



SCRUTINY BOARD (HEALTH)

Meeting to be held in on
Tuesday, 17th February, 2009 at 10.00 am

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

MEMBERSHIP

Councillors

A Blackburn	-	Farnley and Wortley
J Chapman	-	Weetwood
D Congreve	-	Beeston and Holbeck
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			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting).</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>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.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>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:-</p> <p>No exempt items or information have been identified on this agenda.</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATIONS OF INTEREST</p> <p>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.</p>	
5			<p>APOLOGIES FOR ABSENCE</p> <p>To receive any apologies for absence.</p>	
6			<p>DRAFT HEALTH AND WELLBEING PARTNERSHIP PLAN 2009 TO 2012</p> <p>To receive and consider the attached report of the Director of Adult Social Services.</p>	1 - 34
7			<p>PROVISION OF HOSPITAL FOOD IN LEEDS</p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development.</p>	35 - 42
8			<p>GP-LED HEALTH CENTRE - SCRUTINY INQUIRY</p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development.</p>	43 - 44
9			<p>WORK PROGRAMME</p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development.</p>	45 - 64
10			<p>DATE AND TIME OF NEXT MEETING</p> <p>Tuesday, 24th March 2009 at 10.00am (Pre-meeting at 9.30am).</p>	

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Report of the Director of Adult Social Services

Scrutiny Board (Adult Social Care)

Scrutiny Board (Health)

Date: 11th February 2009

17th February 2009

Subject: Draft Health and Wellbeing Partnership Plan 2009 to 2012

<p>Electoral Wards Affected: ALL</p> <p><input type="checkbox"/> Ward Members consulted (referred to in report)</p>	<p>Specific Implications For:</p> <p>Equality and Diversity <input type="checkbox"/></p> <p>Community Cohesion <input type="checkbox"/></p> <p>Narrowing the Gap <input checked="" type="checkbox"/></p>
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1.0 Introduction

- 1.1 Attached to this report is the latest working draft of the Health and Wellbeing Partnership Plan for 2009 to 2012. This plan will replace the Leeds Health and Wellbeing Plan 2005 to 2008 and builds on the partnership priorities that have already been consulted on and agreed in the Leeds Strategic Plan.
- 1.2 The new Plan consists of two parts: draft text section and high level actions for each improvement priority.
- 1.3 The Plan is being developed by a task group reporting to the Healthy Leeds Partnership. The Commissioning Board of the Partnership will be responsible for implementation.
- 1.4 Findings from the Joint Strategic Needs Assessment are incorporated and the Plan also takes account of national policies and guidance.
- 1.5 The Plan is being brought to Scrutiny Boards for comment during the drafting process and is still work in progress.

2.0 Purpose of Health and Wellbeing Plan

2.1 The last plan covered 2005 to 2008 and was overseen by the Healthy Leeds Partnership. Many of the relevant organisations and structures have changed in the last few years as has the national policy framework including a new format for the Local Area Agreement (LAA), now the Leeds Strategic Plan. During the first year of the new LAA partners have started working to the new priorities for health and wellbeing. As part of the further development of partnership working in Leeds, this work is now being formalised into a new theme plan which forms part of Leeds City Council's Budget and Policy Framework and contributes to the Leeds Strategic Plan. NHS Leeds is committed to the partnership priorities and these are reflected in its five year strategy.

2.2 The new Plan summarises the overall context and means of delivery. It covers both health and wellbeing, incorporating the strategic priorities for adult social care and bringing together relevant actions from a range of separate strategies into one place. Development of the Plan has helped to identify where we can work together better, where we need to link with other partnerships or where there are gaps. Two key links are with the new Children and Young Person's Plan and the developing Housing Strategy.

2.3 The last health and wellbeing plan was very broad as it tried to cover all the elements in the health and wellbeing theme from the Vision for Leeds 2004 to 2020. When we reviewed progress against that plan, the consensus was that we needed to:

- focus the partnership action on a smaller number of priorities
- be able to measure progress better
- have better information on needs, priorities and evidence of what works
- have clear action plans with accountable lead officers and agencies

2.4 The draft plan restates our commitment to improving health and addressing health inequalities and our original vision that:

“Leeds will be a healthy city for everyone who lives, visits or works here, promoting fulfilling and productive lives for all. We will reduce inequalities in health between different parts of the city, between different groups of people and between Leeds and the rest of the country.”

Our four aims, which continue our previous aims and tie in with the national priority themes, are also threads which run through the document and the action templates:

- Influences on health;
- The lives people;
- The services people use;
- Community development and involvement.

2.5 Although the new Plan remains broad in scope, it is more focused, with action templates structured to deliver the strategic outcomes and improvement priorities of the Leeds Strategic Plan and the NHS Leeds Strategy. Actions are listed as high level actions, with reference to separate strategies or action plans where required. The final templates will identify lead and contributing agencies and the lead partnership group which is responsible for the priority. Some columns are blank at present as work is still going on to complete these. The national indicators and targets are also stated but these are overarching and do not fully cover the range of activity under a particular improvement priority. Therefore, we are working with the lead partnership and lead officers to develop a broader range of impact measures and outcomes that will help to evaluate what progress we are making. We will also indicate as far as possible if resources have already been allocated to particular actions or where we are still seeking funding.

2.6 There are improvement priorities in other themes of the Leeds Strategic Plan which have an important influence on health. For these, the Healthy Leeds Partnership will support and influence key partners and partnerships responsible for delivering these priorities.

3.0 Development of the plan

3.1 As this Plan is a development of the Leeds Strategic Plan we are not repeating the formal consultation that was used to develop the Strategic Outcomes and Improvement Priorities. However, we have engaged stakeholders through the development of the draft plan using the new health and wellbeing partnership structures in Leeds including:

- Discussion of the content and overall strategic direction at the Healthy Leeds Partnership meetings
- Workshop event for the Voluntary , Community and Faith sector organised by Leeds Voice Health Forum
- Discussion with the Leeds Local Involvement Network staff on public and service user and carer involvement.
- Presentation to two scrutiny boards in February 2009
- Practice Based Commissioning Forum in February
- Healthy Leeds Joint Strategic Commissioning Board and three sub-groups in February and March
- Final approval by the Healthy Leeds Partnership in March and by the City Council and NHS Leeds in April 2009.

3.2 Following approval, the theme plan will go through a design and Plain English process with publication and a launch planned for July 2009.

4.0 Roles and responsibilities

4.1 The new Healthy Leeds partnership arrangements, implemented in 2008, have established clear roles and governance and will use the Health and Wellbeing Plan to guide their programmes of work. At city wide level this includes:

- Healthy Leeds Partnership - setting strategic direction and wider discussion/engagement of stakeholders in developing future direction.
- Joint Strategic Commissioning Board and its three sub-groups (Promoting health and wellbeing, priority groups, planned and urgent care) – developing joint commissioning plans and delivering against these, monitoring progress and problem solving

4.2 There have been discussions both through the wider partnership and with LCC Area Managers and NHS Leeds Area Managers about how to relate the Plan to locality working arrangements and Area Committee structures. There has to be an effective system of two-way communication so that city wide priorities and plans can be delivered in all areas but in a form which is suitable for localities and which also enable local issues to influence the city wide direction of travel. Both the Area Committees Delivery Plans and Practice Based Commissioning (PBC) Plans, have a crucial role to play in terms of ensuring that local needs are addressed. This will be assisted by the availability of localised data from the Joint Strategic Needs Assessment process and the proposed Neighbourhood Index.

4.3 Three Area workshops are being planned for March to help develop local partnership arrangements – not to add another level of bureaucracy but enable better links with Area Committees, Practice Based Commissioners and local people and to secure more effective local partnership working at this level. Plans are also in hand to appoint three senior joint-funded locality enablers to help support this work.

4.4 The City Council's performance management framework has been changed to enable better monitoring of the Leeds Strategic Plan and Local Area Agreement as well as help inform the future Comprehensive Area Assessment process. Discussions have been held between LCC and NHS Leeds on joining up performance management and the Joint Strategic Commissioning Board and its sub-group are doing further work on this with the Council's performance management team.

4.5 Progress on the Plan will be reported to the Scrutiny Boards

5.0 Recommendation

5.1 Scrutiny Board Members are requested to comment on the working draft of the health and wellbeing partnership plan, prior to its presentation to the Executive Board and full Council.

Draft 4a - 6th February 2009

Health and Wellbeing Partnership Plan

2009 to 2012

**Improving health and reducing
health inequalities in Leeds**

Add contents page

Foreword

Welcome to the Leeds Health and Wellbeing Partnership Plan for 2009 to 2012.

This Plan is part of the broader Leeds Strategic Plan, based on the outcomes and priorities agreed with our partners and shaped by local people. We are pleased that the priorities which have emerged are closely linked to those of our previous Plan for 2005-8 but we have taken into account feedback that the associated Framework for Action needed more focus.

The new Plan does not attempt to cover all of the wide ranging work which individual partners are doing to improve the health and wellbeing of Leeds residents. Instead it concentrates on the main Healthy Leeds Partnership actions for the agreed strategic priorities and how we are going to help deliver the aspirations for the city set out in the Vision for Leeds 2004 to 2020. Our holistic approach to health and wellbeing for individuals, communities and the city as a whole enables us to link up a wide range of activities happening as a result of related plans and strategies and thus to make them more effective. We attach especial importance to the Children and Young People's Plan developed by Children Leeds. Links to other partnership priorities and plans are listed in an Appendix. We also regard our focus on tackling health inequalities as a cross-cutting theme that needs to be addressed in all the priority areas. This includes inequalities between different neighbourhoods in Leeds as well as between different priority groups and the general population.

The strength and quality of partnership working in Leeds were recognised during 2008 by the national award of Beacon status to Leeds Initiative. Success in building effective partnerships to address the many and varied challenges faced by the city, depends on their structures being clear, fit for purpose and flexible enough to adjust to change. In response to changes in national expectations and local requirements, we have updated the Healthy Leeds Partnership structures during 2008 to include stronger joint commissioning arrangements with clearer governance and accountability. This will help us to ensure we are using our resources as effectively as we can and will give us a clearer view of how well we are doing.

This partnership plan is an indication of the real commitment of all sectors to focus our efforts collectively so that we can together bring our resources to bear on the problems and the opportunities facing Leeds over the next three

years. We know that the issues we have to address will take more than three years to change but we hope at the end of this period to have a clear indication that we are on the way.

Signed

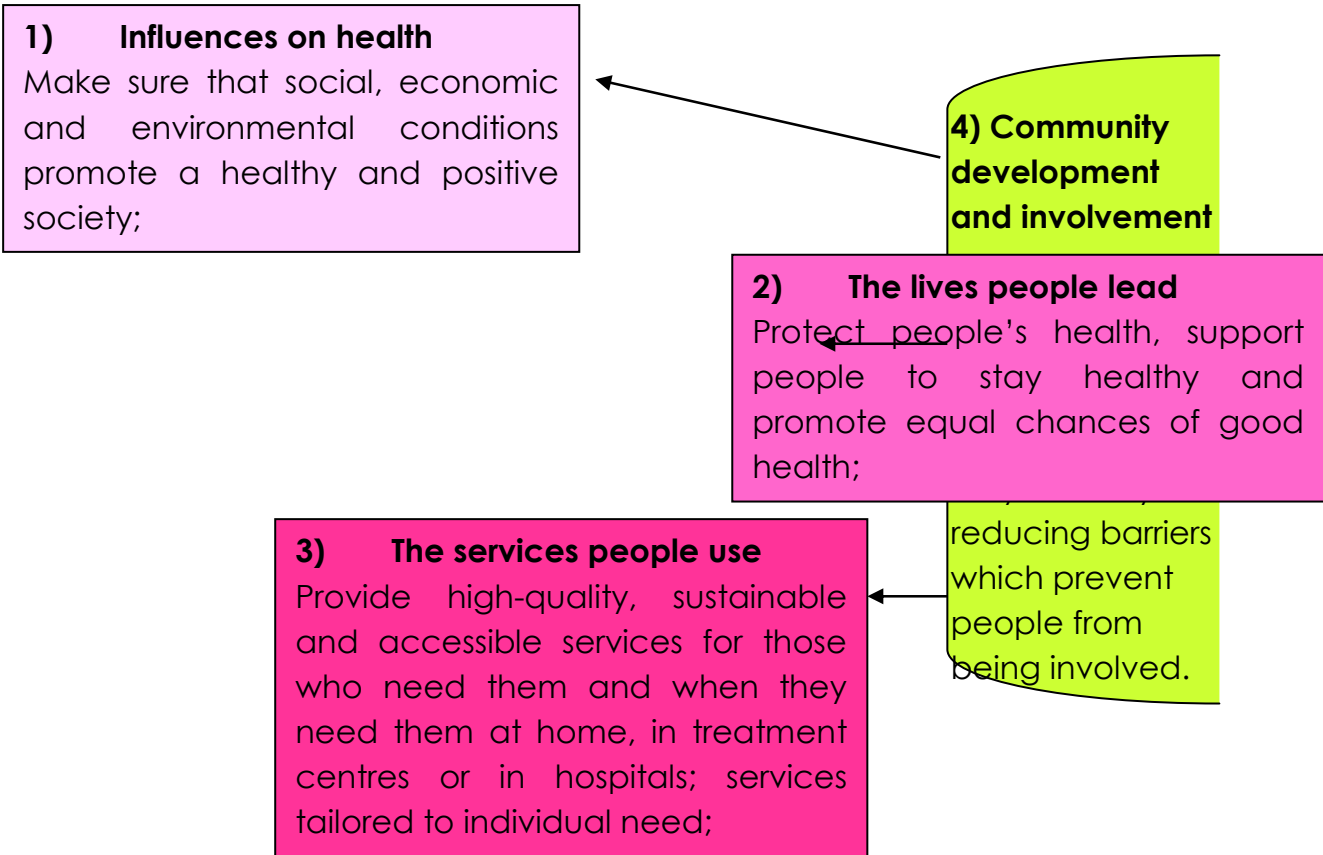
Healthy Leeds partners

Section One

Vision

Leeds will be a healthy city for everyone who lives, visits or works here, promoting fulfilling and productive lives for all. We will reduce inequalities in health between different parts of the city, between different groups of people and between Leeds and the rest of the country.

Aims



Wellbeing

This plan is for the health and wellbeing of the people of Leeds. Wellbeing is a broad term and we propose working to the following statement of common understanding of well being for policy makers developed by a government task group:

“Wellbeing is a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It arises not only from the action of individuals, but from a host of collective goods and relationships with other people. It requires that basic needs are met,

that individuals have a sense of purpose, and that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, involvement in empowered communities, good health, financial security, rewarding employment, and a healthy and attractive environment."

*(Whitehall Wellbeing Working Group
2006)*

Section Two

National context and drivers

The principal elements of national policy are given below, concentrating mainly on the most recent initiatives. A list of relevant Plans, Policies and other documents is in Appendix I.

Improving Health and Reducing Health Inequalities

Over the last ten years, beginning with *Saving Lives: Our Healthier Nation* (1999) and continuing through the *NHS Plan* (2000); *Tackling Health Inequalities: A Programme for Action* (2003), *Choosing Health* (2004), *Our Health Our Care Our Say* (2006), *Putting People First* (2007) through to *Tackling Health Inequalities: Progress and Next Steps* (2008) and the *NHS Next Stage Review* (2008), the government has set out a series of programmes and actions to improve health, improve the quality of health and social care services, and reduce health inequalities.

National Targets

Health targets for England set in 1999 included:

Improve the health of the population by 2010. (Increased life expectancy at birth and reduced infant mortality)

Substantially reduce mortality rates from coronary heart disease and stroke, from cancer and from suicide by 2010 (from the *Our Healthier Nation* baseline, 1995-97)

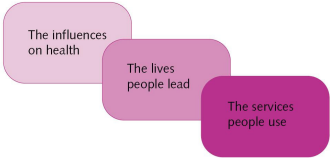
Progress across the country means that at a national level these targets are likely to be met. Early deaths from heart disease have halved, while the death rates for stroke and cancer have fallen by 44% and 18% respectively. There is a similar pattern in Leeds.

But these targets as originally framed did not take account of inequalities. In fact the health of those who are better off or who live in better off areas has improved much faster than the health of people who are more disadvantaged, so the inequalities gap was actually increasing. The government identified the 20% of local authority areas with poorest health and classed them as 'spearheads' where the effort to reduce inequalities should be targeted. (Because the size of Leeds disguises the extent of poor health within parts of the city, Leeds was not a spearhead area.) A new

target was developed to narrow the gap between the health experience of the spearhead areas and the average for England as a whole.

Reduce health inequalities by 2010, by 10% as measured by infant mortality and life expectancy at birth [from a 1995-97 baseline].

The National Targets for England and the three areas of action highlighted in Tackling Health Inequalities are reflected in the priorities of the Leeds Strategic Plan and this Health and Wellbeing Plan which aim to reduce the gap in mortality between the deprived parts of Leeds and Leeds as a whole.



A further national set of targets aims to tackle some key underlying determinants of ill health and health inequalities by:

reducing **adult smoking rates** (from 26% in 2002) to 21% or less by 2010, and a reduction in prevalence among routine and manual groups (from 31% in 2002) to 26% or less;

halting the **year-on-year rise in obesity among children under 11** by 2010 (from the 2002-04 baseline) in the context of a broader strategy to tackle obesity in the population as a whole.

reducing the **under-18 conception rate** by 50% by 2010 (from the 1998 baseline), as part of a broader strategy to improve sexual health.

The importance of the national health inequalities targets for the NHS is reinforced by their inclusion in the top priorities of the *NHS Operating Framework* since 2006. But health is not the responsibility of the NHS alone and health inequalities are also included in priorities for local government, both in its role as 'place shaper' and for the transformation of social care as set out in documents such as *Putting People First* with the key themes of

- prevention
- early intervention and re-enablement
- personalisation
- information, advice and advocacy.

The health and wellbeing objectives of the Leeds Strategic Plan are a joint response to these obligations and also include commitments to developing support for independent living and safeguarding vulnerable adults.

Commissioning for Outcomes

Commissioning is using the available resources to achieve the best **outcomes** by securing the best possible **health** and care services for local people. The main commissioners are NHS Leeds and Leeds City Council, but there is an increase in Practice Based Commissioning by consortia of General Practitioners.

One of the most important ways to achieve change is by switching from service planning (top-down) to service commissioning which is more locally based and takes better account of local needs. Commissioning should be people-centred with the needs of NHS patients, the users of social care services and local people at the centre of Commissioners' work.

The **Commissioning Framework for Health and Wellbeing** (2007) made it clear that commissioners should involve local communities to provide services that meet their needs, beyond just treating them when they are ill, but also

keeping them healthy and independent. There should be detailed attention to social inclusion and a focus on reducing inequalities

The outcomes may be

- Health gains for specific or general communities
- Different ways of delivering clinical & care services outcomes – e.g. clinically effective care pathways
- Outcomes for local communities, developing links, skills opportunities and capacity.

Choosing Health

Choosing Health was the first ever White Paper on Public Health. It set out a wide range of proposed actions to address major public health problems, placing population health and health inequalities at the centre of the Government's health policy agenda. The White Paper identified the following six priorities for action:

- Reducing smoking rates
- Reducing obesity and improving diet and nutrition
- Increasing exercise
- Encouraging and supporting sensible drinking
- Improving sexual health
- Improving mental health

Next Stage Review

During 2008 the Department of Health published national and regional reports of the NHS Next Stage Review led by Lord Darzi. The review aims to secure high quality care for patients and the public by:

- helping people to stay healthy by working in partnership to promote health, and ensure easier access to prevention services;
- empowering patients, giving them more rights and control over their own health and care;
- providing the most effective treatments;
- keeping patients as safe as possible.

Partnerships and joint working should be embedded across health and local government, working to shared plans and priorities and where appropriate through pooled budgets informed by the Joint Strategic Needs Assessment. A framework for funding community and mental health services will also be developed.

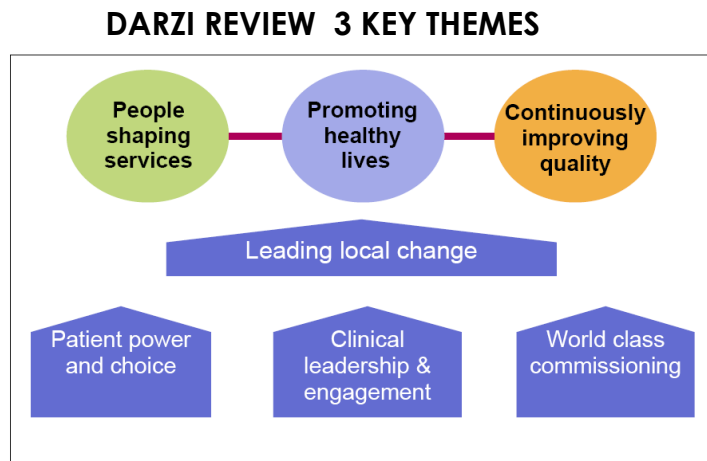
NHS Leeds, in common with every other PCT is expected to commission comprehensive wellbeing and prevention services with local authorities with the services personalised to meet the specific needs of their local populations. The Review supports the priorities identified by *Choosing Health* with the addition of treatment for substance misuse. Other significant issues for partnerships include:

- The offer of a care plan for everyone with a long term condition

- Service for children and families and a new Children's and Young Persons strategy
- Planned care closer to home
- Extending mental health services in the community
- Reducing unnecessary hospital admissions

Next Stage Review Vision For Primary And Community Care

The Darzi Review also include a vision for primary and community care built around three main themes and a number of supporting policies and programmes.



For both health and social care services the stated intention is to “move away from a one-size-fits-all service to one that is tailored around the needs of patients, focusing on quality and prevention while ensuring equitable access”.

This focus on continuing quality improvement will depend not just on formal performance management but the genuine involvement of patients, service users and local people, actively using all available levers to improve performance, and work with everyone concerned, including staff, to continuously drive up standards.

Putting People First

The personalisation process affects both health and social care services. *Putting People First* (Dept of Health, Dec. 2007) developed the programme for enabling people to have the best possible quality of life irrespective of illness or disability. This means a system where adults are increasingly involved in commissioning their own services. Care services need to be transformed so that they consistently promote independence and choice for the delivery of services whilst ensuring people's safety. Services are also required to work actively for prevention, including early intervention and a more general awareness of wellbeing needs.

Adult Social Care has a crucial and championing role to play here and, in some ways can be seen as a key 'glue' for other services to develop a needs-based approach. Changes in workforce practice will be needed to ensure that commissioners and providers become genuine enablers so that people remain in control of their lives as far as possible.

Development of locality working and integrated provision (Section 5) is key to implementing all these plans

Section Three

The Leeds Joint Strategic Needs Assessment (JSNA)

Leeds City Council and NHS Leeds have a new statutory duty to produce a Joint Strategic Needs Assessment that identifies the currently unmet and future health, social care and wellbeing needs of the local population.

The first Leeds JSNA was carried out during 2008 and confirms that the priorities identified in the Leeds Strategic Plan are the right priorities to be tackled at the present time.

However, the JSNA has also raised the need for further work in new areas, for example:

- **An ageing population** As in most areas of the country, Leeds has a growing proportion of older people who are living longer than previous generations. The pattern of needs is therefore changing.
- **Infant Mortality** Improvement in Infant Mortality rates is positive for Leeds as a whole, but there are some communities of Leeds with higher levels of risk.
- **Children's Health** We need to ensure that children and young people are healthier – unhealthy children of today will become the unhealthy adults of tomorrow!
- **Neighbourhood needs** Existing inequalities and differences in health experience between neighbourhoods may widen without specific measures to counteract this.
- **Specific Challenges** We need a continuing focus on specific health and wellbeing challenges, particularly obesity, alcohol, drug taking and smoking.

From the broad range of themes identified there are three main areas with a number of particular issues for commissioners to take into account in future:

- Responding effectively to demographic change
- Responding effectively to specific health and wellbeing challenges
- Targeted work to improve health and well being outcomes for specific groups.

Responding effectively to demographic change

- **An ageing population.** People will expect the quality and availability of services to increase in line with demand. However as people age and

live longer, there will be an increase in life-limiting conditions such as stroke, diabetes and dementia, particularly in areas of disadvantage. At the same time there are already difficulties in recruiting people into personal care roles as the proportionately of younger adults in the population falls. There will also be more older people from minority ethnic communities. Part of the solution will be investment in services which help people keep fitter for longer; services which provide early support; and social and environmental interventions which promote and prolong the possibility of independent living but we need to develop wider discussion and engagement around this issue.

- **Children and Young People** Unhealthy children of today will become the unhealthy adults of tomorrow. The importance of ensuring the effectiveness of programmes that tackle childhood obesity, emotional wellbeing, teenage conception and sexual health cannot be underestimated, both from an individual and a population perspective. The health of children in disadvantaged neighbourhoods and the projected increase in the proportion of children from new or minority ethnic communities highlight the need for more targeted action. One focus will be on reducing infant mortality through the Infant Mortality Action Plan as the data shows that in some communities the rates are within the lowest nationally, in contrast with the overall rate for Leeds, which compares favourably with the national rate.

Specific health and wellbeing challenges which require an effective response

- **Obesity** – Overweight and obesity have been shown to be associated with significant risks to health and a large decrease in life expectancy. The National Health Survey for England has found that in 2007 41% of men and 32% of women were overweight with a further 24% of both men and women being classed as obese (compared with 13% of men and 16% of women in 1993. Obesity among women is more common at lower income levels but there is little difference for men . Yorkshire and Humber has the highest standardised rate for overweight and obesity (measured by Body Mass Index) of any English region and the issue has been identified by *Yorkshire Futures* as being the main threat to public health in the future.
- **Alcohol** – National surveys show that adults in all age groups except the oldest tend to be drinking above the recommended limit and the consumption is more than twice above the recommended limit for younger age groups. The latest alcohol profile for Leeds (2008) estimate hazardous and harmful drinking in Leeds to be significantly higher than the national average, with alcohol related admissions to hospital higher in Leeds than the average across England and increasing. With the estimated cost of alcohol misuse in Leeds to be £275m, this represents a significant challenge for those responsible for commissioning and delivering programmes and services. The city's

Alcohol Strategy is showing some results, requiring a focus on high impact preventative action, perhaps combined with increased use of available regulatory powers.

- **Drugs** - Existing data does not give a clear message on trends. The number of young people using drugs, whilst a concern, is in line with the national rate, but the proportion of drug users aged 15-64 is higher than the national average. Around one third are unknown to treatment and 84% of drug users in treatment in Leeds use heroin, a higher proportion than nationally. There are signs of a changing pattern of use: younger drug users are choosing cocaine rather than opiates. Commissioners of statutory services also need to address the significant social impact of drugs usage.
- **Smoking** – Although trends are going in the right direction there will continue to be a sizeable proportion of smokers, with the highest rates (46%) being found in inner east, inner south and inner west Leeds. The take up of smoking amongst young people and particularly amongst women appears to remain a problem pointing to the need to continue with current smoking cessation programmes with more funding from mainstream sources.

Targeted work to improve health and wellbeing outcomes for specific groups

Whilst there are important health and well being issues for all sectors of the population, the JSNA process, particularly through stakeholder events, has highlighted the need to develop better data, analysis and understanding of the health and well being needs of particular groups including:

- People with a learning disability
- Gypsy and travellers
- People with dementia
- Asylum seekers and newly arrived communities
- Looked after children and young people

Some of this work is already under way and will be used to inform commissioning plans.

Counteracting widening inequalities between neighbourhoods

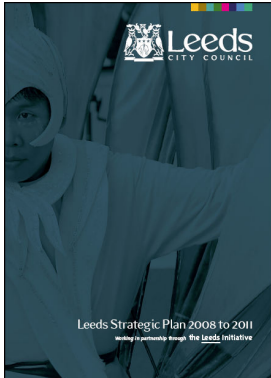
- The national Index of Deprivation is the main source for ranking areas of Leeds in relation to each other and to other parts of the country and for identifying those which fall into the most deprived 10% nationally. As we target improvements on these areas, it is hoped that they will improve both absolutely and relatively to elsewhere. Already a few

areas have moved out of the most deprived group while others are included. However any such marginal improvement is likely to leave a smaller number of areas which remain deprived and become relatively more disadvantaged, both generally and in relation to health.

- It is also possible that this acceleration of difference will include a fragmentation of community and an accelerated development of particular needs concentrated in what may be quite small neighbourhoods within those areas. These needs will include health dimensions (direct and indirect) As city leaders, the City Council will (with its partners) wish to direct commissioning priorities to manage any increase in potential fragmentation across neighbourhoods and communities.
- To meet changing patterns of need (particularly in relation to the effects of economic downturn) it is likely that NHS Leeds, as a partner, would have to consider whether and how it could use its commissioning process to assist Leeds City Council in meeting wider social, economic and infrastructural challenges which impact on health inequalities and affect the overall health and wellbeing of the whole Leeds population.

Section Four Health Priorities for Leeds

We are not starting from a clean sheet. We are following on closely from our previous Framework for Action (2005-2008) and the consultations which prefaced local and government agreement to the following strategic outcomes in the *Leeds Strategic Plan 2008 to 2011*:



Strategic Outcomes

- Reduced health inequalities through the promotion of healthy life choices and improved access to services.
- Improved quality of life through maximising the potential of vulnerable people by promoting independence, dignity and respect.
- Enhanced safety and support for vulnerable people through preventative and protective action to minimise risks and maximise wellbeing.
- Communities which are inclusive vibrant and

Ten Improvement Priorities have been agreed between the partners

Improvement priorities

The agreed improvement priorities for health and wellbeing are:

1. Reduce premature mortality in the most deprived areas
2. Reduction in the number of people who smoke
3. Reduce alcohol related harm
4. Reduce rate of increase in obesity and raise physical activity for all
5. Reduce teenage conception and improve sexual health.
6. Improve the assessment and care management of children, families and vulnerable adults.
7. Improve psychological, mental health, and learning disability services for those who need it
8. Increase the number of vulnerable people helped to live at home
9. Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives

Each priority has a separate plan summarising actions, identifying outcomes, targets and indicators, and related strategies and plans. (See Section 7)

The details of the health and wellbeing partnership structures are in Appendix II and these will provide the mechanisms for taking forward the action in this plan.

The new Children and Young People's Plan (CYPP) for Leeds (April 2009) will run for the next five years and make a crucial contribution to wellbeing in Leeds. Children Leeds has statutory responsibility for strategic development, planning and commissioning services for children and young people aged 0-19, extending to the age of 25 for those with additional needs



Another key document is the strategy for Leeds Primary Care Trust (now NHS Leeds) which sets out a number of local priorities for delivering health improvement including those selected for the World Class Commissioning programme.

There are a range of priorities in other themes of the Leeds Strategic Plan which have an impact on health. The Healthy Leeds Partnership will aim to support and influence the key partners and partnerships responsible for the delivery of these priorities which include:

Culture

- Enable more people to become involved in sport and culture by providing better quality and wider ranging activities and facilities

Learning

- Increase the proportion of vulnerable groups engaged in education, training or employment

Transport

- Deliver and facilitate a range of transport proposals for an enhanced transport system including cycling and walking (

Environment

- Reduce emissions from public sector buildings, operations and service delivery
- Undertake actions to improve our resilience to current and future climate change

Thriving places

- Reduce the number of people who are not able to adequately heat their homes
- Improve lives by reducing the harm caused by substance misuse

Harmonious communities

- Increase the number of local people engaged in activities to meet community needs and improve the quality of life for local residents

Other contributing initiatives include the Valuing People programme, the revised Housing Strategy for Leeds and the Financial Inclusion Project . These are referenced in section 7.

Section Five How we will deliver these priorities

Making our partnerships more effective

We are building on our previously successful partnerships by adapting them to the new requirements and priorities. We will be working together to commission and deliver appropriate services and interventions and we will ensure that we get feedback about how well these are working. The new partnerships are listed in Appendix I1.

Developing people-centred services

The most important way of judging success will be looking at the real effects for people in Leeds. These are not always easy to measure but the impact of our actions will be as far as possible judged through outcomes rather than just listing activities. We will involve users of services in the development of our plans, paying especial attention to those who find it hard to access appropriate services. Both health and social care services will maximise the opportunities for people to design services which suit them as individuals and families, for example by increasing the provision of direct payments. We will work towards a system of commissioning care planning which is focused around individual needs and enables choices to achieve as good a level of health and wellbeing as is possible.

Developing integrated services

Many NHS and Social Care services still operate independently of each other partly because their funding streams and accountabilities are very different. However the structure of services is changing. Through Children Leeds, we are moving towards the final stages of integrated planning and provision for children and young people. Some services for adults are already integrated and we are actively examining what more can be done to ensure that people have easier access to exactly what they need and to improve effectiveness. This will include single gateways for finding out what is available as well as much greater flexibility in care planning and service provision. Our performance management systems will also join up.

Preventing ill-health and intervening early

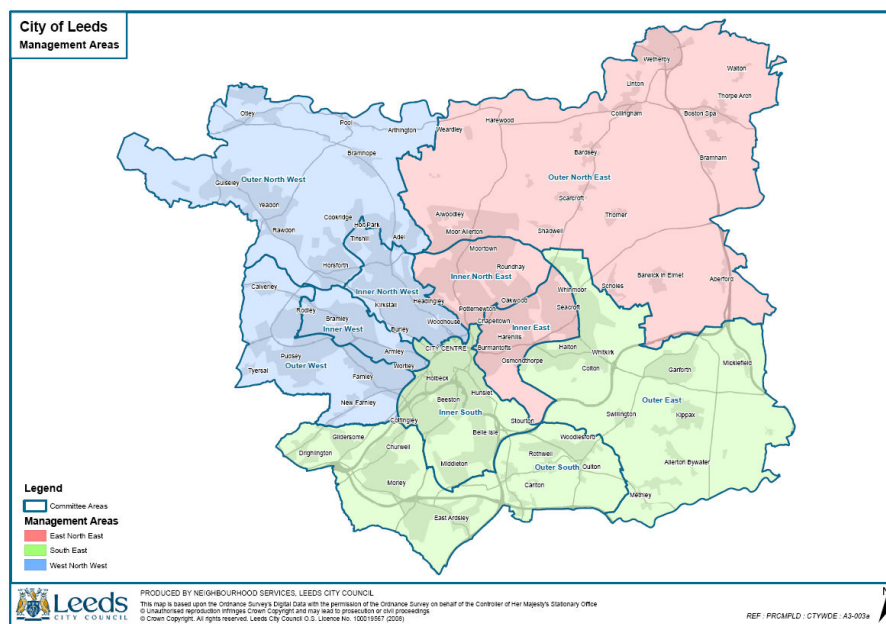
We know that there are many factors which influence people's health, wellbeing and need for services. These include social, economic and environmental factors which produce disadvantage and create barriers to recognising needs and being able to access facilities and services. We need to strengthen the overall skills and resources of individuals, families and communities and to remove the barriers which are the result of how facilities and services are designed and provided. It is no longer enough to try and cure problems when they arise. All organisations, including the NHS, are now seeking to find ways of working to prevent, delay or mitigate the onset of health problems as this is not just beneficial but also cost-effective. By seeking to embed a community development approach throughout our work (the fourth aim of this plan), we will try to ensure that we not only promote engagement and involvement but also make best use of all the resources available.

Developing our Locality Approach

Although our priorities are for the whole city, our actions are based around narrowing the gap in health experience between those people who live in the most deprived areas (20% of the population) and the city as a whole. Because of this we need to ensure that our actions deliver improvements at a local level and this requires active engagement with locality services and with communities. This must not ignore the population groups whose needs have been picked out through the Joint Strategic Needs Assessment and who do not live just within those deprived areas.

During 2009 this theme plan will be taken through a process of workshops in the three localities of the city and then discussed a still more local level in order to ensure that the city wide priorities are tailored to local and specific needs and to explore how they can be integrated into area plans.

Leeds City Council Management Areas and Area Committees



Recognising emerging and new priorities

Our society is changing in many ways which affect needs, expectations and resources. Some of these changes, such as the balance of population, will have increasing effect over time, while others, like the economy, technological development or climate change are more unpredictable. The recession which developed in late 2008 will have a definite impact which our work will need to take account of. Our plans will need to be able to adapt

to changes which affect health and wellbeing and the 2008 JSNA has already pointed to gaps in our knowledge and provision. Our planning processes need to take all this into account during the period covered by this plan and to ensure that its successor in 2012 will be fully appropriate for its time.

Section Six

Measuring progress

Joint Strategic Needs Assessment (JSNA)

The JSNA will start and continue to support the process to measure our overall progress on health inequalities and on health and social care needs. This work will include a focus on vulnerable groups and deprived neighbourhoods. It will help measure trends over time and show if our activities are having an impact on people's health and wellbeing.

Leeds Strategic Plan

The performance monitoring of the Leeds Strategic Plan will require partners to collect information on activities that contribute to each improvement priority. Six monthly performance reports will be produced on the indicators within the Leeds Strategic Plan (including the Local Area Agreement) co-ordinated by Leeds City Council and will be reported to the Local Strategic Partnership's Strategy Group. If there are specific issues or problems that need to be addressed by the partnership, these will be brought to the relevant group – Healthy Leeds Partnership, Joint Strategic Commissioning Board or locality partnerships – to discuss and find possible solutions.

Comprehensive Area Assessment (CAA)

Starting in April 2009, the CAA will provide collective accountability to local people for the use of public money. It brings together 7 inspectorates to provide an overview of how successfully the local organisations are working together, and with local communities, to improve services and quality of life in their area. For health and social care, the three existing separate inspectorates will be replaced by the Care Quality Commission.

It will be focused on outcomes in the LAA and include statutory and non-statutory partners. The CAA will pay particular attention to those most at risk of disadvantage or inequality including those whose circumstances make them vulnerable. It will look for innovative approaches to the commissioning and delivery services.

Views of local people will be a key source of evidence: service users, residents, community groups and third sector organisations. The first CAA report is due in November 2009 and should influence commissioning for future years

Healthy Leeds

An annual report will be produced which will describe where progress has been made and celebrate successes.

Section Seven

Action Plans

(see separate working draft templates)

National context and drivers

The NHS Plan (July 2000)

Tackling Health Inequalities: A programme for Action (July 2003)

Health Inequalities: progress and next steps (2008)

Choosing Health: making healthier choices easier (November 2004)

Health Challenge England – next steps for choosing health (October 2006)

Our health, our care, our say: a new direction for community services(2006)

Our health, our care, our say: making it happen (2006)

High Quality Care for All (NHS Next Stage Review) July 2008

Health Ambitions – Yorkshire and Humber Strategic Health Authority(2008)

*Valuing People: A new strategy for learning disability for the 21st century
(November 2007)*

Valuing People Now: from progress to transformation

*NHS Next Stage Review: Our Vision for Primary and Community Care (July
2008)*

*Putting People First: a shared vision and commitment to the transformation of
adult social care (December 2007) and associated documents*

Working for a healthier tomorrow (March 2008)

*Secretary of State Report on disability equality: health and care services
December 08*

Every Child Matters:

*These last 2 are local and referenced on the templates
Leeds Children and Young People's Plan (Forthcoming)*

Supporting People (Housing and health)

Note – other documents will be added to this Appendix

Partnership structures

The partnership arrangements for health and wellbeing in Leeds include:

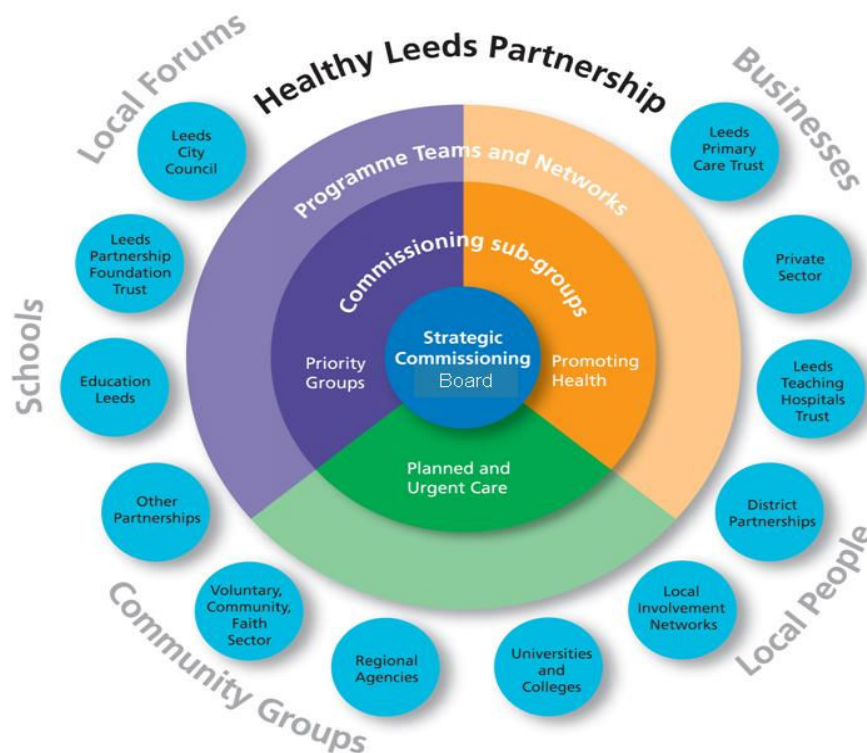
- **Healthy Leeds Partnership**
One of the nine strategy and development groups within the Leeds Initiative structure. Responsible for developing and driving forward the health and wellbeing theme of the Vision for Leeds and overseeing the Local Area Agreement.
- **Healthy Leeds Joint Strategic Commissioning Board**
Responsible for strategic leadership and coordination of commissioning for health and wellbeing. Focus on delivery of strategy, agree priorities, align resources and hold to account (via commissioning sub-groups) programme teams responsible for delivery.
- **Commissioning Sub-Groups**
The breadth of the health and wellbeing agenda is too large for the Joint Strategic Commissioning Board to have a detailed understanding of each area together with the capacity to performance manage delivery. It has three commissioning sub-groups on: Promoting Health and Wellbeing, Priority Groups and Planned and Urgent Care.
- **Cross-cutting groups**
Some key issues go across a number of partners and partnerships, for example. Information, Estates. Workforce and Transport . These are covered by specific joint cross-cutting groups.
- **Programme Teams and Networks**
Responsible for delivery of the strategy for specific client groups or health and wellbeing issues. Programme teams will also influence overall strategy and develop detailed implementation plans. Enable effective involvement to inform and support the planning and delivery of improvements in health and wellbeing, including high quality health and social care services.
- **Locality health and wellbeing partnerships**
These will be developed as part of the co-ordination groups facilitated by the Council's Area Managers. They will link to area committees and

their delivery plans, Practice Based Commissioning consortia and the developing Children's and Young People's partnerships.

Diagram 1 below shows how the different parts of the partnership arrangements will link together, set in the wider context of the people of Leeds.

Diagram 1

Area Partnerships will be added to this diagram



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Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 17th February 2009

Subject: Provision of Hospital Food in Leeds

Electoral Wards Affected:

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Introduction

- 1.1 At its meeting in January 2009, the Board requested a report on the provision of hospital food in Leeds, following a prior request from a member of the Board.
- 1.2 The following report, at appendix A, is provided for information. Any issues raised will be followed up by officers with Leeds Teaching Hospitals Trust, and a response provided to the Board if requested.

2.0 Recommendations

- 2.1 Members are asked to;
- (i) Note the content of the report.
 - (ii) Determine whether any further action is required.

3.0 Background Documents

None used

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Patient Food Services at Leeds Teaching Hospitals NHS Trust (LTHT)

Summary

In our hospitals an average of 2000 lunches and 1700 evening meals are served to in-patients on a daily basis from the general menu.

All meals are delivered prepared and frozen by our supplier to a purpose-built unit at Seacroft Hospital. Menu items are picked & packed twice per day, based on menu choices made by patients themselves and dietary requirements. They are then distributed to a transfer point on each site.

Meals are heated and prepared for serving as near to the ward as possible by ward housekeeping staff, in accordance with local policies. Meals are then served to patients at ward level using the individual patient menu choice and portion size.

Snack boxes are available for patients who have missed a meal, also toast, cereals, biscuits and beverages are available at each ward for 24 hour service.

Meals and menus

The majority of wards have meals served at 12.00 hrs & 17.00 hrs, as these times best fit the ward routine. However, this system does provide flexibility to have staggered meal times.

In-patients are offered an extensive range of hot & cold meals both at Lunch and Evening meal service.

- **Breakfast** consists of a choice of cereals, bread, toast and preserves and is offered at the point of service.
- The menu offers 4 hot main courses both at **lunch & evening meal**, accompanied by a choice of two hot vegetable & two hot potato dishes.
- **Lunch** offers two hot desserts & two cold desserts; evening meal offers 4 cold desserts. Soup & orange juice are offered as a choice on the evening menu.
- The **lunch & evening meal** menu also offers in addition to the above, a choice of jacket potatoes with fillings, a selection of 10 sandwiches 7 cold protein main choice items and 5 salad accompaniments.

Wherever possible the patient is given an individual menu to enable them to choose their own lunch and evening meal, which consists of a range of hot and cold dishes.

Assistance is given where required to complete the menu card. Patients can choose hot or cold dishes at each meal period, or a combination of dishes at each meal period.

The general patients menu is coded with dishes suitable for: healthy eating, low fat, vegetarian, no added salt, soft food, diabetic and dishes which contain nuts.

Other menus available include:

- multi-cultural menus (Halal, Kosher, African & Caribbean dishes)
- children's menu
- gluten-free, wheat and lactose-free,
- texture-modified meals
- senior menu

Suppliers

Local suppliers are used for the purchase of fresh and chilled products e.g. cooked meats, dairy Products (Leeds supplier), bread (Bradford supplier), prepared sandwiches (Huddersfield supplier).

The main supplier of frozen meals is Tillery Valley Foods based in Abertillery, Gwent. The company is the prepared foods business of Sodexo, a multi-national food services and facilities management company.

The provision of cook-freeze meals was chosen as opposed to cook-chill to provide greater assurance for food safety in the receipt and distribution of meals.

Following the launch of the Government's Better Hospital Food Programme in 2001 the Trust nutrition and dietetic teams work in partnership with suppliers to develop a varied and healthy menu choice for patients.

The consistent delivery of safe, good quality and nutritious food to patients, served at a time convenient to them is a critical part of the recovery process. The experience of the Trust's catering team, their food knowledge and nutritional understanding ensures that the Trust provides food services that as far as possible meet patients' individual requirements.

Procurement

Leeds Teaching Hospitals NHS Trusts procures goods and services with sustainable development objectives in mind. Public procurement requirements such as value for money, efficiency, risk management and legal compliance are also fully addressed by procurement policies and procedures.

The Trust tries to ensure that goods and services purchased are manufactured, delivered, used and managed in an environmentally and socially responsible manner. Our purchasing activity contributes to sustainable development objectives by trying to maximise wider social and environmental benefits.

The current contract is due for renewal in 2011 when the market will be tested, taking into account dietary and nutritional requirements, sustainability, transport costs and local economic impact, working in partnership with other Trusts.

When the contract for frozen food was offered the new supplier had to meet the same standard of meals provided or higher than those produced in-house. Tillery Valley Foods was one of a small number of companies that put in a tender to meet the contractual specification in respect of number of meals required, technical dietary requirements, nutritional specification, and quality of food.

Costs

Catering expenditure (food items) to the end of November 2008 was £1.4 million.
Non food expenditure to the end of November 2008 was £54k.

The annual spend on catering in the Trust is summarised in the following table:

Year	2005/06	2006/07	2007/08
Expenditure	£2.26 m	£2.22 m	£2.09 m

Average current daily costs of meals provided by the Trust's Seacroft unit are £2.92

Nutrition

All menus are provided in accordance with national and local Nutritional Care Guidelines, Food Safety Legislation and Health Care Standards, Better Hospital Food initiative and PEAT requirements. This is supported with technical information from the supplier for each of the dishes provided to ensure minimum standards are provided on the menu.

Nutritional standards include:

- Meat-based entrees are to provide a minimum of 12g protein and 150kcal per recommended serving. Exceptions to this may occur when the base product is low in fat and served plain e.g. sliced turkey, baked fish.
- Vegetarian meals are to provide a minimum of 9/10g protein and 150kcal per recommended serving.

Destructive testing of menu items is undertaken on a regular basis to ensure these dishes meet purchase specifications.

Patient & Carer Involvement

As part of the planning and development of menus Trust and stakeholder representatives are involved in developing choice, high quality food and ensuring nutritional adequacy. Feedback from nursing, dietetic, ward housekeeping staff and stakeholders is taken on-board.

Other areas of feedback include: Nutritional Care steering committee, Healthcare Commission core standards assessment feedback, patients' personal comments & suggestions, Patient Environment Action Team (PEAT) inspections.

Examples where feedback has influenced food services include the provision of a menu suitable for older patients, a specification for meals where texture is modified for better patient care.

Protected meal times/Red Tray policy

We know that up to 40% of patients are malnourished on admission and a larger percentage of patients are malnourished at discharge since their treatment often means

people prefer not to eat much, food may be unfamiliar, and sometimes extra support is needed.

This results in:

- Increased antibiotic use
- Increased post-operative complications
- Increased length of stay
- Increased mortality

National and local guidance is comprehensive, including:

- Nutrition component of Essence of care, 2003
- Protected Mealtimes Initiative - NPSA, 2004
- NICE Clinical Guideline 32 (Nutrition support in adults, 2006)
- Hungry to be heard – Age Concern, 2006
- Joint Action Plan for ‘Improving Nutritional Care’ - DoH, 2007
- Guidelines for the oral nutritional support of adults – LTHT, 2008

Our meal service team has identified a number of areas where there is room for improvement. Internal review shows improved performance is required in the areas assessed. There is insufficient assurance that the Trust is comprehensively complying with NICE guidance on nutritional screening assessments. We need more assurance about systems in place to enable staff to assess, plan, monitor and evaluate patients’ nutrition and hydration needs.

Older people who need help with eating should be identified on admission and a system put in place to signal the need for help. For example, serving food on red – or any different colour – trays allows all staff to easily recognise who needs help at mealtimes, and does not compromise the dignity of the patient.

Nursing and nutrition teams in LTHT hospitals have identified five specific areas to focus on:

- Launch of LTHT Oral Guidelines
- Implementation of MUST (Malnutrition Universal Screening Tool)
- Appropriate use of nutritional care plans
- Implementation of red tray system
- Implementation of protected meal times

Oral Nutritional Support of Adults includes the Protected Mealtime Policy. The guidelines were written to support all professionals to provide patient centred nutritional care and treatment, during hospital treatment and on discharge.

The guidelines provide practice-based information to support clinical practice and skills to promote good standards across the Trust. It provides current evidence-based knowledge to ensure good care and provides a local framework for implementation of NICE Guidelines for Nutrition Support in Adults, 2006.

LTHT Protected Meal Times Policy

- Nursing staff will make food a priority during mealtimes, providing assistance and encouraging patients to eat, being aware of how much food is eaten and identifying patients nutritionally at risk.
- Ward based teams will organise their own mealtimes to maximise the number of staff available to deliver and assist patients with food.
- Where appropriate, ward based teams will provide patients with assistance to use the toilet and/or wash their hands prior to the service of food.
- Patients will be made comfortable prior to the service of meals, with food served within a comfortable reach and patients supported by an appropriate eating position. Patients requiring assistance with food will be identified to the ward/unit team prior to the service of meals (and may have their meal served on a red tray.)
- The ward may consider closing to visitors during mealtimes, except where visitors provide assistance with feeding, but there must be a general agreed approach to mealtimes. The patient and their relatives should be made aware of the mealtime policy as soon after admission as is reasonably possible. Inclusion of this information into patient information booklets is recommended.
- Interruptions e.g. ward rounds, drug rounds, GP visits, cleaning, documentation and therapy will only occur, during mealtimes, when clinically appropriate. The ward clerk could answer all telephones during the lunch period.
- Consideration will be given to where patients sit to eat their meals, supporting the social aspects of mealtimes whilst respecting the preferences of the individual.
- Each table will be clean and suitably prepared prior to the service of food and beverages, with appropriate tablecloths, place mats, cutlery, crockery and condiments. Bed tables and eating areas should be cleared (prior to the service of food) of items not conducive to mealtimes e.g. urine bottles and used dressings.

Trust Commitment

We have included support for the roll out of protected meal times the Nursing and Midwifery Business Plan for 2009/2010.

Releasing Time to Care - Progress and Roll Out

The Releasing Time to Care Programme is a way of freeing nursing time to ensure good nutrition for patients and Protected Mealtimes. Currently, 29 wards are undertaking the Releasing Time to Care programme (4 pilot wards, 12 wards in cohort one, plus 13 wards in cohort 2). One pilot ward had particular success with the meals module and has sustained the changes implemented. A further 14 wards have opted to undertake the Meals Module and will begin to implement the policy in the very near future.

LTHT
January 2009

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Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 17th February 2009

Subject: GP-led Health Centre – scrutiny inquiry

Electoral Wards Affected:

Specific Implications For:

Equality and Diversity

Community Cohesion

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.
- 1.2 The inquiry has been conducted over a number of sessions by both the full Scrutiny Board and a Working Group.
- 1.3 A final session of the inquiry was held on 13th February 2009 at the Thackray Medical Museum.
- 1.4 The purpose of this item is to give members an opportunity to discuss the outcome of this final session and determine the conclusions of the inquiry, prior to the drafting of a report. No officers from NHS Leeds have been invited to attend this final summing up.

2.0 Recommendations

- 2.1 Members are asked to:
- (i) Discuss the outcomes of the inquiry
 - (ii) Determine any initial recommendations prior to the drafting of a report.

3.0 Background Documents

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

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Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 17th February 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 14th January 2009 are presented at Appendix 2 for information.

2.0 RECOMMENDATIONS

- 2.1 Members are asked to;
- (i) Note the Executive Board minutes
 - (ii) Agree the Board's work programme.

3.0 BACKGROUND DOCUMENTS

None used

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**Scrutiny Board (Health)
Work Programme 2008/09**

Item	Description	Notes	Type of item
Meeting date – 17 February 2009			
Provision of hospital food	To consider a report from LTHT on patient food services.		B
GP-led Health Centre	To discuss the Board's final conclusions.		RP
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
Meeting date – 24 March 2009			
Mental Health Provision	To have a general discussion around mental health provision in Leeds.		B
Hospital Discharges	To continue with the scrutiny inquiry.		DP

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
Annual Health Check	<p>To receive and consider the local NHS Trusts self assessment against the 24 “core standards” set by Government under the domains:</p> <ul style="list-style-type: none"> • 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
Recommendation Tracking	This item track progress with previous Scrutiny recommendations on a quarterly basis.		MSR
Meeting date – 28 April 2009			
Performance Report (NHS Leeds)	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 become a composite paper with LCC performance management report	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 Management	Quarter 3 information for 2008/09 (Oct-Dec)	All Scrutiny Boards receive performance information on a quarterly basis To become a composite paper with NHS Leads performance report	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
DP	Development of new policy	CI	Call in

**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	<ul style="list-style-type: none"> ➤ 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: <ul style="list-style-type: none"> ▪ Project updates on: <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> ➤ 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 4 Feb. 2009

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
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.	<p>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.</p> <p>The Board requested and received additional information regarding the proposals. A further update is expected in January 2009.</p> <p>In January 2009, NHS Blood and Transplant were contacted and requested to clarify the current position regarding the service changes previously presented to the Scrutiny Board (Health) – particularly in terms of the existing Leeds site at Seacroft.</p>

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
Clinical Services Reconfiguration – Full Business Case	To consider an update on the full business case for the proposed service reconfiguration.	The Board has been updated on the impact for Children’s Hospital Services and considered the engagement work undertaken to date and planned for the future. Consideration of the full business case was originally scheduled for November 2008, but is unlikely to be reported before Spring 2009 and the precise timing is to be confirmed.
Clinical Services Reconfiguration – Implications for Adult Medicine	To consider the implications and proposed changes to service provision on adult medicine.	The Board has been updated on the impact for Children’s Hospital Services and considered the engagement work undertaken to date and planned for the future. At its meeting in January 2009, the Board agreed to consider the implications and proposed changes to service provision on adult medicine at a future meeting (to be determined).

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.
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

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EXECUTIVE BOARD

WEDNESDAY, 14TH JANUARY, 2009

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, K Wakefield and J Blake

Councillor Blake – Non voting advisory member

160 Exclusion of the Public

RESOLVED – That the public be excluded from the meeting during consideration of the following parts of the agenda designated exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present there would be disclosure to them of exempt information so designated as follows:

- (a) Appendices A to E to the report referred to in minute 184 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that they contain information relating to the financial or business affairs of third parties, and of the Council, and the release of such information would be likely to prejudice the interests of all the parties concerned. Whilst there may be a public interest in disclosure, in all the circumstances of the case maintaining the exemption is considered to outweigh the public interest in disclosing this information at this time.

161 Declaration of Interests

Councillor Wakefield declared a personal interest in the items relating to Developing and Responding to new Governance Arrangements for Schools in Leeds (minute 170) and National Challenge and Structural Change to Secondary Provision in Leeds (minute 171) as a schools and college governor; he also declared a personal interest in the item relating to Transforming Day Opportunities for People with Learning Disabilities (minute 180) as a member of Meanwood Valley Urban Farm.

Councillor Blake declared a personal interest in the item relating to The Leeds Physical Activity Strategy (minute 179) as an NHS Leeds Board member.

162 Minutes

RESOLVED – That the minutes of the meeting held on 3rd December 2008 be approved.

CHILDREN'S SERVICES

163 Deputation to Council - The Need of Local Schools and Communities for Sports Facilities in the Hyde Park Area

Further to minute 122 of the meeting held on 5th November 2008 the Chief Executive of Education Leeds submitted a report in response to the deputation to Council from local Hyde Park residents on 10th September 2008.

RESOLVED – That the response of Education Leeds to the concerns raised by the deputation be noted.

CENTRAL AND CORPORATE

164 Deputation to Council - Communities Against Post Office Closures regarding Post Office Branch Closures in Leeds

The Director of Environment and Neighbourhoods submitted a report in response to the deputation to Council from 'Communities Against Post Office Closures' on 19th November 2008.

RESOLVED –

- (a) That the request and petition received from 'Communities Against Post Office Closures' for the Council to reopen and run closed Post Office branches be noted.
- (b) That a further report be brought to the Board on cost effective ways of working with Post Office Ltd to safeguard and enhance the provision of essential services to communities across the city.

DEVELOPMENT AND REGENERATION

165 UDP Review 2006 "Saved" Policies Assessment

The Director of City Development submitted a report on the conclusions and recommendations from an assessment, undertaken in accordance with government advice, of Unitary Development Plan policies introduced or updated as part of the 2006 UDP review.

RESOLVED –

- (a) That proposals to save and delete UDP (Review 2006) policies as set out in the appendix to the report be approved.
- (b) That the proposals to save and delete UDP (Review 2006) policies as set out in the appendix be submitted to the Secretary of State for approval.

166 The Housing Challenge: The Yorkshire and Humber Plan - 2009 Update

The Director of City Development submitted a report on the comments received following the consultation exercise undertaken as part of the Regional Spatial Strategy Review.

RESOLVED – That the consultation response as appended to the report be approved for submission to the Yorkshire and Humber Assembly.

167 Fish Migration - A Response to the White Paper Motion moved at the meeting of Council held on 2nd July 2008

Further to the decision of Council at the meeting held on 2nd July 2008 the Director of City Development submitted a report in response to the resolution relating to Fish Migration.

RESOLVED –

- (a) That contributions towards the provision of fish passes be sought from appropriate developments in line with current policy and Supplementary Planning Document.
- (b) That the City Council continues to work in partnership with the Environment Agency and British Waterways to achieve fish migration throughout Leeds.
- (c) That support for the provision of fish passes be included within the relevant Area Action Plans.

NEIGHBOURHOODS AND HOUSING

168 The Future Options for Investment in Council Housing

The Director of Environment and Neighbourhoods submitted a report on proposals to undertake an appraisal of the options available for investment in council housing following the completion of the decency programme in 2010/11.

The report presented the following four main categories into which options for consideration would fall:

- 1 Return the stock to the Council
- 2 The continuation of an ALMO model
- 3 Transfer the ownership of the stock to a Housing Association created for the purpose of the transfer
- 4 A mixed approach that could involve ALMOs, PFI, transfer and return to the Council parts of the stock

RESOLVED –

- (a) That approval be given to the commencement of an options appraisal on the future investment in Council housing.
- (b) That an update report be brought to this Board in May 2009.

CHILDREN'S SERVICES

169 Deputation to Council - Woodkirk Valley Football Club regarding the Council's Policy for the Letting of External Sports Pitches and Indoor Training Facilities throughout the Football Season

The Chief Executive of Education Leeds submitted a report in response to the deputation to Council from Woodkirk Valley Football Club on 19th November 2008.

RESOLVED –

- (a) That the concerns expressed by the deputation and the intention of Education Leeds to meet with representatives of the club be noted.
- (b) That the wider policy issues be subject to further consideration by the Directors of Children's Services and City Development which should include reference to access arrangements to PFI schools playing fields and to the potential for Area Committee involvement in the letting arrangements.

170 Developing and Responding to New Governance Arrangements for Schools in Leeds

The Chief Executive of Education Leeds submitted a report presenting a draft Memorandum of Understanding seeking to maximise the City Council's opportunities to contribute towards and influence the governance of Academies and outlining a policy position to support and encourage moves by schools to adopt Trust Status where appropriate.

RESOLVED –

- (a) That the opportunities and implications for governance of the academies and trust schools programmes be noted.
- (b) That the draft Memorandum of Understanding, attached to the report, intended to maximise the opportunities available to the City Council to contribute to and influence the governance of academies, be approved.
- (c) That approval be given to a policy position that supports and encourages moves by schools to adopt Trust Status where a proposal demonstrates:
 - a willingness to engage the City Council as a key partner in any Trust, including having a representative appointed as a trustee
 - collaboration between schools and partners to improve outcomes for young people
 - a willingness to engage constructively with the City Council to reach agreement on the transfer of assets and the use of capital receipt from any future land/building sale, to ensure that the Council's strategic priorities can be addressed.

171 National Challenge and Structural Change to Secondary Provision in Leeds - Progress Report

The Chief Executive of Education Leeds submitted a report providing an update on the progress made in developing the recommended options for delivering the next phase in structuring secondary provision in Leeds, particularly in response to the National Challenge.

RESOLVED –

- (a) That the progress made in exploring the range of options for secondary provision in the identified areas be noted.
- (b) That a final report with full recommended options be brought to the March 2009 meeting of the Board.

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he voted against this decision).

Draft minutes to be approved at the meeting
to be held on Friday, 13th February, 2009

172 Clapgate Primary School - New Build Extension Works to Support an Increase in School Capacity to Two Form Entry

The Chief Executive of Education Leeds submitted a report on a proposed scheme to undertake extension works at Clapgate Primary School in order to establish two forms of entry.

RESOLVED –

- (a) That the scheme to carry out extension works at Clapgate Primary School to provide sufficient teaching accommodation to support an increase in school capacity to two forms of entry be approved.
- (b) That approval be given to incur expenditure of £850,000 in respect of these works from capital scheme number 13924/CLA/000

173 Windmill Primary School - New Build Extension Works to Support an Increase in School Capacity to Two Form Entry

The Chief Executive of Education Leeds submitted a report on a proposed scheme to undertake extension works at Windmill Primary School in order to establish two forms of entry.

RESOLVED –

- (a) That the scheme to carry out extension works at Windmill Primary School to provide sufficient teaching accommodation to support an increase in school capacity to two forms of entry be approved.
- (b) That approval be given to incur expenditure of £850,000 in respect of these works from capital scheme number 13624/WIN/000.

174 Phase 3 Children's Centre Programme

(a) Update on the Phase 3 Children's Centre Programme

The Acting Chief Officer for Early Years and Integrated Youth Support Service submitted a report providing an update on the proposed locations for the phase three children's centres to be built between 2008 and April 2010.

RESOLVED – That the proposed location of nine of the phase three children's centres be approved and that the preferred option for tenth site be noted.

(b) Design and Cost Report: Boston Spa Children's Centre

The Acting Chief Officer for Early Years and Integrated Youth Support Service submitted a report on proposals to create a new Boston Spa Children's Centre on the site of the Deepdale Community Centre.

RESOLVED – That approval be given to transfer £455,000 from the Phase 3 Children's Centre Parent (capital scheme 14778) and £100,000 from the GSSG Extended Services Parent 2008-2010 (capital scheme 14777) and that authority be given to incur expenditure on construction £440,000, equipment £40,000 and fees £75,000.

175 Statements of Purpose for the Fostering and Adoption Services for Leeds City Council

The Director of Children's Services submitted a report on proposed revised statements of purpose for Leeds City Council's Fostering and Adoption Services.

RESOLVED –

- (a) That the Statements of Purpose for both the fostering and adoption services of the Council, as appended to the report, be approved.
- (b) That the Scrutiny Board (Children's Services) be requested to examine the criteria for the consideration of applications for adoption and the manner in which they are applied.

176 Children's Services Annual Performance Assessment 2008

The Director of Children's Services submitted a report providing a summary and analysis of the 2008 OfSTED Annual Performance Assessment (APA) of the Council's children's services, and presenting an action plan to drive the reform and integration in services needed to improve safeguarding and outcomes.

RESOLVED – That the report be received, that the actions proposed in sections 4 to 9 thereof be approved, that, in addition the Scrutiny Board (Children's Services) be requested to monitor progress and that progress reports be brought to this Board on a quarterly basis.

LEISURE

177 Deputations to Council on 19th November 2008 Regarding Sports Centres

The Director of City Development submitted a report providing an initial response to the following deputations to Council on 19th November 2008:

- (1) Middleton Community Group regarding the Proposed Closure of Middleton Sports Centre
- (2) Garforth Residents Association regarding the Potential Closure of Garforth Leisure Centre
- (3) SPLASH regarding the Proposal to Close South Leeds Sports Centre.

RESOLVED – That a substantive response to the three deputations made about the Council's Draft Vision for Leisure Centres at the Full Council meeting on 19th November 2008, be included in the comprehensive report on this matter scheduled for Executive Board later this year.

178 Free Swimming Capital Modernisation Programme

The Director of City Development submitted a report on the proposals to submit firm applications to Government with respect to the Free Swimming Capital Modernisation Programme by the 31st January 2009 deadline.

RESOLVED – That the Director of City Development be authorised to submit final bids in respect of Scott Hall and Sound and Light systems as set out in 4.1 of the report for the 2009/2010 round of Free Swimming Capital Modernisation programme, by 31st January 2009.

ADULT HEALTH AND SOCIAL CARE

179 The Leeds Physical Activity Strategy - "Active Leeds: A Healthy City"

The Director of City Development and the Director of Adult Social Care submitted a joint report providing an overview of the key elements of the new physical activity strategy for Leeds entitled "Active Leeds: A Healthy City"

RESOLVED –

- (a) That the Leeds Physical Activity Strategy – "Active Leeds: A Healthy City" be endorsed.
- (b) That the report be referred to Area Committees for consideration and that further reports on progress be brought to this Board.

180 Transforming Day Opportunities for People with Learning Disabilities

The Director of Adult Social Services submitted a report outlining the national and local expectations in relation to the provision of day support for people with learning disabilities and proposing how the vision for such provision can be progressed.

RESOLVED-

- (a) That the requirement to deliver a more personalised approach to day opportunities for people with a learning disability to meet the aspirations of customers, carers and other stakeholders be noted.
- (b) That approval be given to the vision for a more personalised approach to delivering day opportunities for people with learning disabilities in Leeds as outlined in the report and that the range of work being planned and taken forward in order to achieve this be noted.
- (c) That approval be given to the proposal to undertake a comprehensive transformation of the service including a move away from large segregated buildings to the utilisation of community based locations and the increased involvement of external providers following market testing as appropriate for a range of services.
- (d) That the South East of the City be approved as the first area selected for a comprehensive change programme which will comprise:
 - Working in partnership with customers and their carers to introduce a personalised day service
 - Adoption of the outline requirements for community buildings as a basis for more detailed work and planning
 - Full engagement of customers, carers and in particular the Learning Disability Partnership Board

- (e) That a further report be brought to the Board in six months which will provide an update on progress made in delivering the day opportunities vision detailed in the report.
- (f) That the submitted report be shared with stakeholders including the Leeds Learning Disability Partnership Board and the Leeds Learning Disability Partnership Executive.

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he abstained from voting on this decision).

CENTRAL AND CORPORATE

181 Business Transformation in Leeds City Council - Design and Cost Report for a Corporate Records Management Facility - Scheme 14201/WES/000

The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report on proposals for the release and expenditure of £996,040 from the Business and Transformation allocation of the Strategic Development Fund within the Capital Programme for the delivery of a Corporate Records Management facility and on proposals for the revenue costs of running the facility.

RESOLVED –

- (a) That the release of £996,040 from the Strategic Development Fund within the Capital Programme be approved.
- (b) That the expenditure of £996,040 for this project be authorised.
- (c) That the proposal that the revenue costs for running the facility be funded through recharging directorates and services, as an alternative to their having to fund bespoke arrangements, be noted.

182 Design and Cost Report - Phase Two of the Customer Relations Transformation Programme

The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report on proposals for the release and expenditure of £903,100 over a two year period from the Business Transformation allocation of the Strategic Development Fund for the development of those projects which will form Phase 2 of the Council's customer services transformation programme.

RESOLVED –

- (a) That approval be given to the release of £903,100 (over a two year period) from the Business Transformation allocation of the Strategic Development Fund for the further development of the customer services transformation programme.
- (b) That authority be given to incur expenditure on implementing the projects which form Phase 2 of the customer services transformation programme.

183 The Leeds Strategic Plan and Council Business Plan - Performance Reporting from Quarter 2 2008/09

The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report outlining the Council's current performance against the improvement priorities in the Leeds Strategic and Council Business Plans 2008 to 2011 as at Quarter 2 of 2008/09.

RESOLVED – That the quarter 2 performance report in respect of the Leeds Strategic Plan and Council Business Plan 2008-2011 be noted.

184 Loan Agreement with Yorkshire County Cricket Club - Granting of Consents and Variations and Rescheduling of Loans

The Director of Resources submitted a report on proposals to grant consents and agree variations to the Council's Loan Agreement with Yorkshire County Cricket Club, pursuant to the development of the Headingley Cricket Ground.

Appendices A to E to the report, were designated as exempt under Access to Information Procedure Rule 10.4(3), and were considered in private at the conclusion of the meeting. The Chief Officer (Financial Management) reported on a further option advanced since the despatch of the agenda which could potentially affect the arrangements in a manner beneficial to the Council's interests.

RESOLVED – That the necessary consents and agreements to vary the Council's loan agreement be granted, including the rescheduling of the loan, so as to facilitate Yorkshire County Cricket Club entering into transactions referred to in the report pursuant to the Carnegie Pavilion development, with further delegations as outlined in paragraph 6.2 of the report and extended to include as an option those matters reported by the Chief Officer (Financial Management) at this meeting.

DATE OF PUBLICATION: 16TH JANUARY 2009
LAST DATE FOR CALL IN : 23RD JANUARY 2009 (5.00 PM)

(Scrutiny Support will notify Directors of any items Called In by 12.00 noon on 26th January 2009)

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