recruited	Developing a positive impact on mental health and learning disability clients will be the major challenge. Customers and stakeholders resistance needs to be engaged and attitudes helped to changed.	Partnership agenda to be scoped, Agree the definition of 'integration' with partners, Agree the mandate with partners, early implementer cohort to be verified for Mental Health service users	John Lennon	Jan-09	
New Day Service Opportunities - work started on approving the new day service provision and scoping out a project to transform the service	Staffing resistance. customer resistance, absence of a commissioning strategy. Delivering a positive impact on mental health and learning disability clients will be the major challenge.	Continue work on the vision for Day Services and Day Services opportunities. Develop the skills and competencies for the new services, Further work required on setting up the project,	John Lennon Paul Broughton	Jan-09	
Staffing Review - a report on the proposed Mental Health day services structure was approved by Adult Social Care DMT on 3rd October. Consultation has started on the proposed new structure, a [project plan has been developed which includes, key stages in the implementation of this project including design of a new staffing structure, preparation of a financial model, preparation and evaluation of new job descriptions and key dates for the consultation and implementation of the staffing review. A job matching exercise in line with job evaluation has taken place. A Staffing needs analysis of the accommodation and day services has been carried out and a proposed staffing structure developed. This structure better reflects the needs of the new service in terms of affordability, staffing requirements in terms of numbers and skills mix and of a more streamlined management structure. The trade unions have been made aware at a recent JCC that a staffing review is being proposed A detailed financial appraisal of the model has been undertaken using supervisory ratios of 1:1 to 1:4. A consultation strategy has been developed in line with the Council's Framework of Procedures for Managing Workforce Change An Implementation Plan is being developed based on Appendix 12 of The Recruitment and Selection Code of Practice	Resistance from staff, possible cost implications. Delivering a positive impact on mental health and learning disability clients will be the major challenge.	Ensure the financial model is appraised by a senior finance manager prior to implementation Benchmark all proposed descriptions and structures in a job matching and full job evaluation exercise Ensure that the proposed staffing structures demonstrate value for money using appropriate comparators Ensure that the service is best placed to compete in a contractual environment alongside and in competition with other providers. Commence consultation with staff and Trade Unions around implementation of the structure	John Lennon	Jun-09	

Improvement priority progress	Risk / Challenges	Key Actions	Contributory Officer	Timescale	Other Information
Independent Living Project. Project Plan approved and Governance arrangements in place. Builders are now on site (first 3 phases). Assessment and care planning currently being undertaken through a person centred approach. A Website now fully operational and serviced. . The ILP seeks to promote social inclusion through procuring a range of housing options in local communities and transforming the care & support services currently provided by Adult Social Care.	Ensuring appropriate staffing arrangements in new services Ability to complete individual assessments Availability of mainstream housing options	Completion of staffing review Identification of mainstream housing Completion of person centred planning assessments Training of staff Review availability of care management resources	Paul Broughton	2011	
Re-provision of Windlesford Green hostel for people with learning disability, to enable the construction of suitable accommodation that properly meets the service users needs and care standards requirements. ACCENT NORTH EAST (formely known as Bradford and Northern Housing Association) has been appointed. Project Plan including risk log in place. A Steering group set up. Consultation meetings and briefing sessions with users, carers, staff and local residents have taken place. Meetings with Planners have taken place, no technical objections to the design.	Some concerns from local residents. Timely approval of the Planning Application to meet the deadline for funding from Housing corporation for this financial year (2008-09) will be key.	Planning application approval. Report to be presented to Executive Board. Complete care management reviews . Equality Impact Assessments to be completed. Ensure continued consultation and engagement.	Paul Broughton	Dec-09	
A Leeds Learning Disability Strategy is being developed to determine the future direction for the next 3 years, in meeting the Government requirements as articulated in "Valuing People Now". Consultation process took place with service users and other key stakeholders on their views about priorities for the strategy. Series of meetings have taken place with Service User Reference Group to discuss "Valuing People Now" and look at draft LD strategy, the outcome of the discussion and issues raised are incorporated in the Action Plan.	Detailed Action Plan not appropriately resourced. Financial and human resources not identified.	Partnership executive meeting to be held in Nov'08 to review progress so far, and to ensure all issues, concerns and recommendations are taken on board. Draft Action Plan to be finalised. Executive Board approval to be obtained.	Dennis Holmes John Lennon	Jan-09	
Accessible changing places. In partnership with Strategic Health Authority and the Learning and Leisure Service, a fully accessible toilet and changing room facility has been created at Otley Chevin. Initial funding has been identified for new capital works. A small working group is in place to progress this initiative and to raise awareness across the wider Council service areas of the need to develop these develop these facilities . The initial target is to deliver up to 3 conversion or new build Changing Places toilet facilities to the required specification, cost and quality as determined by the national campaign.	Resources not identified. Ownership of the project across the Council. Detailed specification required. Lack of firm commitment at this stage. Availability of carers grant funding	Potential city centre sites to be identified. Build requirements into new planning developments/regeneration projects. Review departmental asset portfolios. Build into Day Services Project. Confirm funding. Involve potential service users	John Lennon Paul Broughton Dennis Holmes	Mar-10	

Leeds CC Contributory Officers	Leeds CC Directorate	Contributing Organisations	Contributory Officer
Chief Officer, Children and Young People's Social Care	Children's Services	PCT	Ian Cameron / Christine Outram
Catherine Blanshard	Children's Services	Leeds Partnership Foundation Trust	Chris Butler / Mike Doyle
Catherine Blanshard	City Development		
Sarah Sinclair	Leeds PCT	Leeds Partnership Foundation Trust	Chris Butler / Mike Doyle
Sarah Sinclair	Leeds PCT	Leeds Colleges	Carolyn Wright
Paul Langford	Environments & Neighbourhoods	Job Centre Plus	Ian Hunter
Stephen Boyle	Environments & Neighbourhoods	Connexions	
Dennis Holmes	Adult Social Services		
Dennis Holmes	Adult Social Services	Job Centre Plus	Ian Hunter
Chief Officer Support & Enablement	Adult Social Services	Leeds Colleges	Carolyn Wright
John England	Adult Social Services	Connexions	

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	Performance Indicator Type	Reference	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Qtr1	Qtr2	Predicted Full Year Result	Data Quality
1	Leeds Strategic Plan Partnership Agreed	NI 123	16+ current smoking rate prevalence	PCT	Quarterly Number	Rise	N.A.	N.A.	682 per 100,000 population	198 per 100,000 population	N.A.	682 per 100,000 population	Not Completed
		Smoking is the principal avoidable cause of premature death and ill health in England today. It kills an estimated 86,500 people a year in England (one-fifth of all deaths) and leads to an extra 560 thousand admissions to hospital. Reducing prevalence is therefore a key priority in improving the health of the population. These results are based on a proxy indicator of quit rate per 100,000 population. Quarter 1 performance is 16% ahead of target.											
2	Leeds Strategic Plan Partnership Agreed	NI 123	16+ current smoking rate prevalence 10% SOA	PCT	Quarterly Number	Fall	N.A	N.A	N.A	See Comments			Not Completed
		Data broken down to an SOA level is not available for quarter 2.											
3	National Indicator	NI 131	Delayed transfers of care	Access and Inclusion	Quarterly Number	Fall	5.24 per 100,000 population	N.A.	3.68 per 100,000 population	5.3 per 100,000 population	5.04 per 100,000 population	4.7 per 100,000 population	Not Completed
		Following an initial slight decline in performance from the end of 2007/08 during quarter one this indicator has gradually improved throughout quarter two. The initial deterioration was due to multiple factors, such as increased volume in hospital admissions, delay in completion of Continue Care Assessments and patients/family exercising choice. However, current performance is now better than the national average for 2007/08 (based on the 111 authorities where data was available).											
4	National Indicator	NI 113	Prevalence of Chlamydia in under 25 year olds	Leeds PCT	Quarterly %	Rise	N.A.	N.A.	17.0%	3.6%	N.A.	N.A.	No concerns with data
		In year one Chlamydia Screening will be used as a basis of performance. This indicator will concentrate on increasing screening volumes in young people aged 15 to 24 and will thus form a baseline to monitor prevalence in proceeding years. Chlamydia is both symptomatic and asymptomatic and in this initial year the National Chlamydia Screening Programme will concentrate on increasing opportunistic screens thus ensuring adequate recording of prevalence in the asymptomatic population as well as the symptomatic population. Thus year 1 will concentrate only on part 1 of the indicator. Quarter one performance exceeded expectations by 8% over the monthly trajectories that were set. At this point, it looks as if the indicator will exceed it's annual target however screening is subject to seasonal variations.											
5	National Indicator	NI 125	Achieving independence for older people through rehabilitation/intermediate care	PCT	Quarterly %	Rise	New Indicator	N.A.	To be provided February 2009	See Comments			Under-development: checklist received but systems/ processes still being developed
		This indicator measures the benefit to individuals from intermediate care and rehabilitation following a stay in hospital. It captures the joint work of social services and health staff and services commissioned by joint teams. The measure is designed to follow the individual and not differentiate between social care and NHS funding boundaries. The measure covers older people aged 65 and over on discharge from hospital who: • Would otherwise face an unnecessarily prolonged stay in acute in-patient care, or be permanently admitted to long term residential or nursing home care, or potentially use continuing NHS in-patient care; • Have a planned outcome of maximising independence and enabling them to resume living at home; • Are provided with care services on the basis of a multi-disciplinary assessment resulting in an individual support plan that involves active therapy, treatment or opportunity for recovery (with contributions from both health and social care);											

	Performance Indicator Type	Reference	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Qtr1	Qtr2	Predicted Full Year Result	Data Quality
		• Are to receive short-term interventions, typically lasting no longer than 6 weeks, and frequently as little as 1-2 weeks or less. This new indicator relies on new data for which results will be available for reporting from February 2009 onwards.											
6	National Indicator	NI 39	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm	Community Safety	To be confirmed	No	N.A.	N.A.	N.A.	See Comments			Under development: see comments
		The reporting organisation for this target is the Primary Care Trust, the definition includes both chronic health conditions linked to alcohol consumption, as well as crime related behaviour and accidents linked to alcohol. This limits its usefulness and it may be more relevant as a health PI the information can be disaggregated and so a more useful local indicator might need to be developed.											
7	National Indicator	NI 126	Early Access for Women to Maternity Services	Leeds PCT	Quarterly %	Rise	N.A.	N.A.	85.0%	70.2%	78.7%	85.0%	No concerns with data
		Performance has improved this quarter. Work continues to publicise the importance of an assessment at 12 weeks of pregnancy. The PCT is also analysing data to ensure appropriate targeting.											
8	National Indicator	NI 51	Effectiveness of child and adolescent mental health (CAMHS) services	Leeds PCT	Quarterly Number	Rise	N.A.	N.A.	16	16	16	16	No concerns with data
		The target is made up of four proxy measures. All four proxy measures for this target have scored 4 giving the achievement of 16, the highest score attainable and meets the 2009/09 target that was set. This measure is in its final year and is to be replaced by an outcome measure currently being piloted in Kent.											
9	National Indicator	NI 53A	Prevalence of breast-feeding at 6-8 wks from birth (Breastfeeding prevalence)	Leeds PCT	Quarterly %	Rise	N.A.	N.A.	40.6%	28.0%	29.0%	N.A.	No concerns with data
		Progress continues towards the year end target and work is ongoing to increase prevalence.											
10	National Indicator	NI 53B	Prevalence of breast-feeding at 6-8 wks from birth (Breastfeeding coverage)	Leeds PCT	Quarterly %	Rise	N.A.	N.A.	85.2%	64.4%	71.0%	N.A.	No concerns with data
		The recording of breastfeeding status has increased by nearly 7% during this quarter which reflects the increased focus on this issue.											

Leeds CITY COUNCIL

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 20 January 2009

Subject: Scrutiny Board (Health) – Work Programme

Electoral Wards Affected:	**Specific Implications For:**
	Equality and Diversity ☐
	Community Cohesion ☐
	Narrowing the Gap ☐

1.0 INTRODUCTION

1.1 At its meeting in July 2008, the Board agreed its outline work programme. Attached at Appendix 1, for the Board's further consideration is an updated work programme for the Scrutiny Board (Health) for the remainder of the current municipal year.

1.2 The Executive Board Minutes for the meeting held on the 3 December 2008 are presented at Appendix 2 for information. Matters within the Adult Health and Social Care portfolio considered by the Executive Board are as follows:

(i) Independence, Wellbeing and Choice Inspection of Adult Social Services (minute 140)
(ii) Annual Performance Assessment (Star Rating) for Adult Social Services 2007/08 (minute 141)
(iii) Reprovision of Windlesford Green Hostel for People with Learning Disabilities (minute 144)

1.3 In the main, the above issues predominantly fall within the remit of the Scrutiny Board (Adult Social Care), however there are some issues relating to the Independence, Wellbeing and Choice Inspection of Adult Social Services report (minute 140) that may be of interest to the Board, which are detailed elsewhere in this report.

2.0 WORKING PROGRAMME MATTERS

The work programme

2.1 The current work programme (Appendix 1) provides an indicative schedule of items/ issues to be considered at future meetings of the Board. The work programme also

provides an outline of other activity being undertaken on behalf of the Board outside of the formal meetings cycle.

2.2 In developing its overall work programme, the Board should consider the Appendix 1 as a live document that will evolve over time, in order to reflect any changing and/or emerging issues that the Board wishes to consider.

Independence, Wellbeing and Choice Inspection of Adult Social Services

2.3 An Independence Wellbeing and Choice inspection took place during July and August 2008. The outcome of that inspection was report to the Executive Board on 3 December 2008 (as referenced in Appendix 2). This was also presented to the Scrutiny board (Adult Social Care) 29th July and 6th August 2008. The inspection outcome informs the Annual Performance Assessment of Adult Social Care and is therefore linked to the Corporate Assessment.

2.4 As a result of the inspection, the Scrutiny Board agreed to undertake an inquiry into Hospital Discharges. Initial consideration of this issue is detailed elsewhere on the agenda.

Health and Well-being needs of local communities

2.5 At its meeting in November 2008, when considering a report on the development of the Joint Strategic Needs Assessment, the Board agreed to consider an outline of how the Health and Well-being needs of local communities are considered as part of process for the disposal/ re-assignment of Council assets.

2.6 Originally, it was planned that relevant Council officers would be invited to provide a verbal report to the Scrutiny Board meeting in December 2008. However, the item was subsequently deferred to a future meeting to allow further discussions to take place regarding the scope of such an item. At the meeting in December, the Board did not agree to widen the scope of the item beyond what had previously been agreed, however there was no decision regarding the timing of such an item.

2.7 Should the Board wish to reconsider the scope of this item, it should be aware of the Scrutiny Inquiry '*Review Consultation Processes'* undertaken by Scrutiny Board (City Development). The inquiry considered specific consultation processes in respect to the disposal of assets and the processes associated with the development of the Aire Valley Leeds Action Plan. The inquiry report, which is available on request, was published on 22 April 2008 and includes a series recommendations which are being monitored by Scrutiny Board (City Development).

2.8 As such, the Scrutiny Board is asked to confirm the timing of any future item and reaffirm or amend the scope of such an item.

3.0 RECOMMENDATIONS

3.1 From the content of this report, its associated appendices and discussion at the meeting, Members are asked to:

3.1.1 Note the general progress reported at the meeting;
3.1.2 Confirm the timing of the item 'How the Health and Well-being needs of local communities are considered as part of process for the disposal/ re-assignment of Council assets', originally scheduled for December 2008;
3.1.3 Reaffirm or amend the scope of the item referred to in 3.1.3;
3.1.4 Receive and make any further changes to the attached work programme; and,
3.1.5 Agree an updated work programme.

4.0 BACKGROUND DOCUMENTS

Letter from Councillor John Illingworth, Health Scrutiny inquiry into JSNA –19 November 2008.
Review Consultation Processes – 'Scrutiny Inquiry report, 22 April 2008.

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Scrutiny Board (Health)
Work Programme 2008/09

Item	Description	Notes	Type of item
Meeting date – 20 January 2009			
GP-Led Health Centres – Scrutiny Inquiry	To consider: (a) A further report from NHS Leeds on the procurement of a new GP-Led Health Centre and related services. (b) A report that provides a Leeds City Council perspective on the current developments emerging from the NHS Next Stage Review.	Requested at Board meetings in November and December 2008	B
Hospital Discharges	To commence the scrutiny inquiry.		DP
Children's Hospital Services and Clinical Services Reconfiguration	To consider an update on the development of proposals.	Requested at Board meeting in November 2008	B
Performance Management	Quarter 2 information for 2008/09 (July-Sept)	All Scrutiny Boards receive performance information on a quarterly basis	PM

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

Scrutiny Board (Health)
Work Programme 2008/09

Item	Description	Notes	Type of item
Performance Report	To consider the latest performance report considered by the Primary Care Trust Board alongside the outcome of that consideration.	Performance Report presented to the Primary Care Trust Board on 20 November 2008.	PM
Meeting date – 17 February 2009			
Hospital Discharges	To continue with the scrutiny inquiry.		DP
Health and Wellbeing Plan	To consider and comment on the draft plan, prior to it being considered by the Executive Board.	Added to the Budget and Policy Framework on 22/5/08(CG&A on 14/5/08) Scheduled to be considered by the Executive Board on 1st April 2009 and Council on 22nd April 2009	DP
Mental Health Act	To consider an update on the implementation of the Act.	Focus on specific work streams (TBC)	B
Joint Strategic Needs Assessment (JSNA) - update	To consider a further update on the development of a joint assessment that identifies the future needs of the populous of Leeds.	Previous report in November 2008.	B

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
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Scrutiny Board (Health)
Work Programme 2008/09

Item	Description	Notes	Type of item
Health Proposals Working Group	To consider an update from the working group		B
Renal Services	To consider an update on the services provided for renal patients, including transport arrangements, and an outline of any improvements made.	Previous update provided in October 2008. Invite Dennis Crane – National Kidney Federation This item may need to be deferred to allow the Board to undertake other aspects of its work programme	B
Recommendation Tracking	This item track progress with previous Scrutiny recommendations on a quarterly basis.		MSR
Meeting date – 24 March 2009			
Neonatal Services	To consider an update report on the level of service provided and related performance.	The timing of the report may be affected by the outcome / publication of the review being undertaken by the joint NHS Task Group established to look at Neonatal Services across the country.	B
Performance Report	To consider the latest performance report considered by the Primary Care Trust Board alongside the outcome of that consideration.	Performance Report presented to the Primary Care Trust Board (to be confirmed).	PM

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
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Scrutiny Board (Health)
Work Programme 2008/09

Item	Description	Notes	Type of item
Annual Health Check	To receive and consider the local NHS Trusts self assessment against the 24 "core standards" set by Government under the domains: • Safety; • Clinical and Cost Effectiveness; • Governance; • Patient Focus; • Accessible and Responsive Care; • Care Environment and Amenities; and, • Public Health	Precise timing to be confirmed	PM
Meeting date – 28 April 2009			
Renal Services	To consider an update on the transport arrangements for renal patients	Further update from January 2009 (TBC) This item may need to be deferred to allow the Board to undertake other aspects of its work programme	B
Mental Health Act	To consider an update on the implementation of the Act.	Focus on specific work streams (TBC)	B

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
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RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

Scrutiny Board (Health)
Work Programme 2008/09

Item	Description	Notes	Type of item
Performance Report	To consider the latest performance report considered by the Primary Care Trust Board alongside the outcome of that consideration.	Performance Report presented to the Primary Care Trust Board (to be confirmed).	PM
Performance Management	Quarter 3 information for 2008/09 (Oct-Dec)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Health Proposals Working Group	To consider an update from the working group		B
Annual Report	To agree the Board's contribution to the annual scrutiny report		

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
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Scrutiny Board (Health)
Work Programme 2008/09

Working Groups			
Working group	**Membership**	**Progress update**	**Dates**
Health Proposals	Cllr Grahame Cllr Lamb Cllr McKenna Cllr Rhodes-Cayton Eddie Mack	➢ Initial terms of reference agreed on 22 July 2008 ➢ Revised terms of reference agreed on 16 September 2008 ➢ 8 September 2008 - notes attached for SB meeting held on 21 October 20 ➢ 6 October 2008 - issues discussed included: ▪ Project updates on: ○ Changes to GP services; ○ Urgent care services ▪ New Proposals around Older Peoples Mental Health service	*8 Sept. 2008* *6 Oct. 2008* *15 Dec. 2008* *3 Feb. 2009* *30 March 2009*
Improving Young Peoples Sexual Health	Cllr Grahame Cllr Monaghan Cllr Kirkland Cllr McKenna Somoud Saqfelhait	➢ Initially proposed to consider the issue of teenage pregnancy, the Board agreed to expand the scope of this inquiry to cover sexual health among young people in general. ➢ Terms of reference agreed 16 September 2008 ➢ Initial meeting held on 9 September 2008 – notes presented to the SB meeting held on 21 October 2008 ➢ Report scheduled for SB meeting in December 2008 ➢ Further working group meeting dates to be confirmed	*9 Sept. 2008*

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
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Scrutiny Board (Health)
Work Programme 2008/09

Working Groups			
GP-led Health Centres	Cllr Grahame Cllr Kirkland Cllr Illingworth Eddie Mack	➢ Initial terms of reference agreed on 22 July 2008 ➢ Initial meetings / discussions held on 19 August 2008 and 21 August 2008. ➢ Summary of information provided by the Director of Primary Care presented to the SB meeting on 16 September 2008. ➢ Consultation analysis report presented to the SB on 16 September 2008 and referred to the working group further consideration. ➢ Site visit and discussion on refurbishment proposals held on 7 October 2008 ➢ Further working group meeting dates to be confirmed	*19 Aug. 2008* *21 Aug. 2008* *7 Oct. 2008* *(site visit)* *29 Oct. 2008*

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
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Scrutiny Board (Health)
Work Programme 2008/09

Unscheduled / Potential Items		
Item	**Description**	**Notes**
Review of National Blood Service Strategy	To consider the specific implications of the planned changes to the structure of NHS Blood and Transplant, including the closure of the blood testing and processing centre within Leeds.	At its meeting in July 2008, the Board considered proposed changes to the structure of NHS Blood and Transplant and the specific implications of closing the blood testing and processing centre within Leeds and transferring its operation to other centres in the North of England. The Board requested and received additional information regarding the proposals. A further update is expected in January 2009. It is likely that the Board will need to re-consider all the information provided to agree its position regarding the proposals and any additional scrutiny activity.
Children's Hospital Services and Clinical Services Reconfiguration	To consider an update on the full business case for the proposed service reconfiguration.	Originally scheduled for November 2008. Likely to be reported in Spring 2009, but the precise timing is to be confirmed

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

Scrutiny Board (Health)
Work Programme 2008/09

Unscheduled / Potential Items		
Item	**Description**	**Notes**
Specialised commissioning arrangements	To consider the current arrangements for specialised commissioning within the region and the role of scrutiny.	The planned Department of Health (DoH) consultation on developing / strengthening Health Scrutiny may have an impact.
Continuing Care Implementation	To consider the local impact and future activity associated with implementing the national framework for continuing NHS care, further to the report presented to the Executive Board in October 2007.	Lead Officer – Dennis Holmes. Need to consider format and timing of any report, the potential role and activity of the Board and that of the Adult Social Care Scrutiny Board.
Health and Well-being needs of local communities	To consider an outline of how the Health and Well-being needs of local communities are considered as part of process for the disposal/ re-assignment of Council assets.	Requested at Board meeting in November 2008. Precise nature/ scope to be confirmed.
Leeds Teaching Hospitals NHS Trust – foundation status	To consider the process and implications of the Leeds Teaching Hospitals NHS Trust bid to achieve foundation hospital status.	

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

Scrutiny Board (Health)
Work Programme 2008/09

Unscheduled / Potential Items		
Item	**Description**	**Notes**
Hospital Discharges	To consider current hospital discharge arrangements and how the Council and its partners plan to strengthen procedures by: (1) Focusing on the quality of peoples experiences; (2) Setting out clear reciprocal responsibilities, with procedures in place for ensuring compliance with those standards; and, (3) Agreeing a process for resolving and learning from concerns about the quality of multi-disciplinary work.	Possible initial working group meeting in early January 2009 Need to identify key contributors

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

EXECUTIVE BOARD

WEDNESDAY, 3RD DECEMBER, 2008

PRESENT: Councillor A Carter in the Chair

Councillors R Brett, J L Carter, R Finnigan, S Golton, R Harker, P Harrand, J Procter, S Smith and K Wakefield

Councillor J Blake – Non voting advisory member

137 Exclusion of the Public

The substantive reports referred to under minutes 140 and 141 had been designated as exempt until 3rd December (1.00 pm) and 27th November respectively. This designation had arisen from embargoes on the documents which had substantially been the source of the contents of those reports and all information had been published on lifting of those embargoes.

138 Declaration of Interests

Councillor Wakefield declared a personal interest in the item relating to Machinery of Government and 14-19 Commissioning Arrangements (minute 149) as a schools and college governor.

Councillor Blake declared a personal interest in the item relating to the Vision for Council Leisure Centres (minute 154) as an NHS Leeds Board member.

139 Minutes

RESOLVED –

(a) That the minutes of the meeting held on 5th November 2008 be approved.

(b) That with reference to minute 122 relating to the Deputation to Council regarding sports facilities in the Hyde Park area, a further report be brought to the next meeting of the Board.

ADULT HEALTH AND SOCIAL CARE

140 Independence, Wellbeing and Choice Inspection of Adult Social Services

Tim Willis, the lead inspector from the Commission for Social Care Inspection, attended the meeting and presented the Service Inspection Report following the inspection in Leeds which was undertaken in Leeds in July/August 2008.

The Director of Adult Social Services submitted a report on the outcome of the inspection and presented an action plan relating to the 25 recommendations contained in the inspection report.

RESOLVED –

(a) That the inspection report, the report of the Director and the action plan be noted.

(b) That updates on progress against the action plan be brought to this Board as part of the Annual Performance Assessment reporting in December 2009.

(c) That the inspection report and associated action plan be referred to the Scrutiny Board (Adult Social Care) for their oversight of performance against the targets set out in the plan.

141 Annual Performance Assessment (Star Rating) for Adult Social Services 2007/08

The Director of Adult Social Services submitted a report on the annual assessment of Adult Social Care Services published by the Commission for Social Care Inspection on 27th November 2008 and attached to the report of the Director. The response to the assessment was integrated into the action plan referred to in minute 140 above.

RESOLVED –

(a) That the report of the Director and the Performance Review report from the Commission be noted.

(b) That the Annual Performance Review report be referred to the Scrutiny Board (Adult Social Care) for their oversight of performance against the targets set in respect of identified areas for improvement.

CHILDREN'S SERVICES

142 Future Secondary Provision Proposal for South Leeds High School

Further to minute 43 of the meeting held on 16th July 2008 the Chief Executive of Education Leeds submitted a report on proposals to close South Leeds High School and to replace it with an Academy to serve the needs of children and young people from the Beeston and Holbeck, City and Hunslet and Middleton Park wards.

The Chair referred to correspondence which had been addressed to members of the Board in relation to this, and to the proposal referred to in minute 143 below, and other members confirmed their receipt of the same.

RESOLVED –

(a) That the outcome of the consultation, to close South Leeds High School on 31st August 2009, conditional upon Department for Children, Schools and Families approval to open an academy on that site opening on 1st September 2009, be noted.

(b) That approval for the publication of a statutory notice to that effect be given.

143 Future Secondary Provision Proposal for Intake High School

Further to minute 220 of the meeting held on 16th April 2008 the Chief Executive of Education Leeds submitted a report on proposals to close Intake High School Arts College and to replace it with an Academy to serve the children and young people from the Bramley and Stanningley ward.

RESOLVED –

(a) That the outcome of the consultation, to close Intake High School on 31st August 2009, conditional upon Department for Children, Schools and Families approval to open an academy on that site opening on 1st September 2009 be noted.

(b) That approval be given for the publication of a statutory notice to that effect.

ADULT HEALTH AND SOCIAL CARE

144 Reprovision of Windlesford Green Hostel for People with Learning Disabilities

Referring to minute 57 of the meeting held on 22nd August 2007 the Director of Adult Social Services submitted a report on the proposed change of scope for the scheme established to create a new supported living development for people with learning disabilities at Windlesford Green.

The rescoping provided for a smaller development meeting the needs of current residents, requiring a less than best disposal of land and resulting in land being made available for alternative use.

RESOLVED – That the changes to the scheme as previously reported be noted, that the revised scheme as detailed in the report be approved and that the terms of the proposed lease as detailed in the report also be approved.

NEIGHBOURHOODS AND HOUSING

145 Deputation to Council - Pets in Council Houses

The Director of Environment and Neighbourhoods submitted a report in response to the deputation to Council from Cats Protection on 10th September 2008.

RESOLVED – That the report be noted.

146 Home Energy Conservation Act (HECA) (1995) - 12th Progress Report

The Director of Environment and Neighbourhoods submitted a report on the progress made in improving the overall energy efficiency of the Leeds housing stock.

RESOLVED – That the content of the 12th HECA progress report and its release to the Government Office for Yorkshire and the Humber be noted.

147 West Yorkshire Energy Efficiency Scheme - Expenditure Discharge and Legal Delegation

The Director of Environment and Neighbourhoods submitted a report on proposals that Calderdale Council be appointed as banker for the West Yorkshire Regional Energy Efficiency Scheme with responsibility for administering the scheme budget for the period April 2008 to March 2011.

RESOLVED –

(a) That the West Yorkshire Energy Efficiency Scheme be approved.

(b) That the Scheme annual and approximate sub set expenditure be approved for discharge.

(c) That Calderdale Council continue in the role of banker for the West Yorkshire Energy Efficiency Scheme for the period April 2008 to March 2011 and that the Legal Delegation Form as contained in Appendix 1 to the report be approved.

CHILDREN'S SERVICES

148 Options for changes to primary provision in the Richmond Hill Planning Area

The Chief Executive of Education Leeds submitted a report on the options available with regard to primary education provision in the Richmond Hill Planning Area.

The options presented in the report were:

1. The expansion of Richmond Hill Primary School linked to a proposal to close Mount St Mary's Primary School.

2. Closure of both Richmond Hill and Mount St Mary's Primary Schools and the establishment of a new school.

3. Closure of Richmond Hill and Mount St Mary's Primary Schools and the establishment of a joint community and Catholic Provision.

RESOLVED –

(a) That formal consultation be undertaken on the linked proposals to:
- Expand Richmond Hill Primary School by one form of entry with new community specialist provision for children with Special Education Needs
- Close Mount St Mary's Primary School.

(b) That a further report be brought to the Board with regard to the land ownership position at Mount St Mary's.

149 Machinery of Government and 14-19 (25 for Learners with Learning Difficulties and/or Disabilities) Commissioning Arrangements

The Chief Executive of Education Leeds submitted a report on the proposed local approach to the implementation of the Machinery of Government changes to deliver the transfer of responsibilities from the Learning and Skills Council to the City Council. The report also referred to the strategic approach to the commissioning for 16-19 (25 for learners with learning difficulties and/or disabilities) learners in Leeds from September 2009 through which the Council will trial the operational response to its new responsibilities.

RESOLVED –

(a) That approval be given to the local approach to implementing the arrangements for the Council's response to the Machinery of Government changes that will transfer responsibilities from the LSC to Leeds City Council as detailed in sections 3.1.2 and 3.1.3 of the report.

(b) That the basis for the strategic commissioning arrangements for post 16 learners in Leeds from September 2009 as detailed in sections 3.2.2 to 3.2.4 of the report be noted, and that the Director of Children's Services develop detailed arrangements for the commissioning of provision and for monitoring and evaluating the impact of these activities.

(c) That a further report be brought to the Board as early as possible in 2009 on the proposed strategic commissioning arrangements for post 16 learners.

(Councillor Finnigan declared a personal interest in this item as a governor of Joseph Priestley College).

150 Building Schools for the Future Phase 2 Priesthorpe Specialist Sports College

The Chief Executive of Education Leeds submitted a report on proposals to proceed with the refurbishment of Priesthorpe Specialist Sports College as part of Wave 1, Phase 2 of the Building schools for the Future programme.

RESOLVED –

(a) That approval be given to the completion and entry into all necessary legal documentation for the Design and Build contract for Priesthorpe Specialist Sports College.

(b) That expenditure of £16,579,338 from the capital programme be authorised.

151 Leeds Building Schools for the Future: Follow On Project and Expression of Interest

The Chief Executive of Education Leeds submitted a report on the 'Follow On' project for the Building Schools for the Future programme and on the submission of the expression of interest as the basis for transforming the remaining schools in BSF.

RESOLVED –

(a) That the priorities identified within the Expression of Interest be approved as the follow on project in Leeds through additional investment in Building Schools for the Future.

(b) That further work be undertaken to detail the specific programmes in all the remaining geographical areas of Leeds.

152 2008 Audit Commission School Survey

The Chief Executive of Education Leeds submitted a report summarising the results from the Audit Commission's School Survey for 2008.

RESOLVED –

(a) That the findings of the 2008 Audit Commission School Survey as set out in Appendix A to the report be noted.

(b) That it also be noted that the results of the survey will be used to inform children's services and partners' service improvement plans.

LEISURE

153 Long Term Burial Requirements for the City

The Director of City Development submitted a report on the current position with regard to the supply of burial space in Leeds and options for meeting the expected demand for burial space for the next 50 years and beyond.

RESOLVED –

(a) That the recommended policy to establish a preference for smaller locally based cemetery sites combined with the extension, where possible, for existing sites be adopted.

(b) That officers explore further the potential to extend Farnley and Lofthouse cemeteries including consultation with planning officers about the inclusion of proposals in the Local Development Framework.

(c) That officers look in more detail at the potential to develop small locally based cemeteries at Elmete, Priesthorpe Lane, Alwoodley Gates, Tile Lane East Moor and Haigh Farm Rothwell and report back to this Board on the outcome of this work.

(d) That approval be given to the development of a 5 acre Cemetery at Whinmoor on the site identified on Plan B attached to the report, and that the implementation of this development be delivered as part of a larger masterplan for the site involving the decant of the Council's nursery from Redhall.

(e) That proposals to deliver a 14 acre cemetery extension at Lawnswood be not progressed.

(f) That officers liaise with Leeds University to acquire the site of the American Football Field either through private treaty or Compulsory Purchase to deliver a 3.8 acre extension to Lawnswood Cemetery, that officers explore further the potential to deliver a 5 acre cemetery on the site of the former Elmete Caravan Park and that officers seek to acquire the 2.5 acre site at Horsforth Cemetery either through private treaty or Compulsory Purchase Order.

(g) That the Capital Programme be amended to reflect schemes at Lawnswood £1,750,000 , Elmete Cemetery £743,000, Horsforth Cemetery Extension £350,000, Kippax Cemetery Extension £51,000 and Harehills Cemetery £125,000, releasing £281,000 back to the general Capital Programme.

(h) That officers liaise further with representatives of the Muslim community on the accommodation of Muslim burial needs in the Council's network of smaller cemeteries.

(i) That officers carry out consultations with the relevant Ward Members and Area Committees regarding these proposals.

154 Vision for Council Leisure Centres

Further to minute 74 of the meeting held on 2nd September 2008 the Director of City Development submitted a report on the outcome of the public consultation exercise undertaken in relation to the Council's draft Vision for Leisure Centres.

RESOLVED –

(a) That the outcome of the public consultation exercise on the Vision for Council Leisure Centres be noted.

(b) That officers explore in more detail the proposal to transfer Richmond Hill Sports Hall to community management as part of a community asset transfer.

(c) That Sport England be requested to re-run their Facilities Planning Model for swimming pools provision in Leeds and in particular examine the implications of the Council's draft proposals.

(d) That officers consider the potential for community management for each of the centres most affected by these proposals and report back to a future meeting of this Board.

(e) That officers further develop capital investment proposals for Aireborough, Bramley, Kirkstall, Pudsey, Otley, Rothwell, Scott Hall and Wetherby Leisure Centres.

CENTRAL AND CORPORATE

155 Implications of Introducing a Living City Wage for Leeds

The Chief Executive submitted a report on the implications of introducing a Living City Wage in Leeds following a resolution made by Council at its meeting on 9th April 2008.

RESOLVED – That the report be noted.

156 Business Transformation in Leeds City Council

(a) Organisational Programme

The Assistant Chief Executive (Planning, Policy and Improvement) and the Director of Resources submitted a joint report outlining the Council's developing business transformation agenda and setting out the reasons behind the development, the high level scope of the programme of work required, initial benefits accruing from the work and governance arrangements to secure delivery.

RESOLVED – That the establishment of an organisational wide Business Transformation Programme be endorsed in the terms outlined on the submitted report.

(b) Design and Cost Report for Key Enabling Projects

The Director of Resources and Assistant Chief Executive (Planning, Policy and Improvement) submitted a joint report on proposals for the delivery of the first phase of the Business Transformation Programme.

RESOLVED –

(a) That approval be given to the release of £7,183,000 (over a five year period), to be funded from the Business Transformation allocation in the Strategic Development Fund for the first phase of the Business Transformation programme.

(b) That authority be given to incur expenditure on procuring and implementing the key enabling projects which provide the foundations for delivering the Council's Business Transformation aspirations.

157 Calling In of Decision Taken on 8th October 2008

The Chief Democratic Services Officer submitted a report on the outcome of the Call In of a decision of the Executive Board on 8th October 2008 regarding the Capital Programme Update 2008 –2012

RESOLVED – That the report be noted.

DEVELOPMENT AND REGENERATION

158 Deputation to Council - Spenhill Residents' Association regarding the Protection of Butcher Hill Playing Fields and Surrounding Land

The Director of City Development submitted a report in response to the deputation to Council from the Spenhill Residents' Association on 10th September 2008.

RESOLVED – That the report be noted.

159 Leeds Local Development Framework Annual Monitoring Report

The Director of City Development submitted a report on the City Council's recommendations on the Leeds Local Development Framework for the Secretary of State's consideration.

An amended page of the submission was circulated at the meeting.

RESOLVED – That the Annual Monitoring Report be approved for submission to the Secretary of State pursuant to Regulation 48 of the Town and Country Planning (Local Development) (England) Regulations 2004.

DATE OF PUBLICATION: 5th December 2008
LAST DATE FOR CALL IN: 12th December 2008

(Scrutiny Support will notify Directors of any items Called In by 12.00 noon on Monday 15th December 2008).

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