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SCRUTINY BOARD (HEALTH)

Meeting to be held in Civic Hall, Leeds on
Tuesday, 22nd September, 2009 at 10.00 am

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

MEMBERSHIP

Councillors

S Bentley	-	Weetwood;
J Chapman	-	Weetwood;
D Congreve	-	Beeston and Holbeck;
M Dobson (Chair)	-	Garforth and Swillington;
J Illingworth	-	Kirkstall;
M Iqbal	-	City and Hunslet;
G Kirkland	-	Otley and Yeadon;
A Lamb	-	Wetherby;
G Latty	-	Guiseley and Rawdon;
L Rhodes-Clayton	-	Hyde Park and Woodhouse;
L Yeadon	-	Kirkstall;

Co-opted Members

E Mack	-	Leeds Voice
Vacancy	-	Leeds LINk

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting).	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED –** That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:- **No exempt items or information have been identified on this agenda.**	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATIONS OF INTEREST** To declare any personal/prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.	
5			**APOLOGIES FOR ABSENCE** To receive any apologies for absence.	
6			**MINUTES OF THE PREVIOUS MEETING** To receive and approve the minutes of the previous meeting held on 28th July 2009.	1 - 12
7			**UPDATE ON LOCAL NHS PRIORITIES** To consider the attached report of the Head of Scrutiny and Member Development inviting each local NHS Trust to provide a quarterly update on priority areas.	13 - 14
8			**KPMG HEALTH INEQUALITIES REPORT** To consider the attached report of the Head of Scrutiny and Member Development attaching the report of the Director of Adult Social Services to the Corporate Governance and Audit Committee on 29th July 2009.	15 - 28

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			**JOINT PERFORMANCE REPORT: QUARTER 1 - 2009/10** To consider the attached report of the Head of Scrutiny and Member Development presenting the joint performance report from NHS Leeds and Leeds City Council which provides an overview of progress against key improvement indicators relevant to the Board at Quarter 1, 2009/10.	29 - 64
10			**SCRUTINY INQUIRY: IMPROVING SEXUAL HEALTH AMONG YOUNG PEOPLE - RESPONSE TO RECOMMENDATIONS** To consider the attached report of the Head of Scrutiny and Member Development presenting the formal response to the recommendations presented in the Board's Scrutiny Inquiry report.	65 - 104
11			**WORK PROGRAMME** To consider the attached report of the Head of Scrutiny and Member Development presenting the Board's current outline work programme for the remainder of the current municipal year, for the Board to consider, amend and agree as appropriate.	105 - 158
12			**DATE AND TIME OF NEXT MEETING** To note that the next meeting of the Board will be held on 20th October 2009 at 10.00am with a pre-meeting for Board Members at 9.30am.	

SCRUTINY BOARD (HEALTH)

TUESDAY, 28TH JULY, 2009

PRESENT: Councillor M Dobson in the Chair

Councillors S Bentley, J Chapman, D Congreve, J Illingworth, M Iqbal, G Kirkland, A Lamb, G Latty and L Yeadon

CO-OPTEE: E Mack

13 Chair's Welcome

The Chair welcomed everyone to the meeting, in particular Councillor Bentley as it was her first meeting of the Board and Mr Mack was welcomed back as the co-opted member representing Leeds Voice.

14 Late Items

In accordance with his powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair admitted to the agenda two late reports:

- The report of the Chief Executive of Leeds Teaching Hospital NHS Trust to the Trust Board Meeting on 30th July 2009 entitled 'Renal Haemodialysis Satellite Unit at LGI' (Minute No. 18 refers). This report had only been published on 24th July 2009 and needed to be considered alongside other reports on the same subject on the agenda.
- A report from the Yorkshire Ambulance Service NHS Trust entitled 'Renal Transport Service' (Minute No. 19 refers). This report had been unavailable at the time of the agenda despatch and needed to be considered by the Board at this meeting, as an associated report on the provision of renal services in Leeds was also included on the agenda and the reports needed to be considered at the same time.

15 Declarations of Interest

In respect of Agenda Item 10 'Recommendation Tracking' (Minute No. 21 refers), Co-opted member Mr E Mack declared a personal interest due to his involvement with community health development with Leeds Voice.

16 Apologies for Absence

Apologies for absence were submitted on behalf of Councillor Rhodes-Clayton.

17 Minutes of the Previous Meeting

RESOLVED –

(a) That with the addition of Councillor Congreve to the list of apologies, the minutes of the meeting held on 30th June 2009 be confirmed as a correct record.
(b) That NHS Leeds provide the Board with a written reply on how the Out of Hours Service was coping with swine flu.
(c) That appropriate experts attend a future meeting to address the Board on childhood obesity.

18 Renal Services - Provision at Leeds General Infirmary

The Head of Scrutiny and Member Development submitted a report attaching information on current proposals from Leeds Teaching Hospitals Trust (LTHT) associated with the provision of renal services (dialysis) across the Trust, particularly in terms of provision at Leeds General Infirmary (LGI).

To assist the Board, the following information was attached to the report:

- Appendix 1 – a timeline of decisions, actions and considerations associated with the provision of renal services by LTHT since February 2006.
- Appendix 2 – a briefing note from LTHT on the current provision of renal services and considerations.
- Appendix 3 – a joint report from NHS Leeds and Specialist Commissioning Group (SCG) (Yorkshire and Humber) on their role as commissioners of renal services and current considerations.
- Appendix 4 – a submission on behalf of the LGI Kidney Patients Association (KPA).
- Appendix 5 – a submission on behalf of the St. James' Kidney Patients Association (KPA).
- Appendix 6 – a submission on behalf of the National Kidney Federation.

The report of the Chief Executive of Leeds Teaching Hospital NHS Trust to the Trust Board Meeting on 30th July 2009, entitled 'Renal Haemodialysis Satellite Unit at LGI', was also accepted as a late item.

A separate report associated with Patient Transport Services was presented elsewhere on the agenda.

The Chair welcomed the following representatives to the meeting to present an overview of provision of renal services within Leeds and explain why there had been a change in the previous decision to reopen a renal dialysis facility at Leeds General Infirmary (LGI):

- Maggie Boyle (Chief Executive) – Leeds Teaching Hospital NHS Trust
- Philip Norman (Divisional General Manager) – Leeds Teaching Hospital NHS Trust
- Nigel Gray (Director of Development and Commissioning (Adult Services)) – NHS Leeds
- Paula Dearing (Head of Development and Commissioning (Long-term Conditions and Urgent care)) – NHS Leeds

- Jackie Parr (Senior Commissioning Manager) – Specialised Commissioning Group (Yorkshire and the Humber)

The Chief Executive of LTHT presented the background to the issues, including a brief history of events and decisions, and the reasons for the recommendation that would be presented to the NHS Trust Board on 30th July 2009, that a renal dialysis unit should not be created at the LGI site. The main points identified included:

- There was sufficient capacity within the current system to deal with current/ future demand for renal dialysis;
- Circumstances had changed, which meant that there was not a clear business case to support capital investment in the region of £1.5M;
- LTHT needed to make more efficient use of current resources to create additional capacity, such as the introduction of a 3-shift system to support the proposal not to proceed with a unit at LGI;
- There were other areas where patients were currently being denied some services.

The Senior Commissioning Manager then outlined the role of the Specialised Commissioning Group (Yorkshire and the Humber) in commissioning renal services for the region. This included commissioning a whole range of renal care – not just dialysis services, for a wider geographical area.

The Board was also advised of the rationale of Specialised Commissioning Group (Yorkshire and the Humber) and NHS Leeds to form the opinion that the decision by LTHT not to invest in the re-provision of renal dialysis facilities at LGI would be the right decision at this time.

The Board then sought further clarification from officers, in brief summary, on the following points:

- **Whether the funding for the unit at LGI had been used to increase the number of stations at Seacroft?**
  Members were assured by the Chief Executive that building the temporary unit at Seacroft did not use funding that had been allocated for the replacement unit at LGI. The cost of converting LGI would be much more expensive as it was an older building and economies of scale meant that, although the cost of providing 10 units at LGI would be in the region of £1.4m to £1.7M, the cost for 34 stations at Seacroft had been £1.7m. The Chief Executive reiterated that providing a unit at LGI was not currently an economic proposition.

- **How much it would cost to make the temporary beds at Seacroft permanent?**
  Members were advised that a permanent facility at Seacroft had been completed in December 2008 and there would be no more capital cost involved at that site.

- **Whether the Trust had apologised to the patient groups?**
  Members were reminded that a final decision was yet to be made. However, Members were also advised that if the Trust Board was to

accept the recommendation on 30th July 2009, then an apology would be made to the KPA and the patients it represented.

- **Spending to date.**
  The Chair advised Members that the Capital Programme report presented to the LTHT Board in March 2009, suggested that the spending to date was in the region of £83k. Presumably this related to costs associated with drawing-up plans etc.

- **Timing of the Trust becoming aware of the future longer–term funding issues for the NHS?**
  The Board were advised that, in the NHS funding planning started in April each year, but it was in March 2009 that the Executive Directors of the Trust concluded that it was not proper to go ahead with the LGI unit and as it was a significant decision, that a formal paper needed to go to the Hospital Trust Board.

- **Starting of the building work at LGI?**
  It was confirmed that in February 2009 the planned scheme at LGI was still going ahead and if it was to be ready by December 2009 as proposed, work would have had to have started in March 2009, but it was at that time it was first proposed not to proceed with the new unit. It was also confirmed that should the Trust Board decide that the scheme should go ahead, the scheme would be delayed beyond December 2009.

- **Water treatment plant at LGI.**
  It was confirmed that the planned cost of the LGI unit of £1.7m included the water treatment plant. It was also confirmed that the water treatment plant at St James's was coming to the end of its life and needed to be replaced.

- **Concern that other proposed changes to LGI would also not be going ahead.**
  Members were assured that the other proposed changes, such as the centralisation of children's services to LGI, were still on track.

- **Obsolescence maintenance programmes.**
  Members were advised that the Trust's capital programme consisted of:
  - *Schemes resulting from clinical changes*
  - *Planned preventative maintenance programme*
  - *Health and safety/infrastructure investment*
  - *Ring fenced external funding*

  It was reported that for 2009/10 the capital programme budget was £53m and there was a maintenance back log of £200m to bring everything up to standard. As equipment could break down unexpectedly, it was necessary for the programme to be flexible. Difficult choices had to be made as there was never enough capital. This was particularly true in Leeds due to the older nature of the facilities.

- **Access to renal dialysis facilities/location of services**

Members were advised by the commissioner that more effective transport provision was one solution but there were a range of other aspects to renal replacement therapy (RRT) that formed part of a wider strategy to improve patient outcomes, such as home dialysis and increasing transplants.

Members were also advised that LTHT provided services to a wider population (ie beyond the Leeds boundary), which included the following areas:

- *Leeds*
- *Huddersfield*
- *Halifax*
- *Wakefield*
- *Pontefract*

It was important for commissioners to ensure a high standard of service that was accessible and as close to home as possible for the wider population.

- **The public's perception that the proposed changes had been planned for some time.**
  Members were assured that public finance would not have been committed to working with the KPA if the intention had been not to proceed with the LGI unit. It was only when the Capital Planning Group investigated the finances in March 2009 that the proposal was made not to go ahead.

- **The robustness of decision-making. Members were of the opinion that any decisions involving large amounts of capital expenditure would have been scrutinised thoroughly at the time the decisions were made and based on a clear clinical need.**
  Members were advised that the Trust were seeking to be better custodians of public funds and to make more robust decisions.

- **The impression given that it was a choice between installing a new water treatment plant at St James's or the new dialysis unit at LGI.**
  Members were advised that the funds had not been preallocated. If both had been funded then the NHS would have been over committed by £1.3m. The £1.3m was a non-attribution of cost.

- **The Beeston kidney dialysis facility.**
  Members were advised that this was a 10 station facility with capacity to treat 40 patients.

- **Concern by Members that the decision not to go ahead with the LGI facility was an economic decision rather than one based on clinical need.**

- **The Children's Hospital at LGI and children's dialysis facilities.**
  Members were advised that all in-patient facilities for children would be centralised at St James.

- **Why was there not a dialysis facility in the west of Leeds, perhaps at the new Wharfedale Hospital or could west Leeds patients travel to the Bradford renal centre?**
  Members were advised that the costs of setting up a unit at Wharfedale Hospital would be considerable as there was no water treatment plant there and it also would not be viable as the data showed that only 6 patients needed dialysis in that area which would require just 2 dialysis stations. A survey showed that 11 patients would use a facility if it was built at LGI. The Chief Executive reiterated that the current position within LTHT was that there was already sufficient capacity for renal dialysis in the system, but conceded that it might be in the wrong place.

- **Consultation and whether there had been sufficient consultation with the Scrutiny Board, the KPA and the wider public.**
  The Chair reminded all present that it was the duty of NHS bodies to consult and referred to the guidance issued by the Department of Health which stated that, where the Scrutiny Board believed that the consultation was inadequate, or were not satisfied with the content of the consultation or the time allowed, that it may report the issue to the Secretary of State for Health in writing.

The Chair thanked the witnesses for attending and then welcomed the following representatives from the Kidney Patients Association (KPA) and the Yorkshire Ambulance Service (YAS):

- Lilian Black – Kidney Patients Association (LGI)
- Paul Taylor – Kidney Patients Association (St James's)
- Sarah Fatchett (Director of Operations (Patient Transport Service)) – Yorkshire Ambulance Service (YAS)
- Diane Williams (Assistant Director (Patient Transport Service – Communications)) – Yorkshire Ambulance Service (YAS)

The representatives from the KPA (LGI and St James's) addressed the Board and made in summary the following comments:

- The KPAs represent over 1000 patients and carers – which included 500 patients (approx).
- There were currently 400 patients (approx) waiting for pre-dialysis education.
- The concerns of the KPAs were focused on quality of life experienced by renal patients.
- The KPA were told on 2nd June 2009 that the unit at LGI would not be going ahead and they felt let down and saddened that the regular planning meetings with the Trust had been wasted.
- The paper submitted by the Trust did not seem a robust analysis of the facts. The KPA's knowledge and expertise had not been used and they would question that there was at present sufficient capacity, particularly as at present some patients were only receiving dialysis twice a week, which was against dialysis guidelines.
- That the national standard that patients were not supposed to be transported longer than 30 minutes was also not being fulfilled.

- The KPA had not been involved in the Trust's patients survey and had counter evidence that only 11 patients wanted dialysis at LGI. It was reported that a joint survey (undertaken in March 2008) had revealed that 38 patients (out of 96) had expressed a preference to dialyse at Seacroft.
- There was written evidence that the decision taken to not go ahead with the LGI unit was based on economics rather than clinical need. It was agreed that this evidence would be forwarded to the Chair.
- The need for a new water treatment plant at St James's had been known for some years, so it should have been part of the funding planning.
- Transplants were not the answer for all kidney dialysis patients. There was also not enough staff for home dialysis to be set up for everybody who wanted it.

Members of the Board sought clarification from the representatives of the KPA on various issues.

The representatives from the YAS then addressed the Board and made in summary the following comments:

- Given the impact of dialysis on the quality of patients lives, the importance of a quality transport service was recognised.
- YAS was acutely conscious of providing a most dignified service for patients.
- The investment for this service was twice that of elsewhere ie £28 per journey compared to £14 for the rest of Yorkshire.
- YAS met with patient groups every month to discuss how the service could be improved. The service was also keen to continue to work with commissioners both in the short and longer-term.
- YAS targets for timeliness were nationally the highest at 90% and they were currently running at 82%. They were aware of the distress to people that the figures represented.
- A service improvement plan was being established for every unit.
- Auto-plan was currently being trialled as part of the improvement programme. This would enable the Service to automatically provide the best vehicle and the best route. It was currently giving a 20% gain in efficiency.

The Chair welcomed the dramatic improvements across the service. The Board then sought clarification from the YAS in summary on the following issues:

- **LGI provision**
  The YAS confirmed that they had been made aware of the proposals that the unit at the LGI would not be going ahead at the same time as the KPA were informed, however as a transport provider this was not a significant issue.

- **Impact of proposed change on YAS**
  It was reported that the proposals did not represent a significant change in terms of planning patient transport.

- **How many people were transported from the north west of Leeds and the journey time from Otley.**
  The YAS agreed to provide this information to the Board.

- **Journey times.**
  The YAS advised that it was journey times from Pontefract that were giving some concern rather than from north west Leeds.

- **Aborted Journeys.**
  The YAS advised that this was a significant issue. A Patient's Charter was being drawn up, requiring patients and hospitals to notify the service if transport was not required.

The Board thanked the representatives from the YAS for attending and at 12.30pm adjourned the meeting to allow the Board to draw up a statement of intent.

The meeting reconvened at 12.50pm. The Chair stated that the Board had reached an opinion on the issue of renal provision. He had requested to present the Scrutiny Board (Health)'s views at the Trust Board meeting on 30th July 2009, however this had been refused by the Trust Board. A written summary of the formal position of the Scrutiny Board (Health) would therefore be submitted.

The Principal Scrutiny Advisor read out the draft summary of the Scrutiny Board (Health)'s views:

'1. Given the evidence presented to the Board and the Department of Health Guidance on Overview and Scrutiny for Health, this Board believes that the current proposed changes to renal dialysis provision represents a significant variation to service delivery.

2. As such, the Board feels that a statutory period of consultation is required and should take place prior to any decision of the Leeds Teaching Hospitals NHS Trust (LTHT) Board.

3. Based on the above, the Scrutiny Board recommends that the LTHT Board defer any decision on renal dialysis provision until such consultation has taken place. It should also be recognised that there are a number of outstanding issues that the Scrutiny Board would wish to pursue.'

The Chair added that, if the NHS Trust Board on 30th July 2009 was to agree the recommendations of the Trust's Senior Management Team to not support the establishment of a renal dialysis facility at LGI, that the Scrutiny Board (Health) hold a Special Meeting in August to discuss the way forward.

RESOLVED –
(a) That the report and submissions be noted.

(b) That the Scrutiny Board (Health)'s views as above be submitted in writing to the NHS Trust Board meeting to be held on 30th July 2009.
(c) That a Special Meeting of the Scrutiny Board (Health) be held in August if the recommendations of the Trust's Senior Management Team to not support the establishment of a renal dialysis facility at LGI, be agreed by the NHS Trust Board on 30th July 2009.

(Note: Councillors Chapman, Iqbal, Congreve and Latty left the meeting at 12.00noon, 12.05pm, 12.30pm and 12.50pm respectively during the consideration of this item and Co-opted Member Mr E Mack left the meeting at 12.55pm at the conclusion of this item.)

19 Renal Services: Patient Transport Service

The Head of Scrutiny and Member Development submitted a report presenting the Board with a report from Yorkshire Ambulance Service (YAS) on the current performance of its Patient Transport Service for renal patients.

The Chair welcomed the following representatives from the YAS to present the report and address any additional questions not identified by the Board in the previous item:

- Sarah Fatchett - Director of Operations (Patient Transport Service)
- Diane Williams - Assistant Director (Patient Transport Service – Communications)

The Director of Operations stated that since the last time they had attended the Scrutiny Board (Health) when many concerns were expressed by Members, they had worked hard to improve the service to give people a better confidence in what the YAS was delivering. The first priority of the service was to meet its targets and to look at in particular the needs of service users who were travelling for a long while.

Members thanked the representatives from the YAS for addressing the Board's previous concerns and making improvements to the YAS.

RESOLVED –
(a) That the current performance report of the Yorkshire Ambulance Service be noted.
(b) That the Yorkshire Ambulance Service update the Scrutiny Board (Health) on service changes at a future meeting of the Board.

20 Joint Performance Report: Quarter 4 - 2008/09

The Head of Scrutiny and Member Development submitted a joint report from NHS Leeds and Leeds City Council providing an overview of progress against key improvement priorities and performance indicators relevant to the Board at Quarter 4, 2008/09.

The Chair welcomed the following officers to present the key issues highlighted in the report and address any specific questions identified by the Board:

- Graham Brown (Performance Manager) – NHS Leeds
- John England (Deputy Director) – Leeds City Council, Adult Social Services.

Officers were invited by the Chair to give a brief overview of the progress made against key improvement priorities and performance indicators. It was reported that the overall purpose of the report was to help demonstrate progress being made by NHS Leeds and Leeds City Council working jointly to address a number of areas aimed at improving health and well-being across the City.

In brief summary, the following issues were then raised by Members:

- **NI 8: Adult Participation in sport and active recreation** – concerns that the targets were low in comparison to the level of childhood obesity as indicated in NI 55 (Obesity in Yrs R and 6 primary school children). It was noted that obesity was known to lead to serious future health problems. *Officers advised that this target was set nationally by Sport England. It was acknowledged that a more sophisticated measure needed to be developed at local level. Public Health were aware and concerned of the obesity figures for Yr 6.*
    - **Bariatric Surgery**
      Members were advised that this could be undertaken on the NHS. The NHS did however commission this surgery from other providers and the operation therefore could be carried out in private hospitals. Officers agreed to provide the Board with the data.
    - **Weight loss camp for children run by Carnegie Weight Management at Leeds Metropolitan University -** Members expressed concern that Leeds NHS Trust was not using this facility. *Officers agreed to find out the level of uptake by Leeds' residents.*

- **NI 112: Teenage pregnancy rates**
  Officers advised that these figures were the latest available information and apologised that 2009 was probably a typographical error. Officers agreed to confirm this with Members and also to supply them with a full definition of this indicator, that is whether it included all conceptions.

- **NI 70: Reduce emergency hospital admissions caused by injury to children –** concern was expressed by Members that there were no targets and the indicator did not specify whether the injuries were unintentional or deliberate.
  Officers advised that this indicator was set by central Government and that the apparent increase in hospital admissions might be the result of improved data collection.

- **NI 134: Number of emergency bed days per head of population** – a Member expressed concern that there had been no emergency bed available for two residents in his Ward.

Officers advised that this was a fairly new target; the definition having been slightly changed from previously. Officers advised that there were no concerns about the availability of data for this indicator and in future they would ensure that the Board would receive as much information as possible.

The Chair thanked officers for attending.

RESOLVED –
(a) That the contents of the report and appendices be noted.
(b) That the following information be provided to Members:
- Data on Bariatric Surgery carried out in Leeds.
- The level of uptake by Leeds' residents at the weight loss camp for children run by Carnegie Weight Management at Leeds Metropolitan University.
- To confirm NI 112: Teenage pregnancy rates and to confirm whether these figures included all conceptions.

21 Recommendation Tracking

The Head of Scrutiny and Member Development submitted a report attaching an update on outstanding recommendations from previous inquiries of the Board in order to assist the Board in monitoring progress.

Steven Courtney, Principal Scrutiny Adviser, presented the report and advised the Board that the recommendations made on Community Development and Localisation were still being monitored.

Members indicated that, as the recommendations had not yet been achieved, they would like to continue monitoring their progress.

RESOLVED –
(a) That the contents of the report and appendices be noted.
(b) That the Board continue to monitor the progress of the Community Development and Localisation recommendations.

22 Work Programme

The Head of Scrutiny and Member Development submitted a report presenting an outline work programme for the Board to consider, amend and agree as appropriate. Attached to the report was a draft Terms of Reference for the Board's proposed inquiry into alcohol related harm.

Steven Courtney, Principal Scrutiny Adviser, presented the report.

With regard to the Work Programme, Members requested that appropriate experts on childhood obesity be invited to address the Board at a future meeting.

With regard to the draft terms of reference for the Inquiry into the role of the Council and its partners in reducing alcohol related harm, Members requested that a young adult from the university population be added to the list of witnesses and that brewery witnesses include representatives from pubs that were tied to certain breweries.

RESOLVED –

(a) That the contents of the report and appendices be noted.

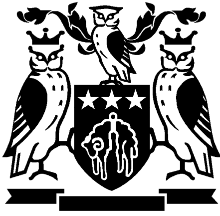
(b) That the outline work programme as attached at Appendix 1 be agreed with the inclusion of inviting appropriate experts on obesity to address a future meeting of the Board.

(c) That the draft terms of reference in relation to the proposed Inquiry into reducing alcohol related harm as outlined in Appendix 2, with the additions to the witnesses as requested above, and the associated inquiry selection criteria pro-forma as outlined in Appendix 3 be noted and agreed.

23 Date and Time of Next Meeting

Noted that the next scheduled meeting of the Board was on Tuesday 22nd September 2009 at 10.00am, with a pre-meeting for Board Members at 9.30am. However a Special meeting of the Board might be organised depending on the results of the NHS Trust Board meeting on 30th July 2009.

The meeting concluded at 1.35pm.



Originator: Steven Courtney
Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 22 September 2009

Subject: Update on local NHS priorities

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

1.0 Introduction

1.1 At its meeting on 30 June 2009, the Board received a number of inputs to help members consider the Board's priorities during the current municipal year. This included specific contributions from:

- Executive Board Member for Adult Health and Social Care
- Deputy Director (Adult Social Services)
- NHS Leeds
- Leeds Teaching Hospitals NHS Trust (LTHT)
- Leeds Partnerships Foundation Trust (LPFT)

1.2 When considering the work programme for 2009/10, the Scrutiny Board agreed to invite each local NHS Trust to provide quarterly updates against the key issues and priorities for the current year. The Chair of the Scrutiny Board (Health) subsequently confirmed this request, by writing to the Chief Executive of each local NHS Trust on 1 July 2009.

2.0 Report issues

2.1 As part of the previous discussions with the local NHS Trusts, the following priority areas were identified:

NHS Leeds

- Saving lives and reducing health inequalities
- Improving health, wellbeing and healthcare

- Responding to population needs
- Sustaining performance against access and safety standards
- Shaping the provider landscape
- Becoming a world class commissioner

Leeds Partnerships NHS Foundation Trust

- Completing the redesign of Older People's Mental Health Services
- Improving the Trust's position with regard to delayed transfer of care (between service providers both health and social care)
- Building on the Trust's work on patient safety, further improving the quality of, and reducing the variation in, services (related to excellence in service provision and delivering the aims of "Healthy Ambitions")
- Understanding the implications and planning for a downturn in NHS finances.
- Challenging stigma and discrimination often associated and with mental health problems and learning disabilities, and promoting social inclusion.

Leeds Teaching Hospitals NHS Trust

- Service provision in a changing financial environment – focusing on improving productivity, efficiency and the quality of services
- Outcomes of Leeds Strategic Review (focusing on Leeds Health Economy) being undertaken by the Strategic Health Authority
- Providing care closer to home, including different models of care (including services not based at hospitals)
- Clinical Services Reconfiguration Programme
- Foundation Trust status process – including the need to act like a business when considering changes to services and delivery models
- Internal and external cultural changes associated with changes in service models and delivery
- Key performance targets, including:
  - Improving the excellence of clinical outcomes
  - Improving the management of business
  - Becoming the hospital of choice (for patients and GPs)

2.2 In accordance with the Scrutiny Board's previous resolution, each local NHS Trust has been invited to attend the meeting and provide an update on the above priority areas.

3.0 Recommendation

3.1 Members of the Scrutiny Board (Health) are asked to note and comment on the updates provided at the meeting and determine any matters that require further scrutiny.

4.0 Background Papers

Scrutiny Board (Health) – minutes of meeting, 30 June 2009.

Leeds
CITY COUNCIL

Agenda Item 8

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 22 September 2009

Subject: KPMG Health Inequalities Report

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity ☐

Community Cohesion ☐

Narrowing the Gap ☐

1.0 Introduction

1.1 During 2008/09, KPMG, the appointed auditors for Leeds City Council and NHS Leeds, conducted a review and concluded an audit report on the Council's and NHS Leeds' efforts to reduce health inequalities across the City.

1.2 The audit was carried out from December 2008; an initial feedback report was made available in March 2009 for consultation and the final report was finalised in May 2009.

2.0 Report issues

2.1 The audit report was presented to the Corporate Governance and Audit Committee (28 July 2009) and, along with a report from the Director of Adult Social Services, is appended to this report.

2.2 In addition, the draft minutes from the Corporate Governance and Audit Committee offer the following summary of the main areas of discussion:

- *The need to be assured that the actions being taken as a result of the audit would improve the City's health inequalities statistics, particularly the gap between the two wards with the highest and lowest life expectancy;*
- *Their disappointment that the report hadn't addressed mental health issues, which has a link to life expectancy;*
- *The need for NHS Leeds to work in partnership with the Council in achieving the recommendations of the audit report;*

- *Their concern that health (and other) strategies and policies appear not to be consistently taken account of in decision making and might therefore not be having as great an impact at ‘grass roots’ level as they could be;*
- *The need to address all factors affecting mortality rates, which are multiple, as well as to focus on areas where a difference can be made, such as infant mortality rates; and*
- *The importance of providing services that meet the needs of all communities.*
- *The need for all Area Committees to be involved in addressing health inequalities, and for a more detailed analysis of the causes of the current position to be undertaken.*

2.3 In considering the reports presented, the Corporate Governance and Audit Committee resolved:

(a) That the findings of KPMG’s audit on health inequalities be noted; and
(b) That the preparation of joint action plans for areas where work is not already in hand be noted.

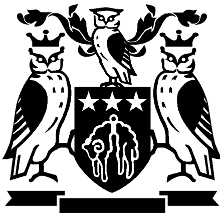
2.4 Members of the Scrutiny Board are asked to consider the attached reports.

3.0 Recommendation

3.1 Members of the Scrutiny Board (Health) are asked to consider the content of the attached reports and determine any matters that require further scrutiny.

4.0 Background Papers

None



Leeds
CITY COUNCIL

Originator: John England

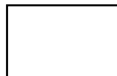
Tel: 78647

Report of the Director of Adult Social Services

Corporate Governance and Audit Committee

Date: 29th July 2009

Subject: KPMG Health Inequalities Report

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

1.0 Purpose Of This Report

1.1 KPMG, the appointed auditors for the City Council and NHS Leeds, have included a review of health inequalities within their 2008/9 audits of the two organisations.

1.2 The audit was carried out from December 2008; an initial feedback report was made available in March 2009 for consultation and the final report, which has been discussed at senior level in both organizations which contains recommendations and an action plan, was finalized in May 2009.

1.3 The audit identified significant areas of good practice and joint working; it also highlights areas for development some of which are specific to the City Council. In particular it recommends that the Council should undertake further work to raise awareness of the health inequalities agenda amongst managers and at operational level.

1.4 Members are requested to consider the audit report and the response to the recommendations contained within the report, and consider what further action the Council should take to raise awareness of health inequalities across the city.

2.0 Introduction

2.1 Recognition of the national importance of this area of action had already led to joint audits by KPMG in other local authority areas and they considered that Leeds faced particular challenges.

2.2 Although life expectancy for all groups in Leeds has been rising, the gap between the ward with the highest life expectancy (Adel and Wharfedale) and the lowest (City and Hunslet) has remained fairly consistently at around 10 years (Leeds Join Strategic Needs Analysis). The Leeds Strategic Plan has the reduction of inequalities in mortality rates as its prime health improvement priority.

2.3 The audit was carried out through assessment of written materials, interviews with elected Members, NHS Leeds Board members, senior manager and other key specialists, and two workshops on cardiovascular disease and infant mortality.

2.4 An outline Action Plan has been agreed in relation to the recommendations. Some actions were already in train. Next year's audit will comment on progress.

2.5 The Audit Report and actions in relation to the recommendations will be included in the Comprehensive Area Assessment.

2.6 This report focuses on the recommendations.

3.0 Content of the Audit

3.1 The Audit considered

- Delivering strategic and operational objectives;
- Securing engagement from the workforce;
- Delivering in partnership;
- Performance management
- Using information and intelligence to drive commissioning decisions
- Corporate responsibility.

3.2 The detailed findings are attached as appendix 2 to this report.

3.3 In general the audit pointed to the high priority given to health inequalities in key documents and commitments, both within each organisation and jointly. Partnership arrangements in Leeds were considered to be as strong if not stronger than those seen in other areas where KPMG has reviewed health inequalities. The work on Infant Mortality was seen as an excellent model for other pieces of work to follow. Commissioning arrangements for health inequalities were found to be at their strongest in primary care and public health commissioning within the PCT. They were less strong within the City Council and in NHS secondary and tertiary care commissioning.

3.4 Joint working was found to be well established at senior level, but less so at area and operational levels and the audit did not yet find a well coordinated community engagement process although there were good single examples. The JSNA was found to have been a useful process for taking forward data and information issues although these had not yet been integrated into performance management. The audit found good practice within the City Council on Corporate Social Responsibility which was less advanced within the local NHS. Workforce engagement around health inequalities was identified as an issue for both organisations – the Audit states that the workforce needs to have an understanding of key issues in the local area and how they can help address them.

4.0 Main Recommendations

4.1 The main thrust of the recommendations (p 4 of Appendix 1) is around assisting the Council and NHS Leeds to build on the good work so far in order to deliver effective implementation

4.2 The first two recommendations of the audit refer to establishing an effective structure for area and locality working supported by information and commissioning processes which relate directly to areas. This includes establishing agreed locality boundaries for both organisations.

4.3 The third recommendation refers to the PCT's programme management approach to health inequalities which has been established as one of their World Class Commissioning Priorities. KPMG recommend that it should be fully joined up with the local authority and owned by both organisations

4.4 The fourth recommendation addresses Leeds City Council in particular, recommending further work to embed understanding throughout the Council of the positive effects which the work of different directorates can have on the issues if they engage with it.

4.5 The final recommendation addresses the need to build up a joint approach to performance management, eliminating duplication and supporting improved decision making.

5.0 Implications For Leeds City Council Policy

5.1 Work on several of the recommendations is already in hand although there are considerable challenges on the way.

5.2 **Area Delivery**: Workshops have been held in each of the three areas to identify local issues and approaches. These are the first step to establishing more formal locality partnerships for health improvement and the work will be supported by three new Joint Health Improvement Managers based with Area Management Teams.

5.3 **NHS Leeds Health Inequality Programme**: The programme manager has been in detailed discussions within the Joint Strategic Commissioning forums to establish mutual understanding, effective linkages and clear accountability. These will be laid out in a report to the Joint Strategic Commissioning Board of the Healthy Leeds Partnership.

5.4 **Performance Management**: This was already recognised as an issue. The basis for joint working has been established through the Local Area Agreement and joint work on the JSNA and the Council's corporate intelligence project. A joint workshop has been held to identify further issues particularly with for the Strategic Plan's Health Improvement Priorities and this has led to further work in developing sensible action trackers.

5.5 **Engagement of the Local Authority Workforce**: This recommendation is given a medium priority but a failure to address it will hamper the ability of both organisations to deliver. The audit points to the ability of an engaged workforce to gather and assess information, identify problems, relate them as appropriate to health inequalities, and devise joint solutions whether at the community or individual level. Joint training for elected Members and PCT non-executive directors is recommended, plus, as part of a workforce capacity plan, further action to develop appropriate skills and knowledge at different levels. There are a number of avenues to address this and, through the Core Cities Health Improvement Collaborative, discussions are being held with those authorities (of which Nottingham is the most prominent example) which have developed a modular training programme around health inequalities.

5.6 **Infant Mortality**: The audit recommends continuation with the Infant Mortality Action Plan which has already won the support of the Department of Health's Improvement Support Team.

5.7 **Cardiovascular Disease**: The audit recommends a more structured joint approach, which will in fact be delivered if the other recommendations are followed.

6.0 Resource Implications

6.1 These recommendations are deemed as essential to achievement of the Strategic Plan Health Improvement priorities. Some actions are already in train and others can be achieved within existing work programmes. Implementation of the specific recommendation around training will require further discussion. It will also require effective leadership and commitment throughout the Council's structures and there will be training opportunities both for elected Members and for staff, starting with some of those groups identified by KPMG including housing officers and social workers.

7.0 Conclusions

7.1 The KPMG Audit on health inequalities has been a useful exercise in focusing attention on how we are delivering on our priorities, demonstrating that we have a good basis on which to build and suggesting how the Council and NHS Leeds can work together to improve our delivery.

7.2 Work to improve performance in this area can be linked to improves performance across the improvement priorities of the Leeds Strategic Plan

8.0 Recommendations

8.1 Members are recommended:

i) to welcome the findings of the KPMG audit on health inequalities;
ii) to note that, where work is not already in hand, joint action plans are being prepared;
iii) to consider whether any additional action needs to be taken in relation to locality working to improve health;
iv) to refer the KPMG Health Inequalities Report to the Health Scrutiny Board for their consideration and the Executive Board for endorsement of the action plan.

9.0 Background documents referred to in this report:

KPMG Tackling Health Inequalities – final report and appendices

Leeds Joint Strategic Needs Assessment

Leeds Strategic Plan

Infrastructure and Government

Leeds City Council & Leeds PCT

Tackling Health Inequalities – final report

1 June 2009

AUDIT

AUDIT ▪ TAX ▪ ADVISORY

Contents

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Appendices – set out in separate document include:

Appendix A - Detailed findings
Appendix B - Cardio Vascular Disease Workshop discussions
Appendix C - Infant Mortality feedback discussions
Appendix D - Terms of reference

This report is addressed to the PCT and the Council and has been prepared for the sole use of the PCT and Council. We take no responsibility to any member of staff acting in their individual capacities, or to third parties. The Audit Commission has issued a document entitled Statement of Responsibilities of Auditors and Audited Bodies. This summarises where the responsibilities of auditors begin and end and what is expected from the audited body. We draw your attention to this document.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

If you have any concerns or are dissatisfied with any part of KPMG's work, in the first instance you should contact Adrian Lythgo who is the engagement partner to the PCT and Council, telephone 0113 2313148, email adrian.lythgo@kpmg.co.uk who will try to resolve your complaint. After this, if you still dissatisfied with how your complaint has been handled you can access the Audit Commission's complaints procedure. Put your complaint in writing to the Complaints Investigation Officer, Audit Commission, Westward House, Lime Kiln Close, Stoke Gifford, Bristol BS34 8SR or by e mail to: complaints@audit-commission.gov.uk. Their telephone number is 0844 798 3131, textphone (minicom) 020 7630 0421.

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Section one

Introduction

Context and background to this review

Health and well-being is a key national focus for improvement. The promotion of healthier communities has an effect on the well-being and prosperity of the population and investment is likely to yield significant long-term benefit. Addressing such a large issue is not the preserve of any organisational sector alone, but must be addressed through co-operation and shared vision across sectors recognising the key role of the voluntary, charity and faith groups.

Tackling health inequalities is a high priority for the statutory organisations across Leeds. Although the overall health of the city has improved in recent years and compares favourably to other core cities in England, within Leeds, there are significant differences in mortality and morbidity between the poorest and richest parts of the city. The need to reduce these health inequalities is set out as a priority within the Leeds Strategic Plan and the NHS Leeds Strategy.

As a consequence of these risks, we included this joint review of health inequalities within our 2008/09 audit plans for Leeds City Council (LCC) and Leeds PCT (the PCT).

Our overall objective for this review has been to consider the effectiveness of the approach to addressing health inequalities within Leeds to reduce the gap in mortality and morbidity and meet the Local Area Agreement (LAA) targets and World Class Commissioning (WCC) outcomes. This has been achieved by a high level assessment of the strategic development, partnership and commissioning arrangements for the health inequalities agenda as a whole, and how effectively this has been integrated into the mainstream business of the organisations. We have also focused in more detail on two tracer areas and considered the progress that has been made in turning the strategy into action. The tracer areas agreed for the audit were:

- Cardiovascular Disease (CVD); and
- Infant Mortality.

The full scope of our work is set out in the terms of reference for this review, included in Appendix D to the full report.

Purpose of this report

The purpose of this report is to set out the key findings from our review of health inequalities. Our key messages are included within the Executive Summary and both organisations have signed up to an action plan in order to address the strategic issues that we have raised. We have agreed the content of the report with our key contacts and subsequently a wider group of Executive leads within the two statutory bodies. The detailed findings upon which they are based set out within Appendix A to the full report.

Following agreement of the key strategic issues, we have also held:

- A workshop with a wider group of staff focused on the Cardio Vascular Disease tracer and the issues identified. This discussions highlighted the key actions to be taken which will feed into the work of the Health Inequalities programme plan. The issues presented and the output of our discussions are included within Appendix B of the full report.

- A discussion with key players from both organisations regarding the issues identified for Infant Mortality and how these fit with the recent work undertaken by the National Support Team and the action plans being developed from this work. The issues presented and the output from our discussions are included within Appendix C to the full report.

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Section two

Executive summary

Key message

Leeds City Council and the PCT have well established partnership working arrangements and these have been used effectively to develop a good strategic foundation, in the form of the Leeds Strategic Plan and the NHS Leeds Strategy, from which to tackle the health inequalities agenda. Both these documents highlight health inequalities as a high priority agenda for each organisation. The recent World Class Commissioning process has enabled the PCT to continue to develop its strategic focus in this area, facilitating increasing ownership of the agenda across the organisation. Both bodies recognise that the challenge going forward is putting in place an implementation framework to deliver the strategies in an effective and co-ordinated fashion, and one which ensures delivery of visible outcomes.

A number of ad-hoc initiatives have been developed by both organisations which will help to address some aspects of the health inequalities agenda. To date, the PCT has become increasingly focused on specific issues at a neighbourhood level, whilst the City Council has in general continued to take a much broader approach covering a wider geographical area. The implementation of the Infant Mortality Action Plan shows good practice with two 'demonstration sites' established in two localities although more work is required to set out how the lessons learnt here will be spread across all of the worst 10% SOA areas. To be most effective and deliver outcomes, the PCT and City Council need to ensure that there is a jointly agreed implementation mechanism, effective co-ordination within and across the two organisations, supported by a robust and co-ordinated performance management framework which ensures accountability and ownership of the agreed outcomes.

At a strategic level, the city has identified inequalities as a key theme for action and is a clear priority for the leadership of both Leeds City Council and PCT. We found that the partnership arrangements in Leeds are as strong if not stronger than those seen in other areas where we have reviewed health inequalities. The partnership structures are well established, have been in place for some time and incorporate inequalities issues generally and the health inequalities agenda in particular as a key theme for the structure and work programme. These structures and well established working relationships have provided the strategic foundation and facilitated the development of the Leeds Strategic Plan and NHS Leeds Strategy.

We found a number of examples of good practice and joint working throughout our review. A flavour of this work includes the progress on Infant Mortality including the development of a Task Group and Action Plan, awareness raising through presentations to key groups including the LCC Corporate Leadership Team, close working between the LCC Child Poverty lead and the PCT lead on Infant Mortality, and the establishment of the two demonstration sites described above. We also found a clear desire from this team to learn from best practice demonstrated by the invitation to the National Support Team to review their work. Work is less well advanced within the Cardio Vascular Disease agenda but there is a clear recognition and impetus from both organisations to develop the clear pathways between the work that the PCT is doing in primary care and the links to LCC services in relation to physical activity, weight management and the alcohol strategy.

In order to maintain your success to date, your focus going forward should be on:

- Agreeing an implementation mechanism to take forward the health inequalities agenda. This should be focused at a locality level, bringing together all the agencies and professionals working within that locality as well as community groups and the public to develop their ownership of the issues and gain their input into the solutions.
- Development of joint commissioning and contracting processes, which will deliver the outcomes outlined in the strategic plans. This should be supported by the Joint Strategic Commissioning Board (JSCB), enabling solutions to be jointly procured which address agreed health inequalities priorities.
- The outcomes of the Joint Strategic Needs Assessment (JSNA) should continue to inform the approach taken by both organisations to implement the Health Inequalities agenda. This should focus attention on the localities within the worst 10% SOAs and will inform the programme plan that the PCT is developing.
- Ensuring that the PCT's programme management approach to tackling health inequalities is not undertaken in isolation but is fully joined up and incorporates projects that cross organisational boundaries.
- Raising awareness of health inequalities activities with Leeds City Council so as to engage staff across the directorates. In particular, develop awareness of the breadth of the health inequalities agenda and the influence that policies and actions elsewhere within the Council can have on health inequalities.
- Co-ordinate and strengthen the performance management arrangements for the agenda to remove duplication and potential inconsistencies.

Our key conclusions are based upon our detailed findings which are set out in Appendix A of the full report.

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Recommendations

Flowing from our key messages, we have set out below the recommendations that both organisations should address jointly in order to take forward the issues raised and to translate the good work produced to date into the crucial implementation phase of this agenda.

- At a strategic level, agree the parameters by which these localities can function and the tools that they need to deliver outcomes including joint commissioning and procurement arrangements and the use of financial flexibilities to empower these locality teams to deliver outcomes.
- Develop an implementation mechanism to take forward the agenda. This should include:
    - agreeing the locality map for the city;
    - determining how these mechanisms and localities will link to the work of the Area Management Teams and Area Committees;
    - agreeing the agencies, professionals, community groups to be involved in each locality;
    - agreeing the work programmes and investment mechanisms for these localities supported by the outcomes of the JSNA;
    - identifying the corporate support necessary to empower delivery at the locality level;
    - determining how locality working can draw on the expertise of the disease / inequality specific specialists within both organisations for example Infant Mortality;
    - determining the approach to community engagement at a locality level and identifying how the expertise of the community engagement or Patient and Public Involvement teams can be utilised to support this process.
- The PCT should continue to develop its programme management approach to the health inequalities workstream ensuring that this approach is fully joined up with the local authority and incorporates those projects which cross organisational boundaries. The programme plan needs to support the implementation mechanisms described above and be based upon the outputs of the JSNA. The process needs to be driven by a programme manager who can work across both organisations.
- Leeds City Council should undertake further work to raise awareness of the health inequalities agenda at an implementation level, emphasising the breadth of the agenda and the positive influence that many Directorates and teams can have on the issues if they engage in the agenda.
- The PCT and Leeds City Council should work together to co-ordinate and strengthen their approaches to performance management, developing a single framework to work within which eliminates duplication and potential inconsistencies and ensures a common language and data set supports decision-making.

The recommendations above address the key strategic issues currently facing LCC and the PCT. Within the detailed findings document, we raise further challenges for management at a more operational level. These should also be considered by both organisations as the implementation mechanisms described above are taken forward and the programme management plan takes shape.

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Section four
Action plan

Recommendation	Priority	Link to evidence	Link to relevant standards	Positive outcome expected (savings, reduced risks, better value for money)	Consequences of failing to implement recommendation	Cost of recommendation (where significant)	Date reported to the Board	Officer responsible	Implement by when
Strategic parameters and tools to support local delivery Agree the parameters by which locality teams can function and the tools that they need to empower them to deliver outcomes including: • joint commissioning; • joint procurement; and • use of financial flexibilities.	High	Discussion with staff Review of documentation	C7(a) & (d) – principles of sound corporate governance and value for money.	An effective approach to delivering both organisations' strategies and achieving the required targets and outcomes for the LAA and WCC.	Inability to deliver strategic aims, meet LAA and WCC targets and improved outcomes within worst 10% SOAs.	None	LCC 22/07/09 PCT 01/06/09	Carol Cochrane Dennis Holmes/ John England	July 09
Implementation mechanism Develop an implementation mechanism to take forward the agenda focused on the locality level, the links to existing forums such as the Area Management Teams and the corporate support necessary to empower delivery at the locality level.	High	Discussion with staff Review of documentation	C7(a) & (d) – principles of sound corporate governance and value for money.	An effective approach to delivering both organisations' strategies and achieving the required targets and outcomes for the LAA and WCC.	Inability to deliver strategic aims, meet LAA and WCC targets and improved outcomes within worst 10% SOAs.	None	LCC 22/07/09 PCT 01/06/09	John England Christine Farrar/ Janette Munton	October 09
Programme management approach Ensure that the programme management approach being developed by the PCT is fully joined up with the local authority, incorporates those projects which cross organisational boundaries and is owned by staff from both organisations.	High	Discussion with staff Review of documentation	C7(a) & (d) – principles of sound corporate governance and value for money.	Joined up approach to implementing the agenda, facilitating joint working and development of staff engagement from both organisations.	Two organisations working in isolation will not be able to effectively deliver their strategic aims, meet LAA and WCC targets and achieve improved outcomes.	None	LCC 22/07/09 PCT 01/06/09	Brenda Fullard John England	July 09
Raising staff awareness Leeds City Council should undertake further work to raise awareness of the health inequalities agenda amongst managers and at an operational level emphasising: • the breadth of the agenda; • the positive impact that their Directorate and team can have on the issues; and • the benefits of staff thinking about their work with the public in a more holistic manner.	Medium	Discussion with staff Review of documentation	C7(a) & (d) – principles of sound corporate governance and value for money.	Improved engagement of LCC managers and operational staff in the health inequalities agenda and enhanced joint working.	Without joint working and engagement throughout LCC, both organisations will find it difficult to deliver their strategic aims, improved outcomes and LAA and WCC targets.	None	LCC 22/07/09 PCT 01/06/09	Sandie Keene/ John England	Autumn 09 (awaiting further feedback)

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Action plan (continued)

Recommendation	Priority	Link to evidence	Link to relevant standards	Positive outcome expected (savings, reduced risks, better value for money)	Consequences of failing to implement recommendation	Cost of recommendation (where significant)	Date reported to the Board	Officer responsible	Implement by when
Performance management Develop a single performance management framework for the health inequalities agenda across both organisations. This should eliminate duplication and potential inconsistencies and ensure a common language and data set supports decision making.	High	Discussion with staff Review of documentation	C7(a) & (d) – principles of sound corporate governance and value for money.	Effective performance management arrangements will support decision making.	Duplication of effort and potential inconsistencies in the way each organisation monitors performance and determines priorities and actions.	None	LCC 22/07/09 PCT 01/06/09	Sandie Keene/ John England / Steve Clough Anna Frearson/ Nichola Stephens	Quarter 2 2009/10
Tracer: Cardio Vascular Disease Gain agreement that the Health Inequalities Programme Board is the appropriate forum to drive forward the CVD agenda. Incorporate the issues raised from our work into the programme plan and relevant project plans including: • developing locality working for CVD and links to the AMTs; •developing more effective joint working between the PCT and LCC staff; • improving the quality and timeliness of information and the more effective sharing of information across organisations; • challenging the LCC business model for some areas as well as developing more joined up services; and • developing a co-ordinated community engagement process.	Medium	Discussion with staff Review of documentation	C7(a) & (d) – principles of sound corporate governance and value for money.	Establishing an effective mechanism to address the CVD agenda across both organisations.	Lack of structured forum to co-ordinate and deliver the CVD agenda will result in both organisations struggling to achieve the relevant strategic aims, LAA and WCC targets and improved outcomes.	None	LCC 22/07/09 PCT 01/06/09	Ian Cameron/ Brenda Fullard John England	July / August 09
Tracer: Infant Mortality Implement the agreed action plan resulting from the NST visit and report.	Medium	Discussion with staff Review of documentation	C7(a) & (d) – principles of sound corporate governance and value for money.	Establishing an effective mechanism to address the Infant Mortality agenda across both organisations.	Lack of structured forum to co-ordinate and deliver the Infant Mortality agenda will result in both organisations struggling to achieve the relevant strategic aims, LAA and WCC targets and improved outcomes.	None	PCT 01/06/09	Sharon Yellin Sarah Sinclair	July 09

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Agenda Item 9

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 22 September 2009

Subject: Joint Performance Report: Quarter 1 – 2009/10

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

1.0 Introduction

1.1 During the previous municipal year (2008/09), the Scrutiny Board (Health) received regular performance reports relating to issues within the Board's remit, from both NHS Leeds and Leeds City Council. In January 2009 it was agreed to adopt a more collaborative approach and provide a single, joint performance report on a quarterly basis.

1.2 The attached report represents the third joint performance report prepared by Leeds City Council and NHS Leeds, and work to totally integrate the two separate reports continues. A main principle of producing a joint report has been to align performance reporting that will:

- Reduce duplication
- Eliminate potential confusion
- Streamline documentation
- Bring the work of the performance teams/functions from both organisations closer together

1.3 The move toward a single style and format of report is now almost complete.

2.0 Report issues

2.1 The attached report provides an overview of progress against key improvement priorities and performance indicators relevant to the Scrutiny Board (Health), at

Quarter 1, 2009/10. The report draws attention to and specifically comments on the following areas of performance:

- Health Care Associated Infections (HCAIs)
- Childhood immunisation
- Waiting times: Outpatients (13 weeks) and Inpatients (26 weeks)
- Teenage pregnancy rates
- Accident and emergency (A&E) 4 hour standard
- Delayed discharge rates

3.0 Recommendation

3.1 Members of the Scrutiny Board (Health) are asked to note the content of the attached joint performance report and;

3.1.1 Comment on any particular areas of performance; and,

3.1.2 Determine any matters that require further scrutiny.

4.0 Background Papers

Leeds Strategic Plan

Health Scrutiny Board
Joint Performance Report:
Quarter 1 2009/10

September 2009

Health Scrutiny Board Joint Performance Report – September 2009

Overview

This is the third quarterly Leeds City Council/NHS Leeds joint performance report. The principle of a joint report has been established to align performance reporting, with the aims of

- Reducing duplication
- Eliminating potential confusion
- Streamlining documentation
- Bringing closer together the performance teams/functions from both organisations

The work to totally integrate the two separate reports continues. The move toward a single style and format is now almost complete.

The issues discussed in this report have been identified because performance in these areas impacts upon one of the following, the delivery of our priorities, performance against the National Indicator set which will be reflected in our CAA judgement or the lack of assurance relating to data quality. The content of the report will be tailored to meet the requirements of the national reporting systems, ensuring that that the Health Scrutiny Board is fully involved in the process.

Many of the indicators that are used are under a process of development at a national level and some do not have clear targets. This does not therefore allow for absolute clarity in terms of achievement, even where the direction of travel is obvious. Others are also based on annually available data. This means that the data shown in the charts may not change with each publication of this report. Efforts are being made to ensure that this report reflects performance in an accurate and timely way, which may mean that proxy indicators could be used in the future, as one example.

The approach here is generally to report by exception, except for top level and key indicators, which will be reported on each occasion.

Executive Summary – Performance Information

The NHS Leeds information that is provided here is the latest published data, at the time this joint report was drawn up (4 Sep 2009). Further verbal updates will be provided at the meeting of the Scrutiny Board, where required and available.

The LCC information is based on data from the Quarter 1 performance report (as at 30 June 2009).

Where it is appropriate the performance of Leeds Teaching Hospitals Trust (LTHT) has also been shown, where that is different from the reported performance for NHS Leeds. This difference occurs when LTHT treat patients from outside the city, often because they are delivering regional and national services.

There are several performance indicators that are worth drawing attention to. Some of these indicators are already well known to the Board as they have been reported as poor performing areas. The key performance points are -

- **Health Care Associated Infections (HCAIs)**
  This heading covers the reports on the rate of C.difficile and of MRSA, shown separately within the body of the report.

  MRSA numbers continue to be within the maximum number of cases. This is a significant improvement over the same period last year. Improvements to the process for managing the reporting of cases have been made. This has been supported in Leeds Teaching Hospitals Trust by concentrated efforts to minimise the occurrence of such infections.

  C.diff rates also similarly continue within the maximum trajectory, another major improvement. The delivery of long term sustainability in achievement is the next step.

- **Childhood immunisation programme**
  Performance continues below required levels. There are some improvements in performnace now working their way through, as a result of an intensive programme of work, which continues. A GP level data sharing agreement, described in the detailed section on this topic will help ensure that delivery continues to improve.

- **13 and 26 weeks waits for hospital care**
  This issue is now almost fully addressed, though some very minor residual issues remain.

- **Teenage conception rates**
  Despite the current performance that shows improvement, delivery against the nationally-set trajectory has not been achieved. A positive development here is the forthcoming availability of local level data, which should help give a more timely perspective to the work to reduce teenage conceptions.

- **A&E 4 hr Standard**
  This target was achieved across the whole year 2008/09. The issue has been identified for inclusion in this report due to a combination of factors, which are identified in the detailed section covering this topic. However, performance has now recovered somewhat and the 98% minimum standard was achieved during June and seems on course for August, but did drop below the minimum standard during July. One of the key issues affecting performance previously, the medical vacancies problem, has now been addressed. The task is now to ensure that performance is delivered during the run up to winter.

- **Delayed discharge rates**
  There is still no clarity on the national threshold for achievement. The chart in the section on this indicator shows performance during 2009/10 against that for 2008/09 to help provide context.

Report prepared by:

Graham Brown NHS Leeds
Marilyn Summers Leeds City Council

4 September 2009

18 weeks referral to treatment; admitted and non-admitted

Target:

90% of pathways where patients are admitted for hospital treatment and 95% of pathways that do not end in an admission, should be completed within 18 weeks, broken down by specialty

NHS Leeds has been working closely with providers to ensure that as a health economy we meet the 18 weeks targets at specialty level. We have utilised the contract process to drive performance, to ensure that LTHT as our main provider and that we meet the targets as a whole health economy.

Neurosurgery: NHS Leeds has commissioned activity in line with that proposed by LTHT. There remains a significant backlog issue in this specialty. Clearing the backlog will have an impact on 18 weeks performance and Neurosurgery will remain one of the problem specialties for the next 6 months.

Plastic Surgery: NHS Leeds has commissioned activity in line with that proposed by LTHT. However, demand for plastic surgery, particularly for hands, is high and further work is needed to fully understand the service expansion requirements to meet the targets.

ENT: LTHT during 08/09 focused on clearing a significant proportion of the backlog in ENT, affecting performance. NHSL has agreed to provide resource over the agreed base line to fund increased activity for admitted patients.

Orthopaedics: NHSL have agreed to provide additional resource over the base line particularly focused on delivery of the 18 week targets at sub specialty level for foot/ankle and hands. The investment will be closely monitored in year to ensure that it provides a more sustainable platform for the delivery of 18 week targets. NHS Leeds will also continue to ensure that choice is provided for Orthopaedic procedures, which in turn reduces the pressure on LTHT.

Health economy lead: Visseh Pejhan-Sykes
LTHT operational lead: Alison Dailly
NHS Leeds operational lead: Nigel Gray

18 week performance matrix, LTHT 2009

	Admitted performance (adjusted and including breach shares)	Non-admitted performance (including breach shares)	No of reportable specialties (excluding orthopaedics) failing to meet admitted standard	No of reportable specialties (excluding orthopaedics) failing to achieve nonadmitted standard	Total number of reportable specialties (excluding orthopaedics) failing to meet target performance	Orthopaedics - no of standards failing to meet (without breach shares)	Orthopaedics - no of standards failing to meet (with breach shares)
Jan-09	90.10	96.40					
Feb-09	90.80	96.40					
Mar-09	91.50	96.50					
Apr-09	91.00	96.60	6	6	12	2	1
May-09	92.30	97.70	6	3	9	1	0
Jun-09	90.7	97.60	7	3	10	1	1
Jul-09	91.3	97.80	6	2	8	1	0

18 week performance matrix, NHS Leeds 2009

	Admitted performance (adjusted)	Non-admitted performance	No of reportable specialties (excluding orthopaedics) failing to meet admitted standard	No of reportable specialties (excluding orthopaedics) failing to achieve nonadmitted standard	Total number of reportable specialties (excluding orthopaedics) failing to meet target performance	Orthopaedics - no of standards failing to meet (without breach shares)	Orthopaedics - no of standards failing to meet (with breach shares)
Jan-09	90.10	96.84					
Feb-09	90.25	96.79					
Mar-09	91.65	96.81					
Apr-09	91.28	96.80	5	7	12	2	NA
May-09	93.48	97.82	5	3	8	1	NA
Jun-09	92.61	97.97	6	2	8	0	NA

NHS Leeds

Leeds City Council

13 weeks for outpatients

Target:

That the maximum wait for a first outpatient appointment be no more than 13 weeks from GP referral

There have been no breaches of the 13 week outpatient maximum waiting times for the periods June and July for NHS Leeds. This represents a much improved position over the last few months.

2 additional Neurosurgeons, 1 locum and 1 substantive appointment, commence 1st September and the additional capacity these posts provide, together with increased beds and theatres allocation, is expected to alleviate any breach pressure further. Longer term these posts will contribute significantly towards LTHT making Neurosurgery an 18 Week compliant service.

With both Neurosurgery and Plastic Surgery LTHT has made better use of sub-contractor arrangements to alleviate waiting time / breach pressures in recent months. Unlike Neurosurgery however a more sustainable solution, i.e. increasing local capacity, has yet to be realised.

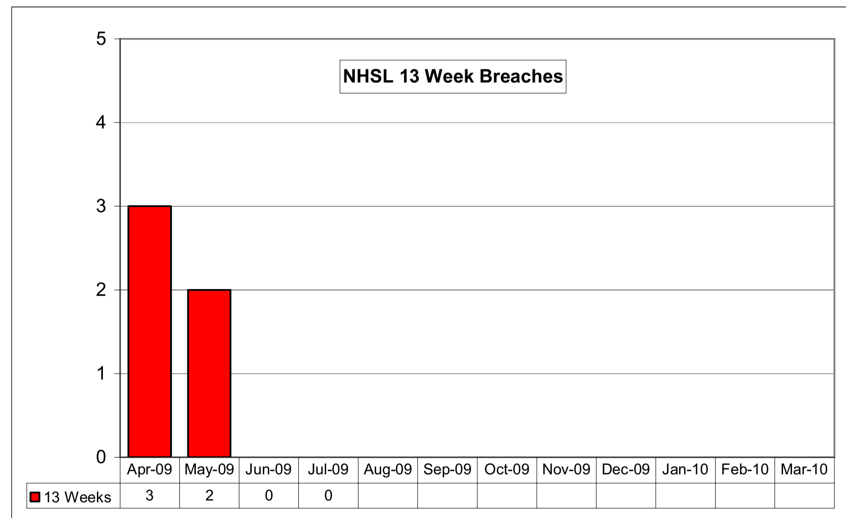
LTHT have undertook a benchmarking exercise with fellow Teaching Hospitals which suggests they need to develop the Plastic Surgery service, though it is unlikely that any increase in the number of consultants will be made until June 2010 at the earliest.

Hence, whilst showing a significantly improved position Plastic Surgery the possibility remains that this specialty may be subject to breaches in future until a sustainable solution is reached.

Health economy lead: Visseh Pejhan-Sykes
LTHT operational lead: Alison Dailly
NHS Leeds operational lead: Kevin Gallacher

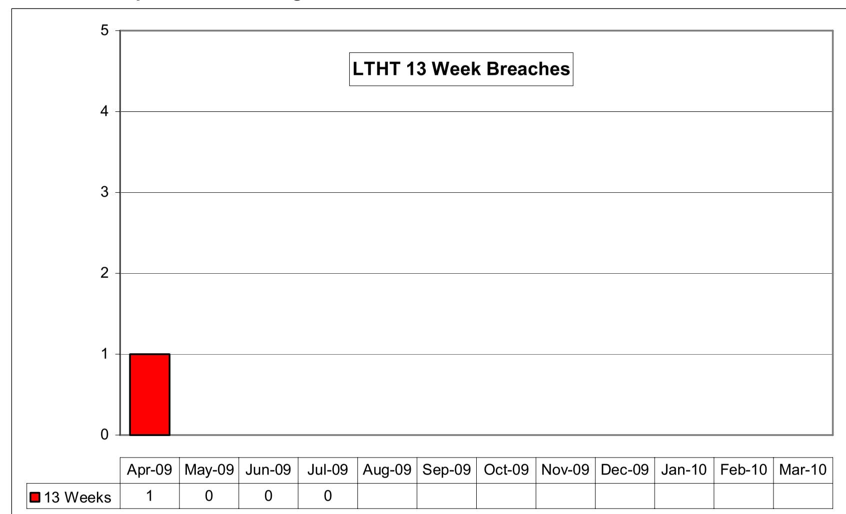
Periodic Review Standard

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



Periodic Review Standard

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



NHS Leeds | Leeds City Council

26 weeks for inpatients

Target:

That the maximum wait for an inpatient be no more than 26 weeks after a decision to admit

There have been no breaches of the 26 week inpatient maximum waiting times for the periods June and July for NHS Leeds. This represents a much improved position over the last few months.

2 additional Neurosurgeons, 1 locum and 1 substantive appointment, commence 1st September and the additional capacity these posts provide, together with increased beds and theatres allocation, is expected to alleviate any breach pressure further. Longer term these posts will contribute significantly towards LTHT making Neurosurgery an 18 Week compliant service.

Until very recently Plastic Surgery has been another area in which Leeds Teaching Hospitals has had significant breach numbers of 26 Weeks patients. With both Neurosurgery and Plastic Surgery LTHT has made better use of sub-contractor arrangements to alleviate waiting time / breach pressures in recent months. Unlike Neurosurgery however a more sustainable solution, i.e. increasing local capacity, has yet to be realised.

LTHT have undertook a benchmarking exercise with fellow Teaching Hospitals which suggests they need to develop the Plastic Surgery service, though it is unlikely that any increase in the number of consultants will be made until June 2010 at the earliest.

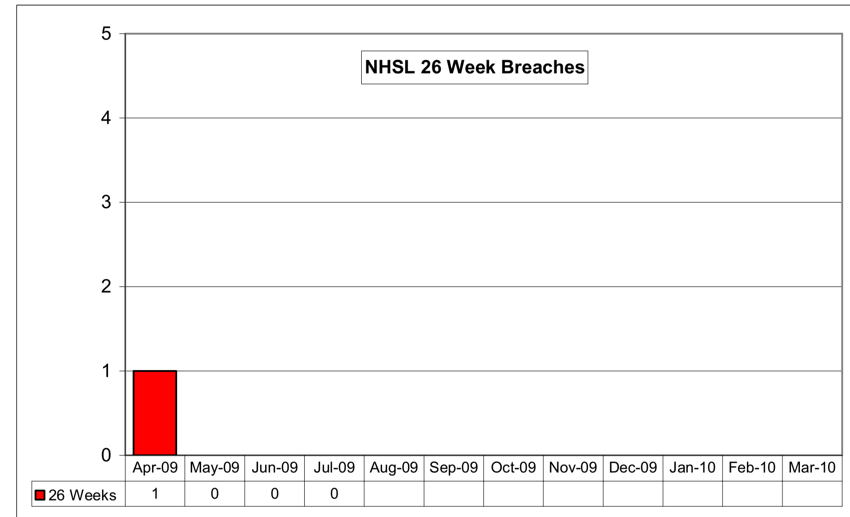
Hence, whilst showing a significantly improved position Plastic Surgery the possibility remains that this specialty may be subject to breaches in future until a sustainable solution is reached.

Health economy lead: Visseh Pejhan-Sykes
LTHT operational lead: Alison Dailly
NHS Leeds operational lead: Kevin Gallacher

NHS Leeds Leeds City Council

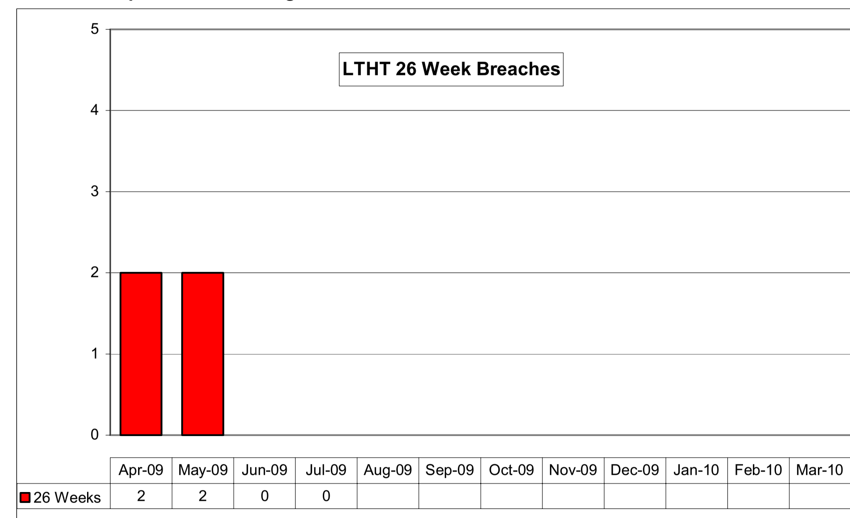
Periodic Review Standard

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



Periodic Review Standard

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



62 day cancer wait standard

Target:

That there be a maximum wait time of 62 days from urgent GP/GDP referral for suspected cancer to the beginning of treatment, with a target of 85% of patients of patients seen within that time.

The operational standard has now been confirmed at 85%.

June performance is now confirmed for Leeds patients treated at 88.3%. July performance is projected to be approximately 82% for all patients to Leeds and 83% for Leeds patients.

LTHT average performance in quarter 1 of 9/10 indicates that performance of 84% was achieved, very near the national standard.

Head & Neck, Lung and Urology are the main risk areas affecting performance in July. Improvements in the head & neck pathway will not take affect until August. The urology remodelled pathway is showing positive improvement. The PCT have been assured that an improved position will be sustained after July.

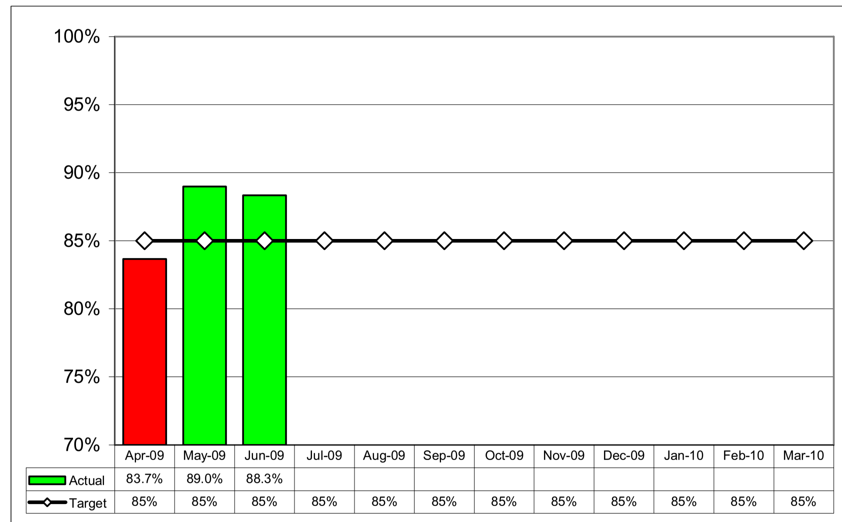
The joint pathway improvement work with Leeds and Mid Yorkshire has made positive progress.

A weekly action list is now produced for target patients, supplementing the existing 62 day action list.

Health economy lead: Philomena Corrigan
LTHT operational lead: Jacqueline Myers
NHS Leeds operational lead: Nigel Gray

World Class Commissioning Outcomes

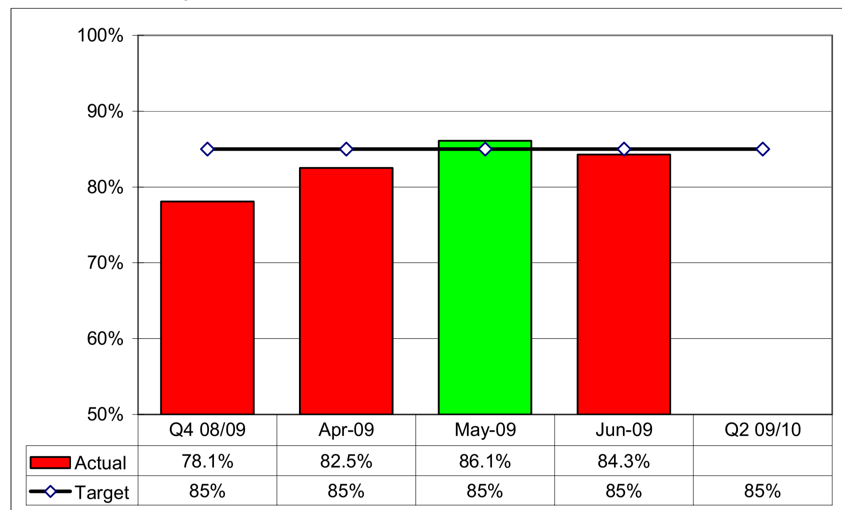
Cancer: NHSL 62 day GP referral



	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Actual	83.7%	89.0%	88.3%									
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Periodic Review Standard

LTHT Cancer: 62 day GP referral



	Q4 08/09	Apr-09	May-09	Jun-09	Q2 09/10
Actual	78.1%	82.5%	86.1%	84.3%	
Target	85%	85%	85%	85%	85%

Cancer: 31 day wait standard – Diagnosis to treatment & subsequent surgery

Target:

That there be a maximum wait time of 31 days from diagnosis of cancer to the beginning of treatment and for subsequent surgery, with a target of 96% and 94% respectively, of patients seen.

LTHT projected performance for July is 94% for all subsequent treatments.

LTHT have acknowledged that further work is needed in surgery to identify and track all patients more systematically, to achieve the desired target performance levels.

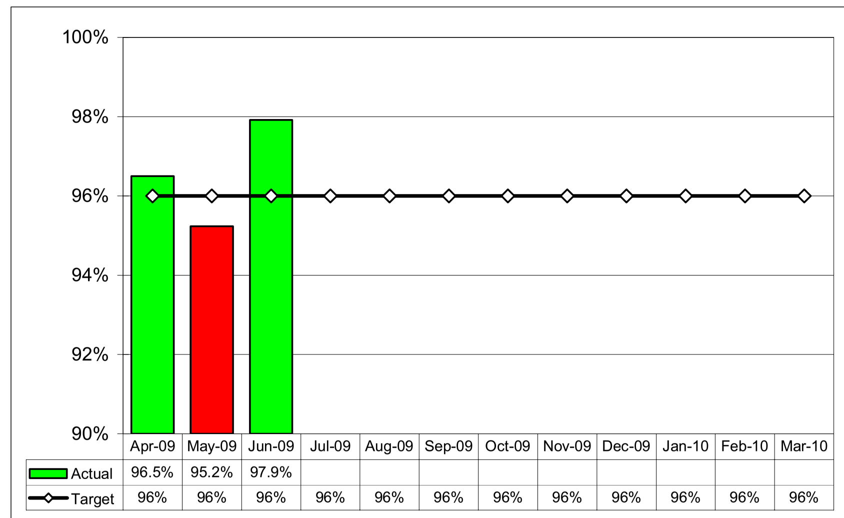
As this set of targets has just been confirmed, further work is underway, especially on the information flows supporting the delivery of the 98% standard for subsequent drug treatment. However, the current process for agreeing exceptional cases for drugs is by a weekly PCT/LTHT panel meeting, which may impact on delivery. It has been confirmed that NHS Leeds will respond to such cases rapidly, so as not to affect the patient journey treatment time.

The charts show NHSL positions only, future versions will show LTHT also.

Health economy lead: Philomena Corrigan
LTHT operational lead: Jacqueline Myers
NHS Leeds operational lead: Nigel Gray

Periodic Review Standard

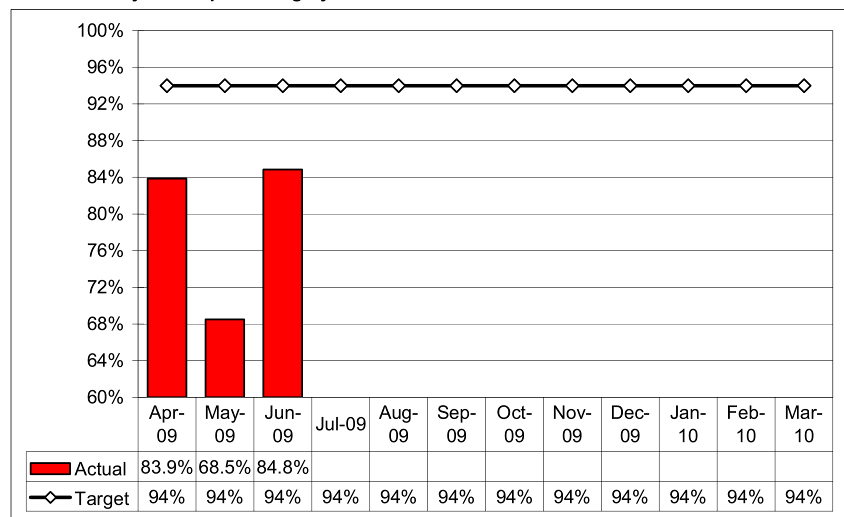
Cancer: Percentage of patients receiving treatment within 31 days of diagnosis



	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Actual	96.5%	95.2%	97.9%									
Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

Periodic Review Standard

Cancer: 31 Day Subsequent Surgery



	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Actual	83.9%	68.5%	84.8%									
Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

Cancer: 31 day wait standard – Subsequent drug & radiotherapy

Target:

That there be a maximum wait time of 31 days for subsequent drug or radiotherapy treatment, with a target of 98% and 94% respectively, of patients seen.

LTHT projected performance for July is 94% for all subsequent treatments.

LTHT have acknowledged that further work is needed in surgery to identify and track all patients more systematically, to achieve the desired target performance levels.

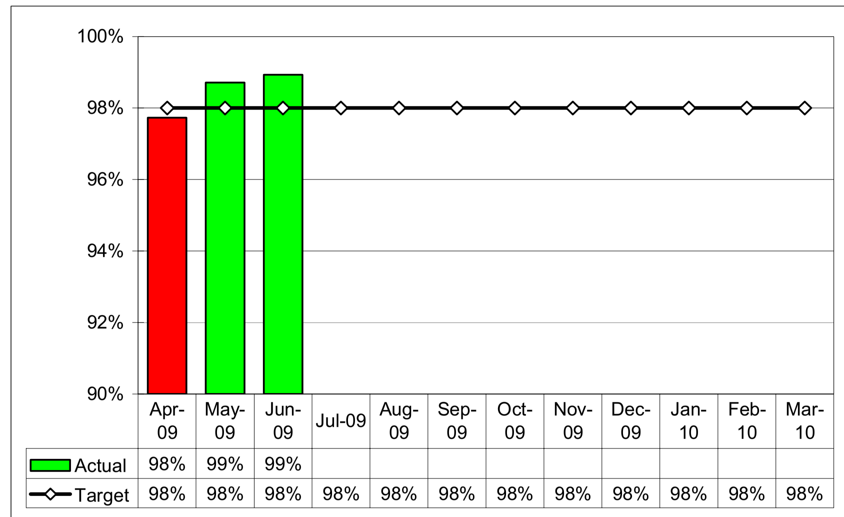
As this set of targets has just been confirmed, further work is underway, especially on the information flows supporting the delivery of the 98% standard for subsequent drug treatment. However, the current process for agreeing exceptional cases for drugs is by a weekly PCT/LTHT panel meeting, which may impact on delivery. It has been confirmed that NHS Leeds will respond to such cases rapidly, so as not to affect the patient journey treatment time.

The charts show NHSL positions only; future versions will show LTHT also.

Overall lead: Philomena Corrigan
LTHT operational lead: Jacqueline Myers
NHS Leeds operational lead: Nigel Gray

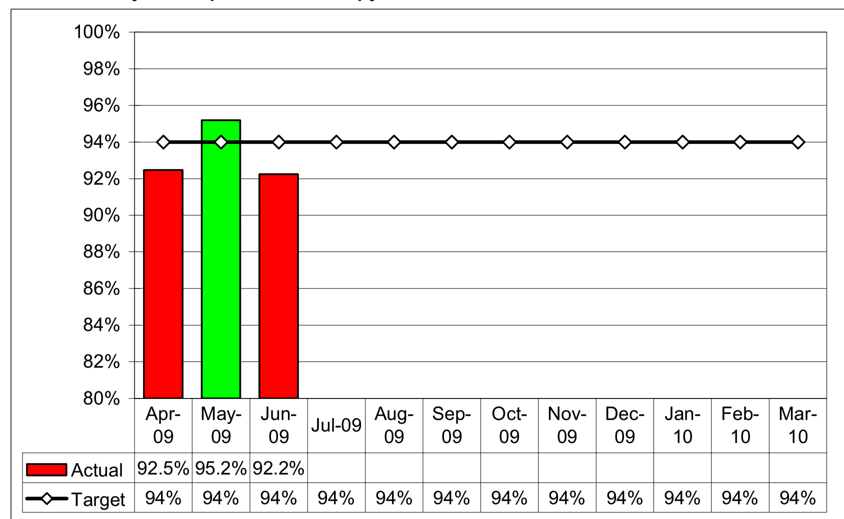
Periodic Review Standard

Cancer: 31 Day Subsequent Drug Treatment



Periodic Review Standard

Cancer: 31 Day Subsequent Radiotherapy



NHS Leeds
Leeds City Council

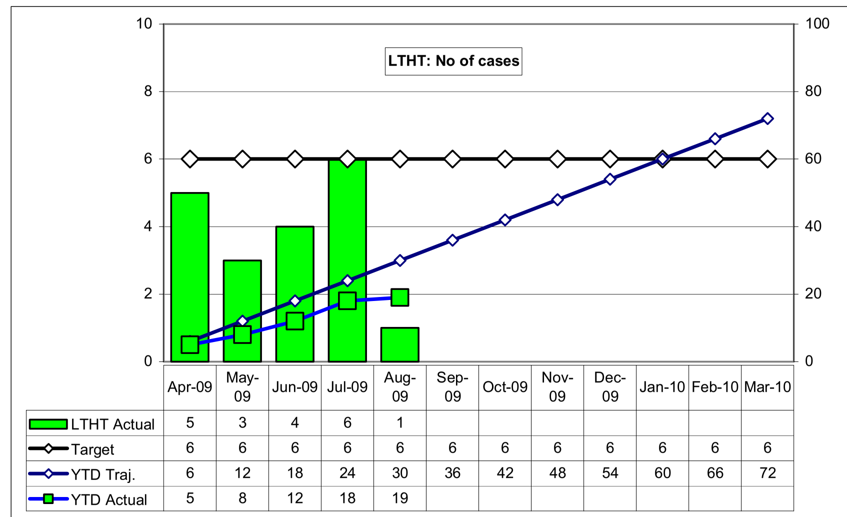
Incidence of MRSA bacteraemia

Target:

To not have more than 72 cases for 2010/11, in line with the agreed maximum.

For July there were 6 MRSA cases reported for LTHT; a figure now validated. LTHT continue to perform below the maximum trajectory level. Aug data, to the point of publication, shows only 1 case so far, subject to validation.

The MRSA screening programme in both LTHT and NHSL is underway and assurance is in place that this process is robust. Decolonisation treatment of patients will reduce the number of patients with MRSA on their skin on admission and this reduces the risk to both the patient and also to others who are nursed on the same ward. This will have a further positive impact on the figures.



	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
LTHT Actual	5	3	4	6	1							
Target	6	6	6	6	6	6	6	6	6	6	6	6
YTD Traj.	6	12	18	24	30	36	42	48	54	60	66	72
YTD Actual	5	8	12	18	19							

Health economy lead: Ian Cameron
LTHT operational lead: Brian Godfrey
NHS Leeds operational lead: Simon Balmer

NHS Leeds   Leeds CITY COUNCIL

Incidence of C. difficile

Target:

That the number of cases be no higher than the agreed maximum of 584 for LTHT and 796 for the health economy by the end of March 2010.

The figures continue to remain below the maximum trajectory level for both LTHT and for the wider health economy.

For July there were only 13 cases reported by LTHT post exclusion and attributable; this is well below their trajectory of 43 and much reduced from the figure reported for the same time period last year. For NHS Leeds the overall figure was 24 (as we are measured as a commissioner of all providers), again well below the trajectory of 61.

Advance though unvalidated information for August show a similar picture as for previous months

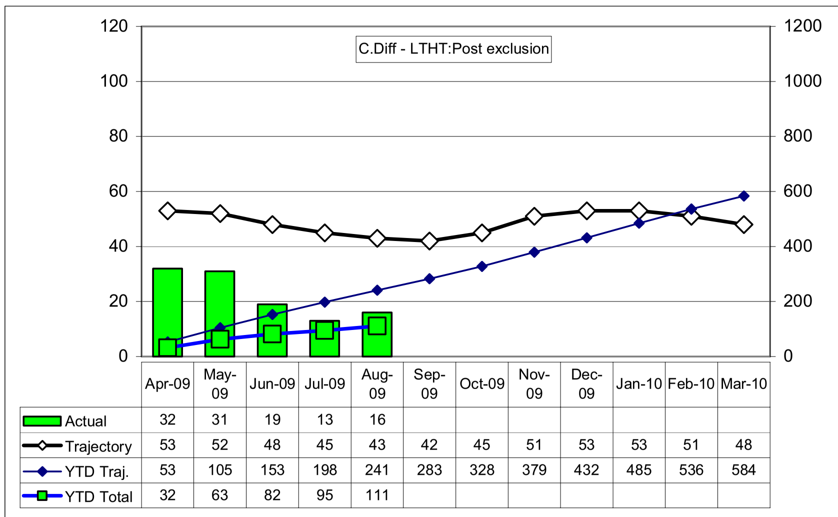
Leeds Teaching Hospitals CDiff. trajectory is a variable monthly trajectory and this has now been achieved since November 2008.

The conditional registration under the HCAI regulations has now been lifted and full registration allowed.

Health economy lead: Ian Cameron
LTHT operational lead: Brian Godfrey
NHS Leeds operational lead: Simon Balmer

Periodic Review Standard

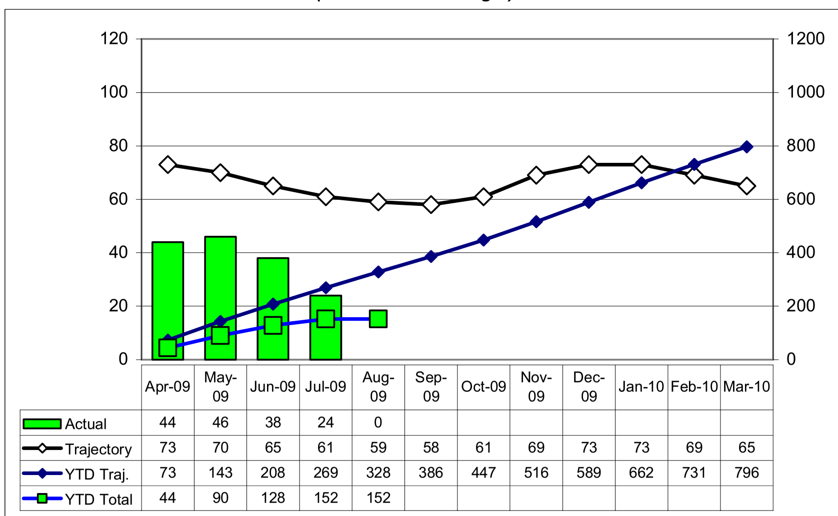
Clostridium difficile infection rates (Provider target)



	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Actual	32	31	19	13	16							
Trajectory	53	52	48	45	43	42	45	51	53	53	51	48
YTD Traj.	53	105	153	198	241	283	328	379	432	485	536	584
YTD Total	32	63	82	95	111							

World Class Commissioning Outcomes

Clostridium difficile infection rates (Commissioner target)



	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Actual	44	46	38	24	0							
Trajectory	73	70	65	61	59	58	61	69	73	73	69	65
YTD Traj.	73	143	208	269	328	386	447	516	589	662	731	796
YTD Total	44	90	128	152	152							

NHS Leeds | Leeds City Council

NI 112: Teenage pregnancy rates

Target:

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

The figure (for 2007) is a rate of 48.1 which is 4.6% below the 1998 baseline and a reduction of 5.5% from 2006. This is a positive result. It is the first reduction for 4 years. It cannot yet be described as a downward trend, though it is distinct from the national direction and the majority of other Core Cities which have shown increases.

Provisional figures for Q1 2008 show the rate as 51.7. This is higher than the rate of 50.6 for Q1 07, and the actual number of conceptions has fallen from 177 to 176. The rate is affected by a change in the population figures from Q1 07 to Q1 08. The next full national figures update will be Q1 08, due imminently.

The teenage conception programme in Leeds is focusing on key activities to ensure a reduction in rates. Key areas of success have been:

- developing a revised strategy; putting in place improved data collection; improved communication and social marketing; support to teenage parents

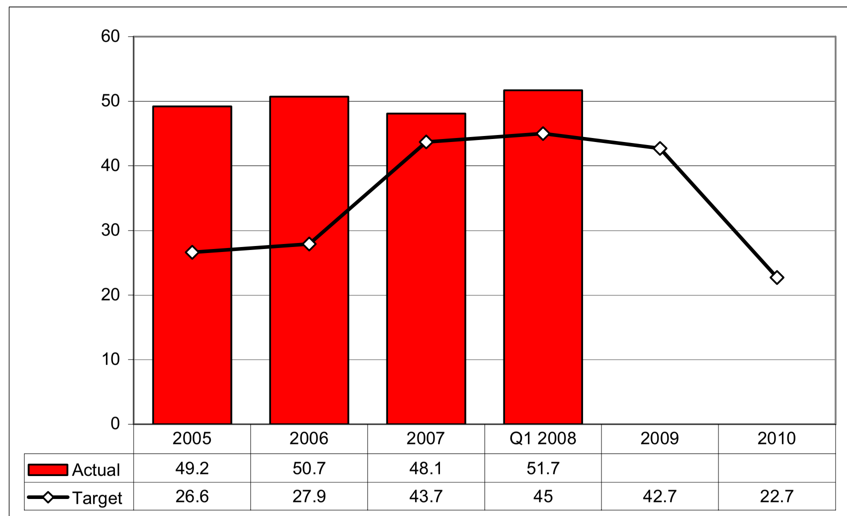
Areas for further improvement are:

- sex and relationship education; provision of sexual health services; targeted youth support and maternal and child health

Key risks include long term sustainability and translation of strategy into effective implementation, completeness and timeliness of data sets, engagement with a wider range of young people, lack of resourcing to ensure increased provision; capacity; and the time of the range of agencies and professionals involved.

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

Periodic Review/Vital Signs/Local Area Agreement Standard



	2005	2006	2007	Q1 2008	2009	2010
Actual	49.2	50.7	48.1	51.7		
Target	26.6	27.9	43.7	45	42.7	22.7

Overall Traffic Light Rating	
Data Quality	No Concerns

Four hour A&E standard

Target:

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

Following a difficult period between December and April, performance started to improve, with 98.4% of patients in June seen within the standard. Performance however dipped in July. However, performance during August was well above the 98% target level.

Year to date performance is 97.5%. The PCT have agreed not to issue a Performance Notice for July, due to issues outside of LTHT direct control.

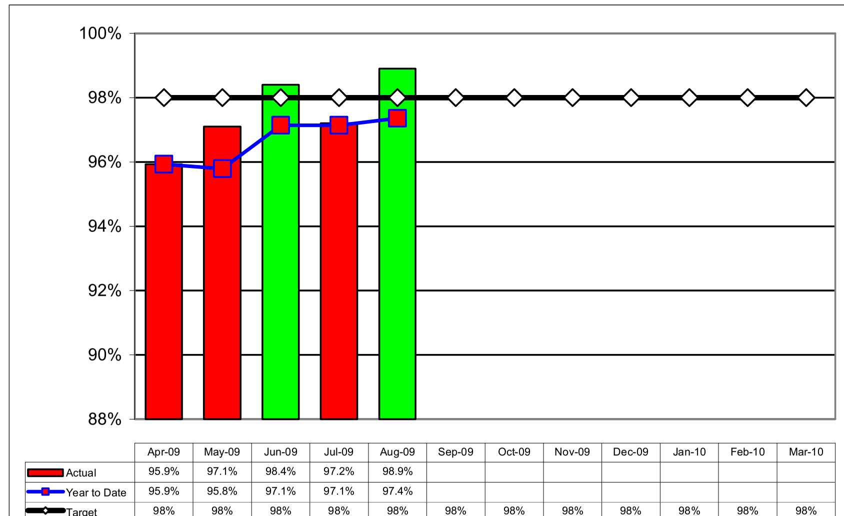
LTHT have also outlined actions that are ongoing to ensure that they can sustain target levels of performance:

- Medical staff working additional hours until vacant posts are filled.
- Continue to seek locum agency cover.
- Pay existing consultant staff additional rates to provide cover.
- Clinical Site Managers based within A&E during out of hours.
- Redirect to other healthcare settings, where possible.
- Undertake assessment of current position of non-elective admission rates from A&E to determine if further actions required

NHS Leeds are continuing to support LTHT in improving performance by:

- Promoting walk-in services as alternatives to A&E and providing information to LTHT to assist in the re-direction of patients
- Review changes to the out of hours primary care call handling service

Health economy lead: Philomena Corrigan
LTHT operational lead: Philip Norman
NHS Leeds operational lead: Nigel Gray



	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Actual	95.9%	97.1%	98.4%	97.2%	98.9%							
Year to Date	95.9%	95.8%	97.1%	97.1%	97.4%							
Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%

NI 131: Delayed transfers of care

Target:

No identified target (beyond the Vital Sign trajectory used in the chart) at this time, with 2007/08 to be used to set a baseline in a method yet to be defined.

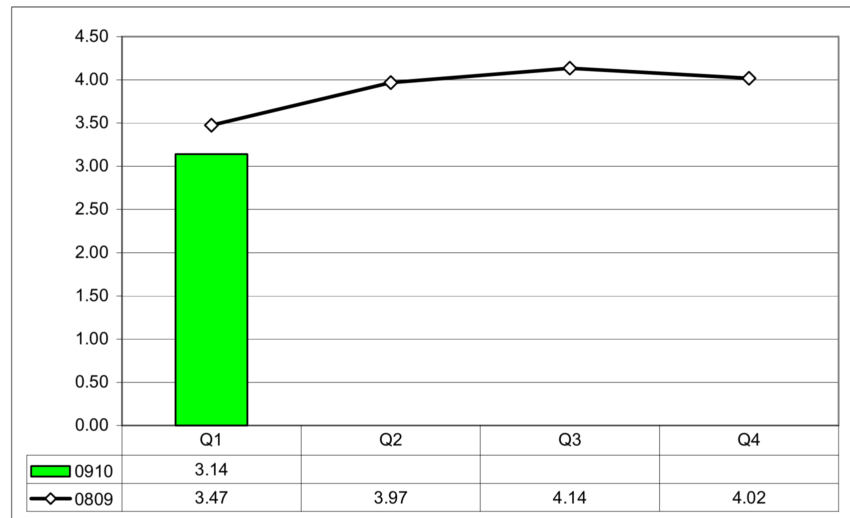
The indicator on delayed transfers of care (often known as delayed discharges) is under development. The chart measures the rate per 100,000 of the general population, as opposed to the rate per occupied acute bed day. The Care Quality Commission have not defined the threshold for achievement at the time of writing.

The number of delayed transfers of care in Q1 2009/10 indicates an improvement over the same time in 08/09.

The Unplanned Care Board has the discharge planning process as one of its key workstreams, and work started in Jan 2009 on streamlining processes and address how capacity is commissioned. The Unplanned Care Operational Group now receives an information report collating numbers of bed days taken up with delays, as an accurate indicator of the impact. This Group continues to work on project areas to contain and reduce delays further.

Periodic Review Standard

Delayed transfers of care per 100,000 population



	Q1	Q2	Q3	Q4
0910	3.14			
0809	3.47	3.97	4.14	4.02

Overall Traffic Light Rating	
Data Quality	No Concerns

NHS Leeds Executive Director: Philomena Corrigan
Management Lead: Nigel Gray
Operational Lead: Paula Dearing

NHS Leeds — Leeds City Council

Proportion of individuals who complete immunisation by recommended ages

Target:

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

The stakeholder event on 7 Jul was successful and recommendations are being taken forward. The financial element of some of these means that further consideration needs to be given. An implementation steering group is to be set up, with the first meeting due this month.

Thorough audits now taking place in general practice, though data is not yet available.

The DH measles campaign held in the city centre on 7 Aug was a success with the media showing interest and publicising the event.

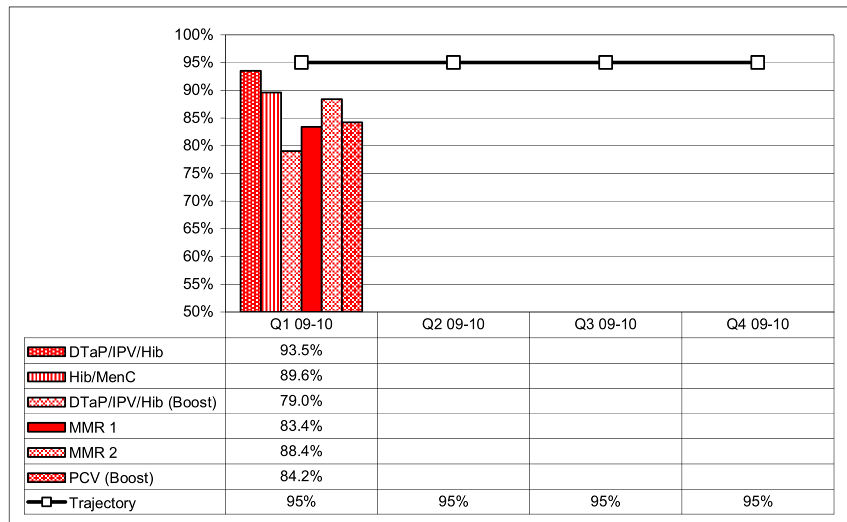
A six week MMR campaign is underway at the time of writing in Children's Centres in East and South Leeds. Although there has been an enormous amount of interest in the campaign, many of the children that had been recorded as 'unvaccinated' had in fact been vaccinated against MMR. This supports the earlier assertion that some of this data is incorrect.

The MMR catch-up campaign in general practice continues.

Q1 data shows that whilst performance has improved consistently over the past year, it still remains below the trajectory of 90% and the national target of 95%.

Periodic Review/Vital Signs Standards

Percentage of children given immunisation at the recommended ages



	Q1 09-10	Q2 09-10	Q3 09-10	Q4 09-10
DTaP/IPV/Hib	93.5%			
Hib/MenC	89.6%			
DTaP/IPV/Hib (Boost)	79.0%			
MMR 1	83.4%			
MMR 2	88.4%			
PCV (Boost)	84.2%			
Trajectory	95%	95%	95%	95%

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

NHS Leeds | Leeds City Council

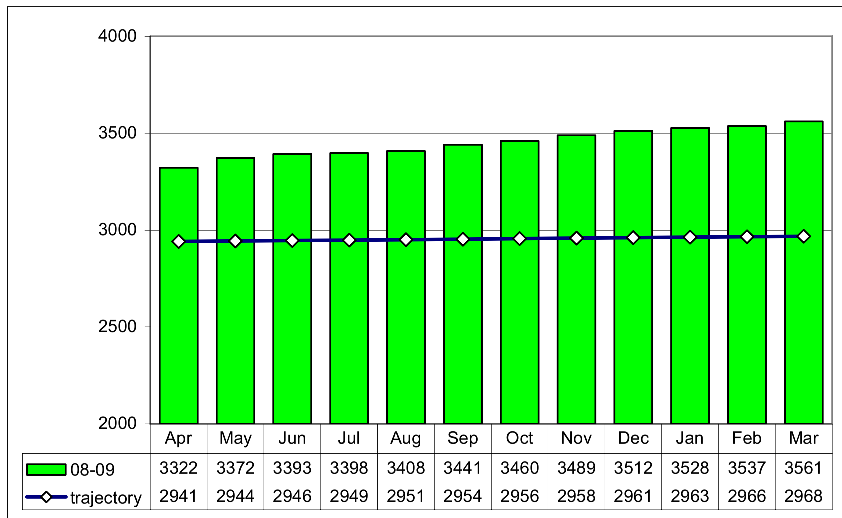
NI 40: Number of drug users in effective treatment

Target:

To increase the number of drug users in treatment, achieving the monthly target trajectory.

At the time of going to press with this report, Q1 2009/10 data has not been made available through the National Drug Treatment Monitoring Service. It is hoped that a verbal update can be given to Scrutiny Board at its meeting.

This indicator trajectory has been achieved during 2008/09. Further detailed commentary on this and performance moving into 2009/10 will be provided for future reports.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
08-09	3322	3372	3393	3398	3408	3441	3460	3489	3512	3528	3537	3561
trajectory	2941	2944	2946	2949	2951	2954	2956	2958	2961	2963	2966	2968

NHS Leeds Executive Director: Jill Copeland
Management Lead: Carol Cochrane
Operational Lead: Luke Turnbull

Overall Traffic Light Rating	
Data Quality	No Concerns

NHS Leeds | Leeds City Council

NI 123: Smoking Prevalence

Target:

Reduce the prevalence of smoking across the city and to narrow the gap between the most deprived areas and the rest of Leeds.

This target is presently being achieved, as can be seen from the adjacent charts.

Although Leeds has experienced a significant reduction in smoking prevalence over recent years, the national trend suggests the decline is starting to plateau. It is therefore vital that the tobacco control remains a high priority.

The PCT along with LCC is currently reviewing the arrangements for the development and delivery of the overarching tobacco control programme and is linking with regional activity including addressing the accessibility of cheap and illicit tobacco; a particular problem in the most deprived areas of the city.

Concentrated work in the Richmond Hill area continues to improve access to support, the result being an increase in attendance to local stop smoking clinics. Face to face interventions funded at a regional level have also taken place in partnership with the service in those specific areas; this has driven more smokers into the clinics. This work was presented at the National Smoking Cessation Conference in June as an example of good practice.

Other points are – specialist clinics located in concentrated areas of the 10% SOA; intensive marketing and support in specific children's centres; the smoking service is achieving 4 week quit target; the service has been commissioned to continue to focus in developing outreach work in 10% SOAs where access is low

NHS Leeds Executive Director: Ian Cameron
Management Lead: Brenda Fullard
Operational Lead: Heather Thomson

Overall Traffic Light Rating	
Data Quality	No Concerns

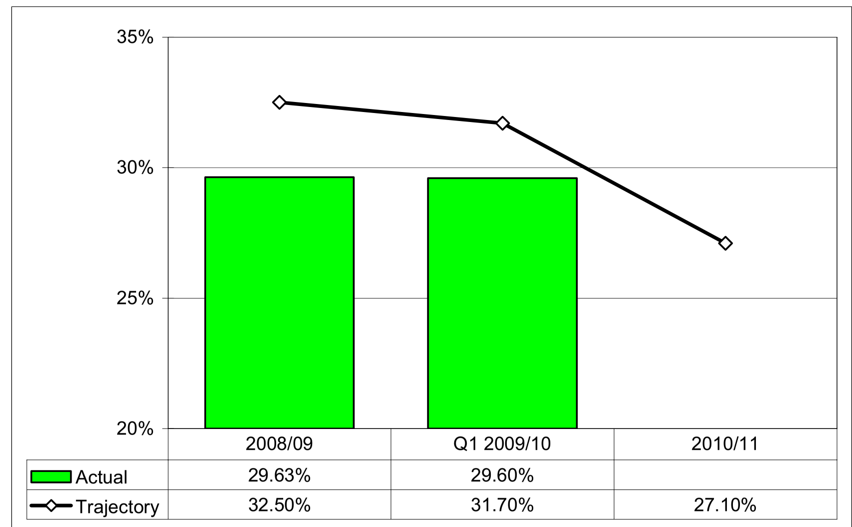
National Indicator

NI 123a: Smoking prevalence - City wide

	2008/09	Q1 2009/10	2010/11
Actual	23.04%	22.90%	
Trajectory	25.70%	25.10%	21.00%

National Indicator

NI 123b: Smoking prevalence - Depriived areas



	2008/09	Q1 2009/10	2010/11
Actual	29.63%	29.60%	
Trajectory	32.50%	31.70%	27.10%

NI 125: Independence for older people

Target:

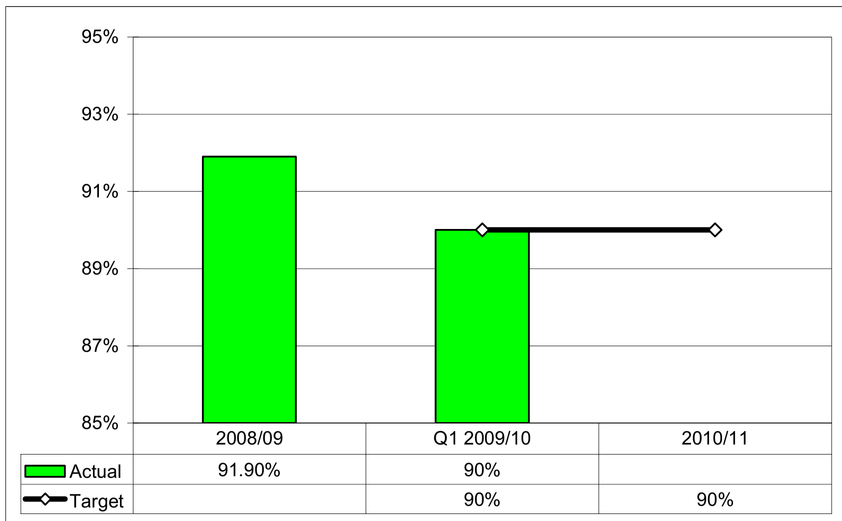
To deliver improved care so as to achieve independence for older people through rehabilitation and/or intermediate care

This indicator measures the benefit to individuals from intermediate care and rehabilitation following a hospital episode. It captures the joint work of Social Care and Health staff commissioned by joint teams. The measure is designed to follow the individual and not differentiate between social care and NHS funding boundaries.

This is based on data for April-June 2009. Of 73 discharges recorded during this time 65 were still living at home or in an associated placement setting 3 months later. The figures show Leeds to be amongst the top performing councils for this measure based upon available benchmarking data.

National Indicator

NI 125: Achieving indepence for older people through rehab/intermediate care



	2008/09	Q1 2009/10	2010/11
Actual	91.90%	90%	
Target		90%	90%

Lead Service: Access and Inclusion, LCC

Overall Traffic Light Rating	
Data Quality	No Concerns

NI 8: Adult participation in sport and active recreation

Target:

To increase the participation of adults in sport and active recreation to 24.6% by 2011/12

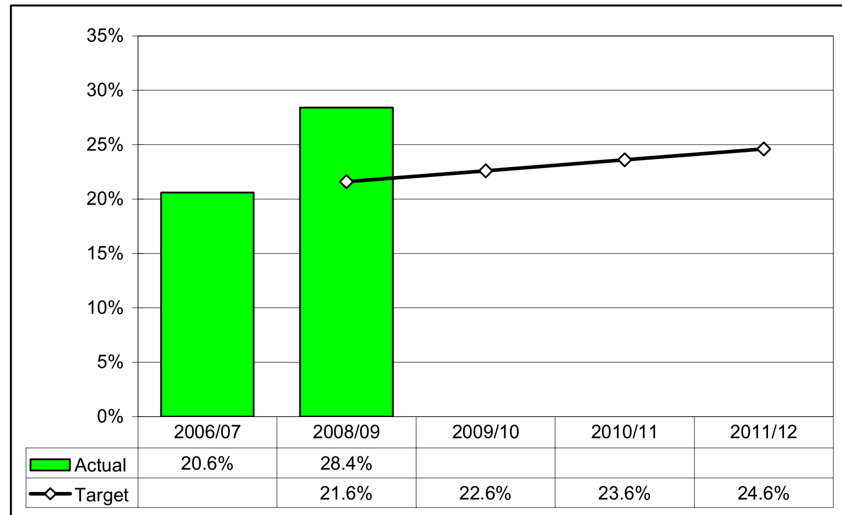
This indicator measures the participation of adults in 30 minutes of moderate intensity sport and active recreation on 3 or more days each week. The figure was gathered by Ipsos MORI who have been commissioned by Sport England to undertake an annual sport and active recreation participation survey. The original survey was undertaken from October 2005 - October 2006 and this collected 1,000 surveys from most local authorities across England. Following this 'Active People 2' was commissioned and this reduced the standardised sample size to 500.

Leeds has moved to 16th (English local authorities) in 2008 from a position of 208th in 2006, the 4th biggest increase in England. Leeds is now in the top 5% performing local authorities in the country.

The Department for Culture, Media and Sport through its Public Service Agreement targets a 1% year on year increase in participation from the baseline figure.

National Indicator

NI 8 Adult participation in sport and active recreation



	2006/07	2008/09	2009/10	2010/11	2011/12
Actual	20.6%	28.4%			
Target		21.6%	22.6%	23.6%	24.6%

Overall Traffic Light Rating	
Data Quality	No Concerns

Lead Service: Sport and Active Recreation, LCC

NI 119: Self reported measure of people's overall health and well-being

Target:

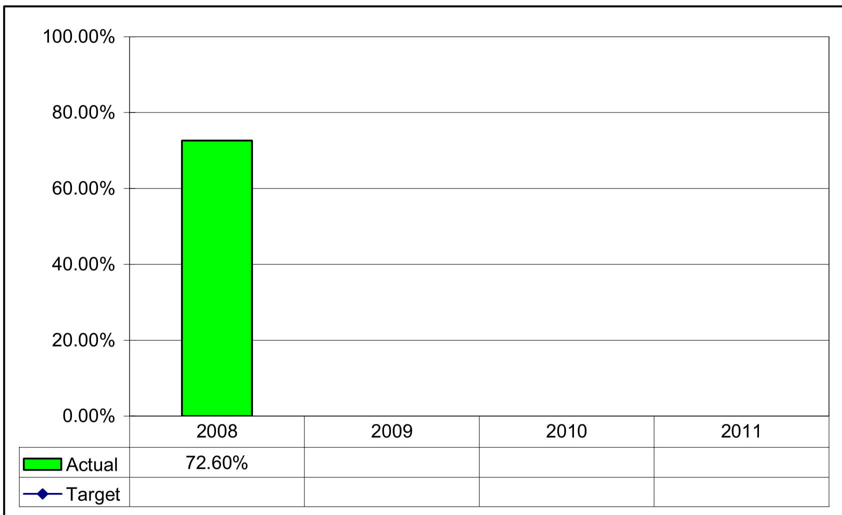
To improve the relative score as taken from the Place Survey

This result is from the 2008 Place Survey and measures the percentage of people who say their health is good or very good.

The result of 72.6% is below both the core cities and Yorkshire and Humber averages and places Leeds in the bottom quartile nationally.

This is the first year this indicator has been reported and targets have yet to be set for forthcoming years.

This data is available annually only.



Overall Traffic Light Rating	N/A
Data Quality	No Concerns

Lead Service: NHS Leeds
Executive Director: Ian Cameron
Management Lead: Brenda Fullard
Operational Lead: Heather Thomson

NHS Leeds · Leeds City Council

NI 122: Mortality from all cancers at ages under 75

Target:

To reduce the rate of deaths from cancer to 110 deaths per 100,000 by 2011

The trajectory for this indicator is currently being achieved.

The work on delivery forms part of the Cancer Locality Group work programme and the Cancer Strategy Reform action plan.

Achievement moving forward and in the short term depends of improving access to care, reducing stage at presentation as well as changing health behaviour and providing smoking cessation services.

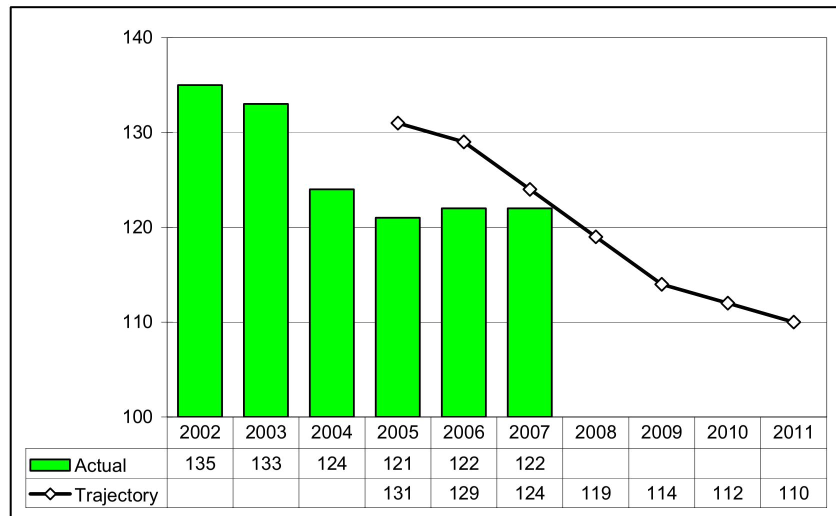
A range of actions by and regular performance review by the Cancer Locality Group and West Yorkshire cancer network and external peer assessment help to provide assurance.

Future work includes improvement of care pathways, enhanced screening programmes (breast cervical and bowel) and continued improvement in delivery of healthy living services, in particular smoking cessation, weight management and alcohol services.

This data is produced annually and that for 2008 will be available around November this year.

Overall Traffic Light Rating	
Data Quality	No Concerns

Lead Service: NHS Leeds
Executive Director: Ian Cameron
Management Lead: Jon Fear
Operational Lead: Jon Fear



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Actual	135	133	124	121	122	122				
Trajectory				131	129	124	119	114	112	110

NI 53: Prevalence and coverage of breastfeeding

Target:

To increase the prevalence and coverage of breastfeeding at 6-8 weeks from birth.

Promoting and sustaining breastfeeding is an essential part of an integrated programme of child health promotion and parenting support. Recently, performance has focused on breastfeeding initiation but from now the indicator is assessing levels of continuation and coverage at 6-8 weeks.

2008/09 was the first year that this indicator has been reported and though there are issues with regard to recording of the information, progress towards the target was good, as can been seen from the charts. Senior staff are aware of the data problems and are taking steps to address them.

Reasons for the shortfall in the prevalence rate are less clear, though may be linked to the time lag between recording and analysis. Work is ongoing to improve continuation rates through the production of the Breastfeeding Strategy and interventions funded by DH. These include commissioning LTHT providing support to women within 48 hours of discharge from hospital, and a social marketing campaign to target women with poor take-up.

Data shown in the charts is based on the whole year for 2008/09 and preliminary data for Q1 2009/10, which itself is shown against the trajectory for the full year 09/10, which is not due to be achieved until Mar 2010. This latest data is subject to amendment during the year and likely to be an understatement of achievement.

These indicators are featured at this point to give an early indication of the position. Future reports will be presented only where achievement of the targets continues to be at risk.

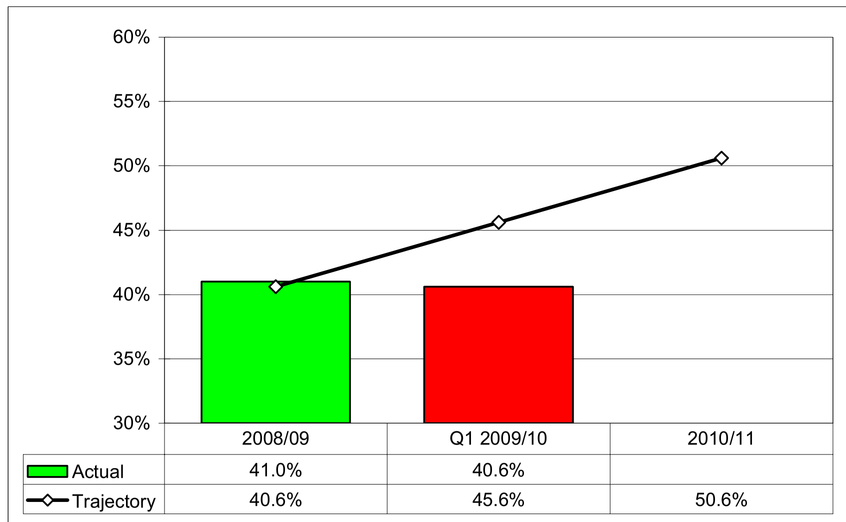
Lead Service: NHS Leeds
Executive Director: Jill Copeland
Management Lead: Sarah Sinclair
Operational Lead: Martin Ford

Overall Traffic Light Rating	
Data Quality	No Concerns

NHS Leeds | Leeds City Council

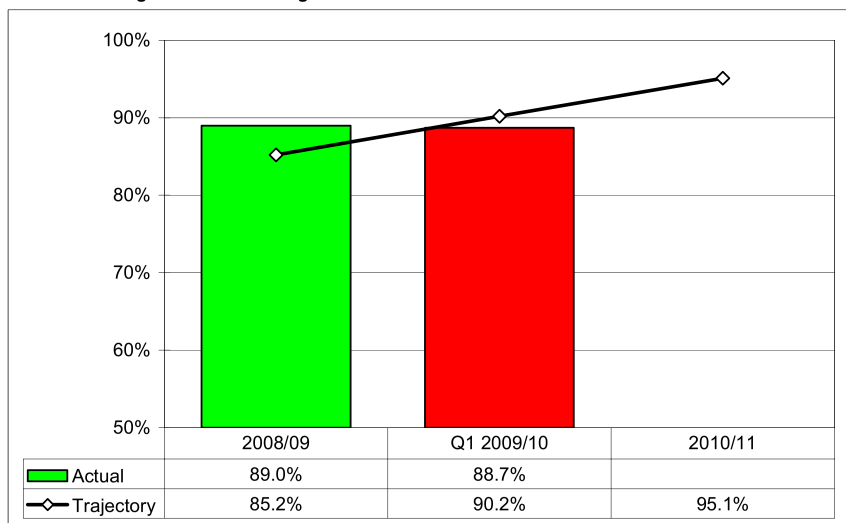
National Indicator

NI 53a: Prevalence of breastfeeding at 6-8 weeks from birth



National Indicator

NI 53b: Coverage of breastfeeding at 6-8 weeks from birth



NI 55: Obesity in Yr R primary school children

Target:

To increase coverage of Yr R children to 91.9% and to reduce prevalence of obesity to 9.17% by 2011.

Childhood Obesity is closely linked with early onset of preventable disease, including diabetes. The aim is to reverse rising obesity levels, toward levels seen in 2000. The programme records the percentage of children who are obese. The latest available result is for the academic year 2007/08. Both coverage and prevalence rates are on target.

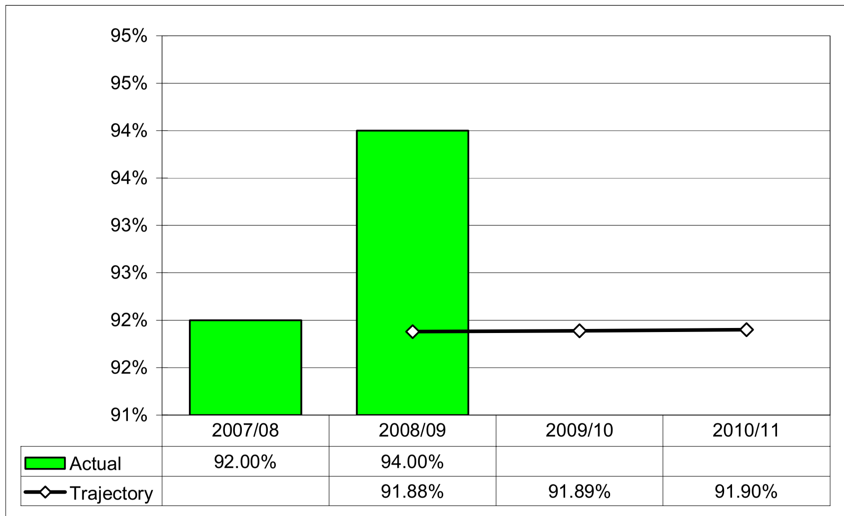
Actions already in progress include –
HENRY – The development and roll out of the HENRY programme (Health, Exercise and Nutrition for the Really Young) through Leeds Children Centres has continued. 2 local trainers have now completed the process of becoming accredited trainers and can now run the HENRY Core Programme independently. The first parents group has successfully run. A further 6 staff have completed training and can now run parents groups.
National Child Measurement Programme – The report for 07/08 will be disseminated at the end of Aug. An action plan has been agreed across Children's Services with the aim of streamlining data submission, analysis and reporting.
Change 4Life – Partners continue to work together to maximise the citywide use of the Change4life campaign across the NHS and LCC. Demonstration sites at Harehills and Middleton are working well, with action plans in place.
Weight Management Services – The Carnegie Weight Management Clinic commissioned to run at Middleton Leisure Centre will run for 12 weeks from Sep, with a further clinic in Harehills in Oct. A further £80k has been allocated for the commissioning of weight management services for families from Children Leeds.

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

Overall Traffic Light Rating	
Data Quality	No Concerns

National Indicator

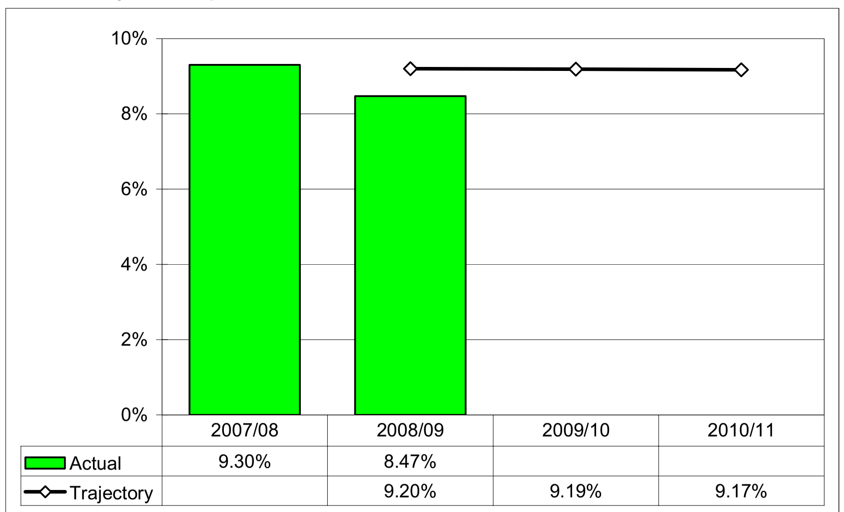
NI 55: Obesity in Yr R - coverage



	2007/08	2008/09	2009/10	2010/11
Actual	92.00%	94.00%		
Trajectory		91.88%	91.89%	91.90%

National Indicator

NI 55: Obesity in Yr R - prevalance



	2007/08	2008/09	2009/10	2010/11
Actual	9.30%	8.47%		
Trajectory		9.20%	9.19%	9.17%

NI 55: Obesity in Yr 6 primary school children

Target:

To increase coverage of Yr 6 children to 98.34% and to reduce prevalence of obesity to 17.67% by 2011.

Childhood Obesity is closely linked with early onset of preventable disease, including diabetes. The aim is to reverse rising obesity levels, toward levels seen in 2000. The programme records the percentage of children who are obese. The latest available result is for the academic year 2007/08. Both coverage and prevalence rates are on target.

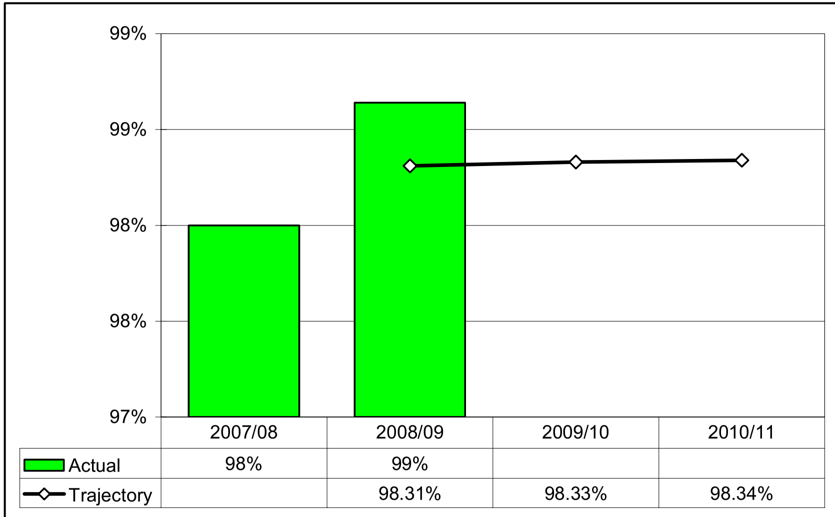
Actions already in progress include –
HENRY – The development and roll out of the HENRY programme (Health, Exercise and Nutrition for the Really Young) through Leeds Children Centres has continued. 2 local trainers have now completed the process of becoming accredited trainers and can now run the HENRY Core Programme independently. The first parents group has successfully run. A further 6 staff have completed training and can now run parents groups.
National Child Measurement Programme – The report for 07/08 will be disseminated at the end of Aug. An action plan has been agreed across Children's Services with the aim of streamlining data submission, analysis and reporting.
Change 4Life – Partners continue to work together to maximise the citywide use of the Change4life campaign across the NHS and LCC. Demonstration sites at Harehills and Middleton are working well, with action plans in place.
Weight Management Services – The Carnegie Weight Management Clinic commissioned to run at Middleton Leisure Centre will run for 12 weeks from Sep, with a further clinic in Harehills in Oct. A further £80k has been allocated for the commissioning of weight management services for families from Children Leeds.

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

Overall Traffic Light Rating	
Data Quality	No Concerns

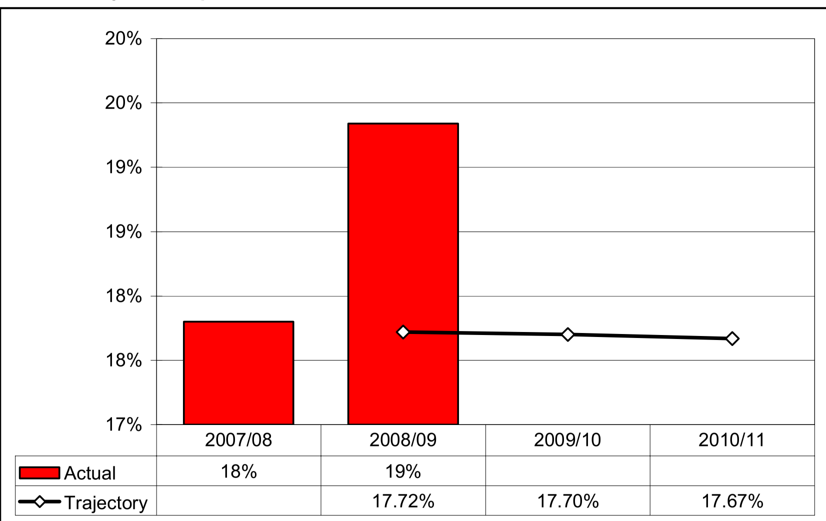
National Indicator

NI 56: Obesity in Yr 6 - coverage



National Indicator

NI 56: Obesity in Yr 6 - prevalance



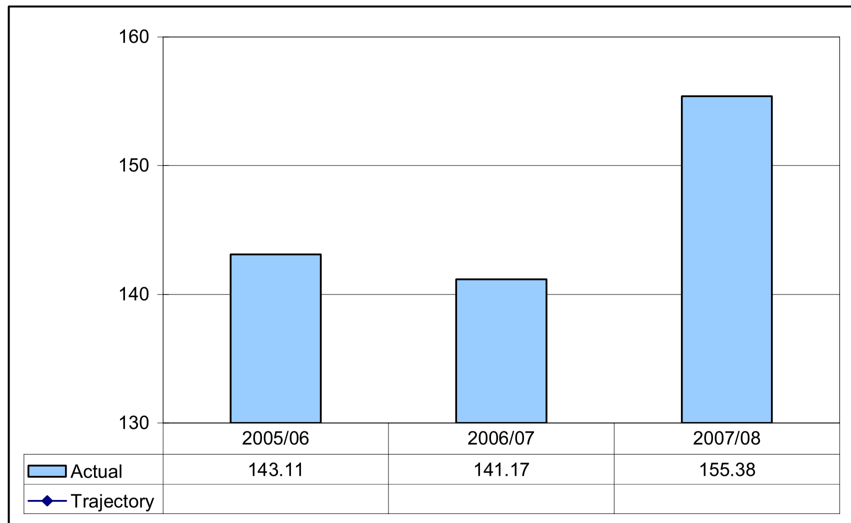
NI 70: Reduce emergency hospital admissions caused by injury to children

Target:

No target has been set for this indicator at this stage.

Data for this indicator will be available via the central Government Data Hub. A result for 2008/09 was promised to be available by the end of July 2009, though this has not materialised up to the date of publication.

No future targets have been set for this indicator at this stage.



Overall Traffic Light Rating	N/A
Data Quality	Concerns

Lead Service: NHS Leeds
Executive Director: Jill Copeland
Management Lead: Sarah Sinclair
Operational Lead: Diane Hampshire

NHS Leeds Leeds City Council

NI 50: Emotional health of children

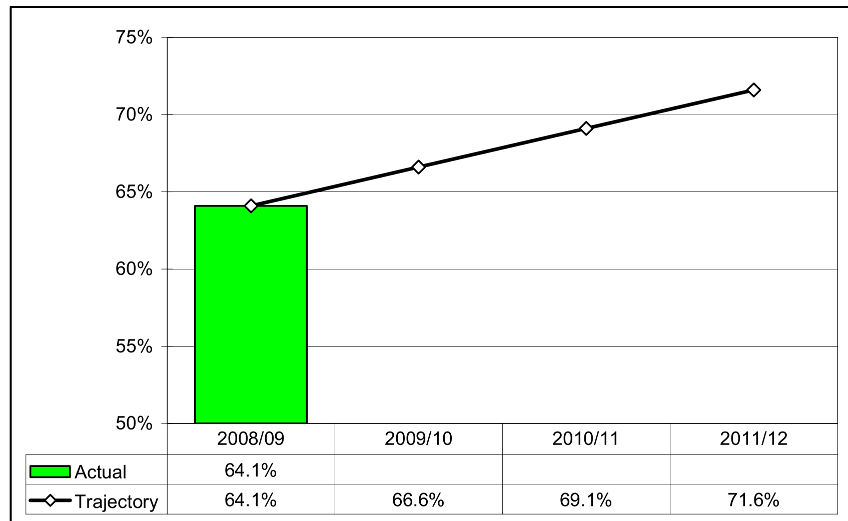
Target:

To improve performance from the 2008/09 baseline by 2.5% per year, to 2012.

This is a new indicator measured using results from questions in the TellUs Survey. The TellUs survey is based on a representative sample of pupils in School Years 6, 8 and 10 in maintained schools, including Academies and Pupil Referral Units, in a local area.

The 2008/09 result of 64.1% has been used as a baseline and future targets have been set at a year on year improvement of 2.5%.

The data here is annually derived and the latest available data is shown.



	2008/09	2009/10	2010/11	2011/12
Actual	64.1%			
Trajectory	64.1%	66.6%	69.1%	71.6%

Overall Traffic Light Rating	N/A
Data Quality	No Concerns

Lead Service: NHS Leeds
Executive Director: Jill Copeland
Management Lead: Sarah Sinclair
Operational Lead: tbc

NHS Leeds | Leeds City Council

NI 51: Effectiveness of child and adolescent mental health services

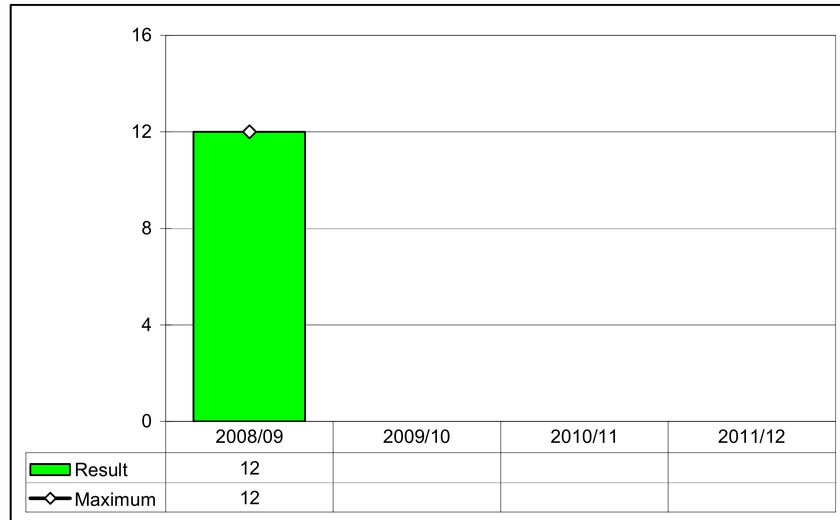
Target:

To be able to respond positively in each area of activity covered by a PCT level annual survey.

This indicator measures how effectively mental health services meet children's mental health needs, through a survey of PCTs. This measure is assessed by answering a series of four questions. During the year the questions were altered which also meant that the highest result possible and target was amended from 16 to 12. This is why the year end result differs from the previous three quarters results. Result 12 out of 12

The target has been met due to services being made more effective. This has been achieved by ensuring there is a full range of CAMHS for children with learning disabilities, providing accommodation appropriate to age and level of maturity and enhancing the provision of early intervention support services.

The data here is annually derived and the latest available data is shown.



Overall Traffic Light Rating	
Data Quality	No Concerns

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

NHS Leeds | Leeds City Council

NI 113: Prevalence of chlamydia in under 25 year olds

Target:

That 35,075 screens be delivered by the end of March 2010.

Whilst the target trajectory for 2008/09 was delivered, 2009/10 performance is 1845 screens down for Q1. Performance year to July was 2145 screens down, in total. The nationally defined targets are extremely challenging, moving from 17% of young people screened last year, to 25% this year.

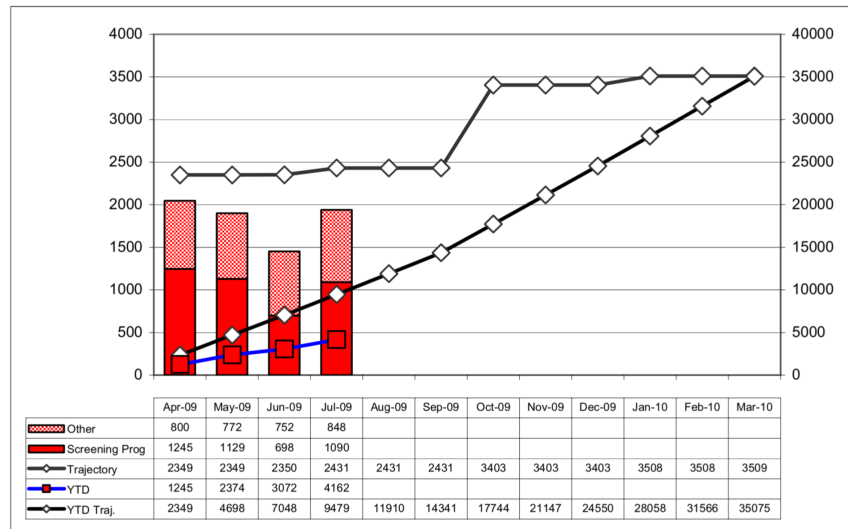
HMP Leeds have been unable to prioritise Chlamydia training to commence the SLA. This is resulting in the loss of screening to one of the most vulnerable groups.

24 GP practices are signed up to the 'locally enhanced service' to help deliver opportunistic screening to young people within their practice. A further 11 are awaiting in house training for phase 2 of roll out. Primary care champions are now appointed, providing peer leadership, motivation and direction for the Chlamydia programme. Chlamydia postal kits are available on request from pharmacies engaged with the enhanced sexual health scheme.

Wetherby Young Offenders Institute are delivering the new service and will now be screening on reception. Successful outreach via Breeze was achieved, targeting deprived areas, as well as young gay men at Pride.

Periodic Review Standard

Chlamydia Screening



	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Other	800	772	752	848								
Screening Prog	1245	1129	698	1090								
Trajectory	2349	2349	2350	2431	2431	2431	3403	3403	3403	3508	3508	3509
YTD	1245	2374	3072	4162								
YTD Traj.	2349	4698	7048	9479	11910	14341	17744	21147	24550	28058	31566	35075

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

Overall Traffic Light Rating	
Data Quality	No Concerns

NI 115: Substance misuse by young people

Target:

To reduce the number of young people reporting frequent misuse of drugs/volatile substances or alcohol.

This indicator is measured through the TellUs Survey. The TellUs survey is based on a representative sample of pupils in School Years 6, 8 and 10 in maintained schools, including Academies and Pupil Referral Units, in a local area.

The indicator measures the percentage of young people reporting frequent misuse (twice or more in the last four weeks) of either drugs/volatile substances or alcohol.

The targeted reduction of 0.5% per year equates to five children.

The data here is annually derived and the latest available data is shown.

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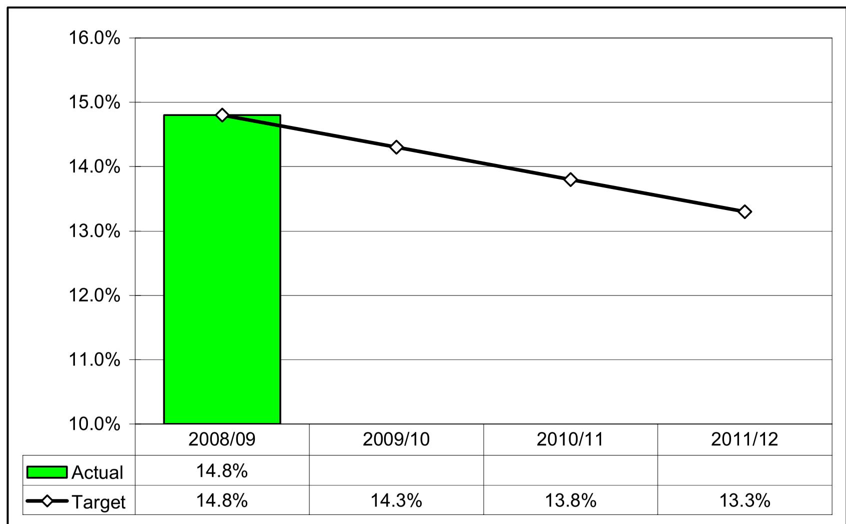


	2008/09	2009/10	2010/11	2011/12
Actual	14.8%			
Target	14.8%	14.3%	13.8%	13.3%

Overall Traffic Light Rating	N/A
Data Quality	No Checklists

Lead Service: NHS Leeds
Executive Director: Jill Copeland
Management Lead: Sarah Sinclair
Operational Lead: tbc

NI 124: People with a long term conditions supported to be independent

Target:

The percentage of people with a long-term condition who receive enough support to help manage their long-term health condition(s).

The Self Care Operating Framework is now produced in draft form. It makes specific reference to people with Long Term Conditions. It is now out for consultation with partner agencies and service users. It identifies three thematic areas for action. Meeting with Strategic Development colleague to discuss the way forward.

The Expert Patient Programme now has a full annual programme of sessions. Additional development work is planned on specific condition focussed Programme work (including neurological conditions, mental health etc).

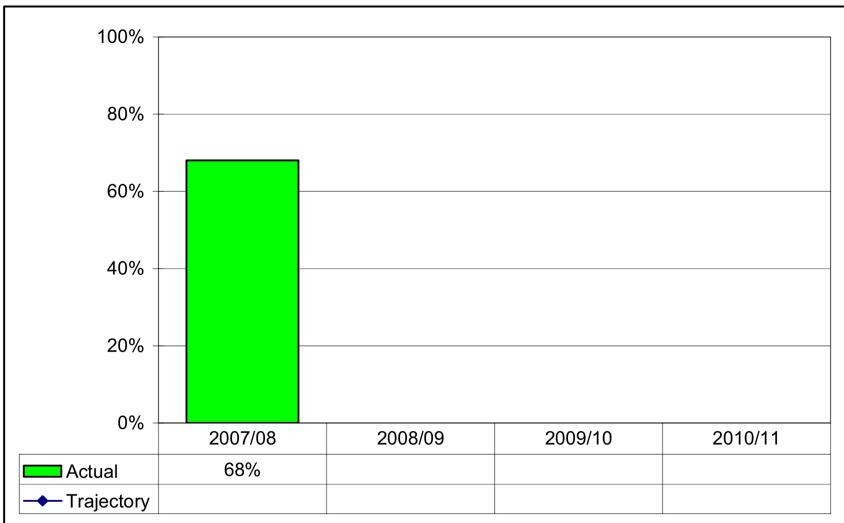
The Health Trainer Programme focuses on health behaviours and lifestyle choices, the work of the trainers overlaps with wider considerations relating to long term conditions. Full re-commissioning of the Health Trainer programme over a 3 year programme is to be taken forward through appropriate PCT mechanisms.

The Staywell System is aimed at ensuring people with long term conditions are fully informed about their condition and able to self-assess their ability and knowledge to manage the condition. This is being taken to the Leodis practice based commissioning consortium as a possible demonstration site for testing the system.

The data here is annually derived and the latest available data is shown.

Overall Traffic Light Rating	N/A
Data Quality	No Concerns

Lead Service: NHS Leeds
Executive Director: Ian Cameron
Management Lead: Brenda Fullard
Operational Lead: Judy Carrivick



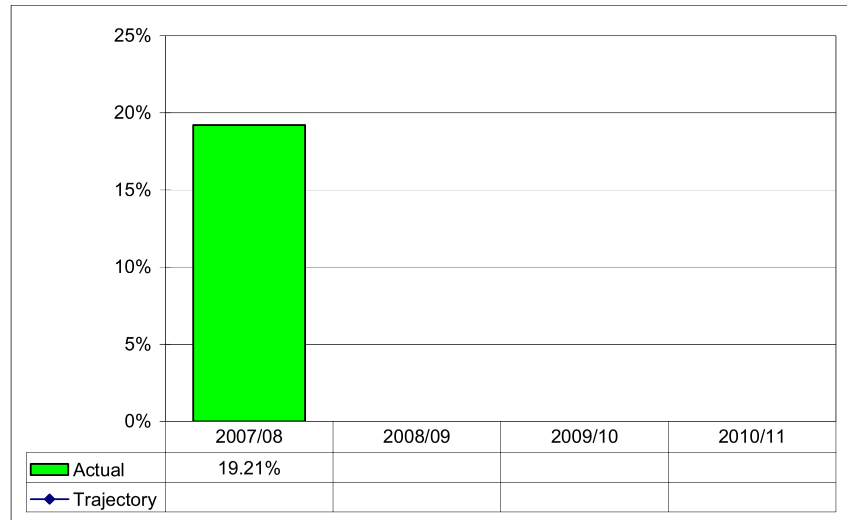
NI 129: End of life care – access to care enabling people to choose to die at home

Target:

The percentage of people that die at home should rise over time. No specific target has been set at this stage.

Data for this indicator is provided via ONS. No target has been set at this stage. Further performance information will be provided in future reports.

The data here is annually derived and the latest available data is shown.



Overall Traffic Light Rating	N/A
Data Quality	No Concerns

Lead Service: NHS Leeds
Executive Director: Jill Copeland
Management Lead: Carol Cochrane
Operational Lead: Diane Boyne

NI 134: Number of emergency bed days per head of population

Target:

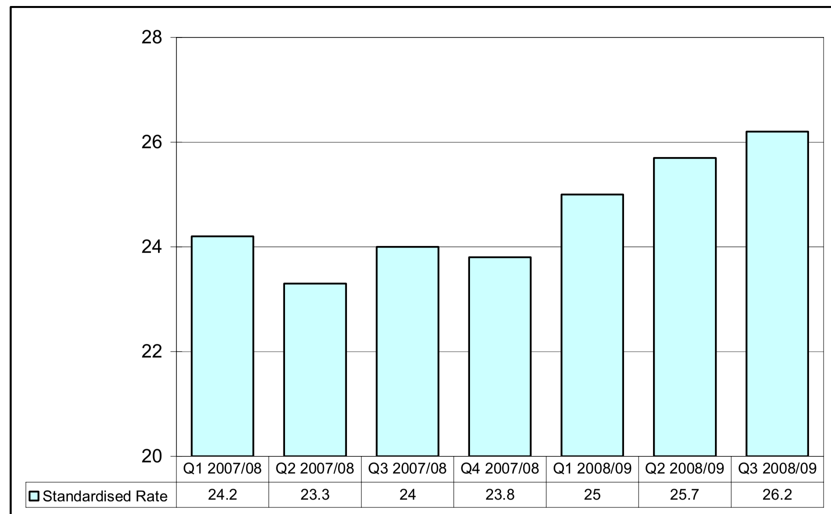
The rate of emergency bed days per head of population should reduce over time.

Data is now available for this indicator, up to Q3 2008/09, the latest available.

No specific target has been identified at this stage.

National Indicator

NI 134: Emergenncy bed days per head of poulation - standardised rate



Overall Traffic Light Rating	N/A
Data Quality	No Concerns

Lead Service: NHS Leeds
Executive Director: Philomena Corrigan
Management Lead: Nigel Gray
Operational Lead: Paula Dearing

NI 149: Adults receiving secondary mental health services in settled accommodation

Target:

The percentage of people receiving secondary mental health services and who are in settled accommodation should rise.

NI 150: Adults receiving secondary mental health services in employment

Target:

The percentage of people receiving secondary mental health services and who are in employment at the time of their last assessment should rise.

Data for these indicators is provided via the Mental Health Minimum Data Set. No targets have been set at this stage. Further performance information will be provided in future reports. Data will be available from the Data Hub during the summer.

NHS Leeds will support provision of the information for these indicators for future reports and also co-ordinate the reporting of supporting narrative.

Overall Traffic Light Rating	N/A
Data Quality	No Checklists

Lead Service: Leeds Partnership Foundation Trust/NHSL
Executive Director: tbc
Management Lead: tbc
Operational Lead: tbc

NHS Leeds
Leeds City Council

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 22 September 2009

Subject: Scrutiny Inquiry: Improving Sexual Health Among Young People – response to recommendations

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

1.0 Purpose

1.1 The purpose of this report is to present the formal response to the recommendations presented in the Scrutiny Inquiry report: *Improving Sexual Health Among Young People (April 2009).*

2.0 Introduction

2.1 During the previous municipal year (2008/09), the Scrutiny Board (Health) conducted an inquiry into improving sexual health among young people. The Scrutiny Board concluded its inquiry and agreed its inquiry report in April 2009, setting out its conclusions and recommendations.

2.2 Once a Scrutiny Board report has been issued, it is the normal practice to request a formal response to the Board's recommendations from the appropriate body. This report sets out the agreed response to the Board's recommendations.

2.0 Report issues

<u>Initial responses</u>

2.1 On 22 July 2009, a proposed response from the Director of Children's Services was presented to the Executive Board for consideration and approval. The report (attached at Annex 1) detailed each of the Scrutiny Board's nine recommendations, along with the proposed response of the Director of Children's Services. The original Scrutiny Inquiry report is appended to the report presented to Executive Board.

2.2 As detailed in the attached report, each response was developed with the following relevant agencies:

- Education Leeds;
- NHS Leeds (specifically public health, children's commissioning and provider services);
- Children and Young People's Social Care; and,
- The Teenage Pregnancy and Parenting Partnership Board (which includes the third sector).

2.3 At the Executive Board meeting, the following resolution was agreed:

- *That the proposed responses to the recommendations of Scrutiny Board (Health), as contained within the submitted report, be approved.*

Other considerations

2.4 During the Autumn 2007, the Teenage Pregnancy National Support Team (TPNST) visited Leeds to review progress against the national target for reducing the rate of teenage conceptions. The TPNST provided a report of its findings to the Teenage Pregnancy and Parenting Partnership Board (TPPPB) in November 2007. With 8 recommendations, a summary of the TPNST report was considered as part of the Scrutiny inquiry undertaken by the previous Scrutiny Board (Health).

2.5 The TPNST were requested to return in March 2009 (18 months after their initial visit) to undertake a review that would address each of the original 8 recommendations. The outcome of the March 2009 review is outlined in the Ministerial report, attached at Annex 2.

2.6 At this stage, members of the Scrutiny Board (Health) are asked to consider the initial responses to the recommendations, along with the additional information presented in the ministerial report (Annex 2) and to decide whether any further scrutiny activity is required at this stage.

2.7 In considering whether any further scrutiny activity is required at this stage, members of the Scrutiny Board should note that draft terms of reference for a proposed scrutiny inquiry aimed at promoting good public health (including issues around sexual health), are included elsewhere on the agenda.

Future monitoring arrangements

2.8 As a matter of routine, each recommendation will be incorporated in future quarterly recommendation tracking reports to enable the Board to continue to monitor progress. Recommendations will continue to be monitored until associated actions have been completed and/or members agree that monitoring should cease.

2.9 The next recommendation tracking report is scheduled fro December 2009.

3.0 Recommendation

3.1 Members of the Scrutiny Board (Health) are asked to note and consider the information presented in this report and decide whether any further scrutiny activity is required at this stage.

4.0 Background Papers

Scrutiny Board (Health) – Inquiry Report: *Improving Sexual Health Among Young People* (April 2009)

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ANNEX 1

Agenda Item:

Originator: Sarah Sinclair

Tel: 0113 2476832

Report of the Director of Children's Services

Executive Board

Date: 22nd July 2009

Subject: Response to the Scrutiny Board (Health) Inquiry into improving sexual health among young people

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

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

EXECUTIVE SUMMARY

1. This report provides the Executive Board with the details of the recommendations from the recent Scrutiny Board (Health) inquiry into improving sexual health among young people and how the relevant agencies propose to respond to these recommendations. The report asks the board to approve the proposed response.

RECOMMENDATIONS

2. Executive Board are recommended to:

   Approve the proposed responses to the Scrutiny Board (Health) recommendations.

1.1 Purpose Of This Report

This report provides the Executive Board with the details of the recommendations from the recent Scrutiny Board (Health) inquiry into improving sexual health among young people and how the relevant agencies propose to respond to these recommendations. The report asks the board to approve the proposed response

2.0 Background

2.1 In late 2008 and early 2009 the Scrutiny Board (Health) conducted an inquiry into improving sexual health among young people. The report is attached at appendix 1. The Inquiry followed concerns about the high and rising rates of teenage conceptions by focusing on access to contraception and sexual health services by young people and the quality and consistency of sex and relationship education in schools.

2.2 The report makes nine recommendations for action. Work has been done on behalf of the Director of Children's Services with the relevant agencies to consider the recommendations. These agencies include: Education Leeds, the NHS (specifically public health, children's commissioning and provider services), Children and Young People's Social Care and the Teenage Pregnancy and Parenting Partnership Board (which includes the third sector). In view of this work, the Director of Children's Services has accepted all nine recommendations and actions are underway or planned to address them.

3.0 Main Issues

3.1 Each of the Scrutiny Board's (Health) nine recommendations are listed below, along with a response on behalf of the Director of Children's Services, which has been developed with the relevant agencies concerned.

3.2 <u>Recommendation One:</u>

That NHS Leeds works with their partners to continue to develop the sexual health services on offer to young people, with a focus on:

- *Making these services more accessible, both geographically and through appropriate opening hours.*
- *Making use of walk-in centres as a means of enabling young people to access sexual health services.*
- *Better coordination of services in order to target those parts of the city where the need is greatest.*
- *Advertising the availability of services more widely, with some advertising targeted specifically at adults.*

Response
Agreement with the issues outlined in recommendation one.

The Health Needs Assessment report from December 2008 mapped sexual health service provision. A task group accountable to the Teenage Pregnancy and Parenting Board is developing recommendations for the future of sexual health services for

young people ensuring the co-ordination of service delivery in areas and settings to reach young people. Immediate service developments include:

- Neighbourhoods within the six priority wards are being prioritised for new locations offering condoms, pregnancy testing and Chlamydia testing.
- The contraception and sexual health service is developing new outreach contraception clinics in each of the six priority wards with opening times that are appropriate for young people.
- The contraception and sexual health service has been commissioned to provide sexual health services in alternative settings, including Further Education.
- A further 13 pharmacies are being recruited and trained in July 2009 to provide the Enhanced Sexual Health Service offering Emergency Hormonal Contraception with evening and weekend access.
- A “Service Information and Dissemination Strategy” has been developed which specifies methods of promoting contraception and sexual health services with young people and those who work with young people.
- Leedssexualhealth.com is targeted at young people and over 25’s. There will be further advertising on billboards, bus stops and within services across the city.
- Additional sexual health funding is being used to invest in GP practices in the six priority wards in order to increase access to the provision of long acting reversible contraception and to increase sexual health service provision for the most vulnerable groups, including additional capacity for the looked after children’s health team.

3.3 <u>Recommendation Two:</u>

(a) That NHS Leeds and Leeds City Council work together to establish a local data set as soon as possible, and that this information is regularly made available to everyone who has a role to play in tackling teenage conception.
(b) That full use is made of this data to measure the effectiveness of schemes and to target resources.

Response
Agreement with the issues outlined in recommendation two.

- An Information Sharing Agreement is in place between all relevant partners. Work has commenced on establishing a local data set, identifying data leads within each agency and agreeing timescales to regularly ensure the data is shared and made widely available.
- Partners are using the nationally recommended local dataset and ensuring all service level agreements have identified data to collect with associated performance measures to ensure the effectiveness of schemes in place.
- The Leeds local data set is being used to identify local teenage conception hotspots and trends to target existing resources.
- NHS Leeds is providing public health information to support service planning.

3.4 <u>Recommendation Three</u>:

That Education Leeds and Children’s Services continue to support and coordinate initiatives to raise standards in SRE in all schools across Leeds.

Response
Agreement with the issues outlined in recommendation three. It is worth noting that a key barrier has been that this work has not been a major priority for some key schools and dedicated SRE support is largely unfunded and is putting Leeds Healthy Schools finances under pressure. In 2010, PSHE will become statutory element of the curriculum but we should not rely on this to produce universal high quality provision as Ofsted enforcement may be weak. Therefore we need robust promotion and formal agreement on effective delivery models through all partnership routes.

- The Sex and Relationship Education (SRE) support strategy will continue to be developed to provide a comprehensive and resourced PSHE/SRE strategy.
- Support for schools is prioritised using information on teenage pregnancy rates and related factors.
- The PSHE accreditation programme is established but places limited due to national guidance and funding.
- A multi agency training team for secondary support has been established. This model can be drawn upon to provide cross workforce training. (link to Rec. 7)
- Links with primary Social and Emotional Aspects of Learning (SEAL) are established.
- SRE self review tools are available for schools and other settings.
- A PSHE network is in place and links with PSHE curriculum leads have been established.
- An “infrastructure review” model has been established to review the integration of and support for PSHE in whole school structures. School Improvement Advisers and partners are supporting the use of this tool.
- Guidance on effective practice has been established and is being disseminated. (see also Rec.4)
- There are now two advisory teachers in place to deliver the work cited above and to provide dedicated support to SRE.

3.5 Recommendation Four:

That continued targeted support is provided to those schools in ‘hotspot’ wards, particularly in terms of:
- *Developing innovative methods of delivering SRE to young people*
- *Encouraging staff and governors to be at the centre of such initiatives, through improved training and communication.*

and that efforts are also made to meet the needs of vulnerable young people across the city.

Response
Agreement with the issues outlined in recommendation four.

- Schools serving hotspot wards have been prioritised although there needs to be a balance against the needs of non-hotspot areas which also experience teenage pregnancy and sexual health issues.
- Advice and guidance is available to schools on the development and use of innovative and high impact methods for delivery of SRE to young people. It is essential that these methods are part of a continuing progressive curriculum.
- Elected member /governor workshops are being planned in liaison with Governor Services. A checklist is being developed to enable members/governors to review and challenge provision.

- There is representation of the Teenage Pregnancy & Parenting Board on the Multi Agency Looked After Children Partnership (MALAP) in order to embed the needs of this vulnerable group within the teenage pregnancy programme.
- See also response to recommendation 6.

3.6 Recommendation Five:

That Leeds City Council and Education Leeds work together to provide support to parents, particularly in 'hotspot' wards, to enable them to communicate effectively with their children about the range of issues surrounding sexual health and teenage conception.

Response
Agreement with the issues outlined in recommendation five.

- There are number of programmes which are working with parents to support them with communicating with their children. These need more strategic co-ordination to ensure consistency and appropriate geographical coverage.
- Work has progressed in hotspot wards with targeted 'Speakeasy' courses in Inner East and Inner South, to engage parents and increase their confidence and skills when talking to their children on all subjects including sex and relationships, and to empower them to begin a dialogue with their child's school. Recruitment to 'Speakeasy' training can take place through schools, extended services and children's centres, however there is a current shortage of 'Speakeasy' trainers due to cost.
- The two Risk and Resilience Projects in Inner South and Inner North East bring together multi agency teams to ensure a wide spread of contact and engagement with parents in these areas.

3.7 Recommendation Six:

That Leeds City Council and Education Leeds continue to support young people-led activity which is focused on improving sexual health, and that this work is targeted on those young people who are otherwise 'hard-to-reach'.

Response
Agreement with the issues outlined in recommendation six.

- There are a variety of initiatives which are young people-led across the city by different agencies; there is a need for strategic and central co-ordination of this work. Examples of these initiatives are:
  - YSHAG
  - Peer Ambassadors at Thomas Danby College who encourage and educate other students to access college support services including sexual health services
  - 'Want Respect and Use a Condom' national scheme is being utilised in FE Colleges to raise awareness and confidence of students to use support services
- The "14 to19" agenda is now represented on the Teenage Pregnancy and Parenthood Board SRE task and finish group and will become embedded into the strategy. The ambition is that the most vulnerable students being educated in or away from their home schools will access a customised SRE entitlement with the Pupil Referral Units prioritised within SRE and Healthy Schools work. This is

essential as 80% of school age fathers are not attending mainstream school sites when they become fathers.

3.8 Recommendation Seven:

That all the agencies in Leeds working with young people collaborate to offer a consistent message on sex and relationships, and promote healthy behaviour, and that this partnership working is centrally coordinated to form a coherent strategy.

Response
Agreement with the issues outlined in recommendation seven.

Whilst many agencies are working towards a consistent message and multi agency training there is a need for a more centrally co-ordinated strategy. Examples of this are:

- The Healthy Young Peoples Service (HYPS) in schools is a multi agency service operation under common guidelines across the services;
- Education Leeds are undertaking joint reviews looking at strengths and weaknesses of schools and to develop an action plan to improve consistency of delivery
- Education Leeds provide a model pack of lesson plans and resources, with accompanying training, for PSHE in High Schools
- There is a multi agency training team able to offer training for professionals and capacity building for High Schools
- Joint training on sexual health and young people for workers in this field

3.9 Recommendation Eight:

(a) That a coordinated effort is made by Education Leeds, Children's Services, NHS Leeds and other service providers to increase the involvement of elected members in tackling sexual health issues among young people, both in terms of involving members in decision making and making use of their unique role within the community.
(b) That elected members themselves are encouraged to learn more about the complex issues surrounding sexual health and teenage conception through the Member Development process.

Response
Agreement with the issues outlined in recommendation eight.

Member awareness seminars have been established to address the issues raised in this recommendation, including one with YSHAG on young people's views and recommendations and another focusing on what is good quality SRE. In addition, elected members opened Inner South and Inner East Teenage Pregnancy Events and the Lead Member for Children's Services attended both. East and South Area committees are closely involved with the locality work.

3.10 Recommendation Nine:

That, with the appropriate consideration of working collaboratively, the issue of sexual health among young people be considered by the Health, Children's Services and Environment and Neighbourhoods Scrutiny Board's in the next municipal year when setting their work programmes, particularly in terms of the links with:

- *Alcohol*
- *Drugs*
- *Deprivation*
- *Attendance and*
- *Self-esteem.*

Response
Agreement with the issues outlined in recommendation nine. Any co-operation and support Members require to implement this will be readily available.

4.0 Implications For Council Policy And Governance

None identified.

5.0 Legal And Resource Implications

None identified.

6.0 Conclusions

6.1 The Scrutiny Board's (Health) Inquiry into Improving the Sexual Health of Young People has identified important issues for taking this work forward. The monitoring of recommendations by the Scrutiny Board (Health) will ensure progress is effective.

7.0 Recommendations

7.1 Executive Board are recommended to :

Approve the proposed responses to the Scrutiny Board's (Health) recommendations.

8.0 Background papers

There are no specific background papers to this report.

APPENDIX 1

Improving Sexual Health among Young People

Scrutiny Inquiry Report

Introduction and Scope

Introduction

1. The issue of Sexual Health among young people has been high on the political agenda for some time both locally and nationally.

2. In particular, Teenage Pregnancy has made headlines in recent years, as local authorities across England have struggled to make progress against the government target to reduce teenage conception by 50% by 2010 (against the 1998 national baseline of 46.6 conceptions per 1000 15-17 year old girls).

3. Leeds has been no exception to this trend, with the latest figures showing that the city has only reduced rates by 4.6% against the local baseline, despite a local target to reduce teenage conception by 55% by 2010. In terms of numbers, this means that the 1998 rate of 50.4 conceptions per 1000 15-17 year olds had only been reduced to 48.1 per 1000 by 2007.

4. In addition, 'Rates of Chlamydia Screening', and 'Access to Genitourinary Medicine (GUM) Services' remain important national indicators for both Leeds City Council and the NHS, despite significant recent improvements in both areas.

5. That these areas are seen as important priorities in Leeds is, in part, demonstrated by their inclusion as an improvement priority in the Local Area Agreement, through the target to "Reduce Teenage Conception and Improve Sexual Health". The issue of Teenage Conception was also highlighted as an area of concern in the 2008 Corporate Area Assessment.

6. As a result, when considering our work programme for 2008/09, we were keen to undertake a piece of work which would allow us to explore the variety of factors which impact upon sexual health among young people and to examine the effectiveness of current strategies.

7. We were aware that these issues had been considered by Scrutiny before. In May 2005 the Scrutiny Board (Health) published a report into Sexual Health in Leeds, and in April 2008 the Scrutiny Board (Health and Adult Social Care) published a statement on Teenage Pregnancy which was the result of a one off 'task and finish' working group.

8. However, we felt that the time was right for a further exploration of these areas, both to revisit some of the concerns highlighted in 2005, and to expand upon the initial conclusions of the 2008 statement.

Scope

9. The initial aim of the inquiry was to make an assessment of, and where appropriate make recommendations on the following areas:
   - an investigation of the links between teenage pregnancy and low aspiration;

- consistency of Sex and Relationship Education (SRE) for both males and females in primary and secondary schools, and other education settings;
- consistency of SRE in non-educational settings;
- the availability of access to contraception/family planning for young males and females in the city , outside standard school/working days, and in on-site education and training settings, including further education;
- the rise in conception rates in under 15s.

10. The development of this scope was influenced by the conclusions of the 2008 Health and Adult Social Care Scrutiny Board Statement on Teenage Conception, which had concluded that, while there were excellent services in Leeds to support teenage parents, there was still much work to be done around reducing teenage conceptions and improving sexual health services.

11. Our investigations were also influenced by the report of the Teenage Pregnancy National Support Team (TPNST) who visited Leeds in Autumn 2007. The TPNST travel the country visiting local authorities who are particularly struggling to meet the reduction in teenage conceptions target.

12. The TPNST listed some of Leeds' main strengths as being:
    - Renewed Strategic Commitment
    - Strong commitment and enthusiasm from the Local Teenage Pregnancy Co-ordinator and operational staff
    - Examples of good practice
    - Strong voluntary sector
    - Good involvement of young people.

13. However, a number of areas for improvement were also highlighted, including:
    - Strategy
    - Local data set
    - Communications
    - Implementation (including improved access to sexual health services; a coherent vision for SRE within and outside schools; and consistent messages for young people from all professionals on raising aspirations).

14. During our inquiry we examined progress against all of these priorities. We were particularly struck by the continued need for better coordination and communication between services, and many of our recommendations are focused on this area. We hope that in responding to our recommendations, the range of services involved will work together to provide a single response, and a more coordinated approach for the future.

Conclusions and Recommendations

Access to sexual health services

15. To summarise the problems facing Leeds in terms of sexual health among young people, it is perhaps best to let the statistics speak for themselves.

16. As mentioned above, Leeds has succeeded in reducing teenage conception rates by just 4.6% against the 1998 baseline, despite a target of a 55% reduction by 2010. This equates to 48.1 conceptions per 1000 15-17 year olds, compared with 41.7 per 1000 for England as a whole.

17. Within the city there are also extreme variations between different wards, with the six areas displaying particularly high rates being known as 'hotspots'. These hotspot wards are:

    - Burmantofts
    - Richmond Hill
    - Seacroft
    - City and Holbeck
    - Hunslet
    - Middleton

    According to the last available figures, four of these wards have teenage conception rates in excess of 90 conceptions per 1000 15-17 year olds – almost double the average across the city.

18. In terms of sexually transmitted infections (STIs), Leeds has made some progress in reducing overall rates during the past couple of years. However, the total number of cases of Chlamydia infection treated at the LGI in 2007 (the last year for which figures are available) was still 525% of that in 1995. HIV figures are even more shocking, with the 2007 total for cases of HIV infection with symptoms, as treated at the LGI, standing at 542, compared with just 5 in 1995. It should be remembered that these increases may in part be influenced by improved screening, in particular routine antenatal HIV screening, and also by other factors such as an increase in asylum seekers coming to Leeds from high risk countries. However, the numbers of people affected by these diseases are clearly still high.

19. One of our initial concerns was that these high rates of teenage conceptions, and STIs may be caused by poor access to the necessary health services.

20. We examined the services on offer for young people in the city and found a complex picture, with a wide variety of services on offer. To summarise, a young person needing advice or assistance would have the following options:

    - Attend a CASH (Contraception and Sexual Health) Clinic, at one of 7 different locations
    - Obtain free condoms and advice from a C-Card site (of which there are 223 in the city)
    - Visit a local pharmacy

- Attend a C-swap site, which coordinates the results of Chlamydia testing
- Visit a 'Young People Friendly Practice'
- Attend the GUM (Genito-Urinary Medicine) clinic at the LGI
- Visit their usual GP
- Access a 'Healthy Young People Service' (available in six schools across the city)
- Receive advice via the youth service bus

21. Whilst we were pleased to see that there was such a broad range of services on offer, we did have a number of concerns about their accessibility to young people.

22. Firstly, the CASH clinics, which appeared to be the most obvious choice (after their GP) for young people seeking access to services such as emergency contraception, did not all appear to be available at times and in locations which would be accessible to young people.

23. While there was an evening clinic available at at least one location on Monday to Thursday, no sites were open beyond 7pm on any day of the week, and there was no late service on a Friday or a Saturday, with nothing available at all on a Sunday.

24. We felt that these opening times would in particular create a barrier for young people seeking emergency contraception, the demand for which is presumably greatest from Friday evenings and over weekends, through to Monday morning. At present young people wishing to access this service via a CASH clinic would have to either travel into the city centre, or wait until Monday, by which time it may already be too late.

25. Clearly CASH clinics are not the only option available to young people seeking emergency contraception. However, the GUM clinic has similar limited opening hours with no facility available at all over the weekend. When we raised this issue with staff from NHS Leeds we were informed that a young person needing emergency contraception over the weekend would need to go to a pharmacy, and that the locations of those open on Saturdays and Sundays could be found by calling NHS Direct. We felt that this process would be difficult enough for an adult to negotiate, never mind an anxious teenager without the transport or financial resources to travel to a pharmacy on the other side of the city.

26. We thought that potentially more could be done to make these services accessible to young people at different times, perhaps by making better use of walk-in centres.

27. The location of the services was also seen as problematic. The CASH clinics are located at seven different sites, as follows:

- Beeston Village Medical Centre

- Chapeltown Health Centre
- Burmantofts Health Centre
- Armley Moor Health Centre
- Woodsley Health Centre
- East Leeds Health Centre
- Citywise (on Eastgate in the City Centre)

Most of these are in the inner city, and we felt that access could prove difficult for anyone living further out, particularly for young people without easy access to transport.

28. Similarly, the GUM clinic is located in the City Centre (at the Leeds General Infirmary), and the 'Young People Friendly Practices' are concentrated in North and West Leeds, with only one participating practice in the south of the city.

29. As well as being unevenly distributed across the city, we were concerned to see that the location of the clinics did not seem to reflect the teenage pregnancy hotspot wards. In particular, Seacroft, which has one of the highest rates in the city, seemed to be quite badly served, with the nearest CASH clinic some distance away on Osmondthorpe Lane. South Leeds also has notably less provision than other areas, despite above average rates of teenage conception in Beeston, City and Holbeck, Hunslet and Middleton wards.

30. Clearly there are other services on offer in addition to the CASH clinics and the Young People Friendly Practices. However, we felt that the lack of such facilities in these hotspot areas was potentially very damaging and, in part, may contribute to certain areas remaining 'hotspots'.

31. On a final point, many of us had been unaware of the existence of the majority of these services until we heard about them during the course of this inquiry. We questioned the way in which such services are promoted, and discovered that much of the advertising is specifically targeted at young people, through schools and youth groups. While we recognised that promotion of services for young people ought to be primarily targeted directly at those young people, we felt that adults should also be made aware of them, particularly as many young people are likely to turn to a trusted adult for advice and support.

RECOMMENDATION 1

That NHS Leeds work with their partners to continue to develop the sexual health services on offer to young people, with a focus on:

- **making these services more accessible, both geographically and through appropriate opening hours;**
- **making use of walk-in centres as a means of enabling young people to access sexual health services;**
- **better coordination of services in order to target those parts of the city where the need is greatest;**
- **advertising the availability of services more widely, with some advertising targeted specifically at adults**

Provision of data

32. In order to effectively address the issue of sexual health among young people it is essential that service providers and policy makers have access to high quality and up–to-date data, so that the scale of the problem can be assessed, and resources accurately targeted.

33. However, the data available on teenage pregnancy – and in particular the timeliness of this data – has long been recognised as a particular problem. The figures on teenage conceptions are generally published 14 months after the event, so that at the time of writing this report, the most recent statistics available for Leeds related to 2007.

34. Ward level data is often subject to even longer delays, and the latest available figures broken down to ward level for Leeds are for the period 2004/2006. In addition to this data being three years out of date, the information is rendered even less useful by the fact that it is still presented according to the old pre-2004 ward boundaries.

35. The delay in publishing data was picked up as part of the 2005 Scrutiny Board (Health) inquiry into sexual health in Leeds, and at the time the chair of the board wrote to the Secretary of State for Health asking that the issue be addressed.

36. We were therefore disappointed to discover that the same problems are still evident some four years on. It is hard to believe that the availability of accurate and meaningful data is not in itself contributing to the slow rate of improvement in this area.

37. In some respects there are limitations on the data available for teenage conceptions due to the nature of the information itself. Many pregnancies do not come to the attention of the health services until some time after conception, or even until the moment of birth. In addition, data on abortion is extremely sensitive, and difficult to collect due to the fact that many young women choose to travel outside of their home area to terminate their pregnancy. Finally, the sensitive nature of the subject matter means that every care has to be taken to ensure that individuals cannot be identified, which is often difficult, particularly in areas where teenage conception rates are relatively low.

38. Added to these difficulties is the fact that all of the above data is collected centrally and then provided to local authorities by the Department of Health.

39. However, there are some ways in which the delays can be addressed. The data problems were highlighted by the Teenage Pregnancy National Support Team who recommended that Leeds follow the example of those authorities who have begun to

successfully reduce teenage conception and develop a local data set. This may not be as accurate as the nationally collected data, but it can still be an extremely useful tool in measuring the progress of local initiatives and targeting resources.

40. Leeds has begun to take some steps to establish such a system. However, this has been extremely slow and the initial local data set has yet to be published.

41. We are of the opinion that it is absolutely crucial, not just to collect this data, but to present it in a way which is timely and easy to interpret. Without this, it will continue to be extremely difficult for people in positions of influence, such as ward members, youth workers and parents, to get to grips with the problem, if they cannot access up-to-date data or understand it.

RECOMMENDATION 2

(a) That NHS Leeds and Leeds City Council work together to establish a local data set as soon as possible, and that this information is regularly made available to everyone who has a role to play in tackling teenage conception.

(b) That full use is made of this data to measure the effectiveness of schemes and to target resources.

Sex and Relationship Education

42. Of course, while collecting data on teenage conceptions is essential, the key to improving sexual health in the long-term has to be taking steps to ensure that young people do not contract sexually transmitted diseases, or become parents without planning to, in the first place.

43. While there are a complex range of factors at work in influencing young people to engage in risky behaviour, which clearly require a range of responses, education does have a central role to play in tackling the problem.

44. We recognise that young people are educated in a range of settings, and that schools are by no means the only source of information on a subject such as sexual health. However, schools and colleges do have the advantage of being extremely well placed in terms of reaching the vast majority of young people, and delivering a consistent message over the course of a number of years.

45. Therefore we decided to examine the SRE (Sex and Relationship Education) provision currently on offer in schools in Leeds.

46. We were initially struck by the lack of clear structure or guidance as to how this aspect of the curriculum should be delivered, and the consequent

wide variation in provision from one school to another.

47. To summarise, the only statutory aspect of SRE is that which forms part of the science curriculum. Secondary schools must also teach about HIV/AIDS and STIs, and all schools have a duty to promote well-being. However, beyond this individual schools determine what aspects of SRE are taught and how they are delivered.

48. The vast majority of schools teach SRE as part of the wider PSHE (Personal, Social and Health Education) framework. However, the attitudes of Head Teachers, Governors and teaching staff can have a major impact on the quality and quantity of education on offer. This is a particular problem in Secondary schools, where staff are under a great amount of pressure to deliver across a range of areas, and SRE can often become a neglected area. Faith schools can also experience difficulties in teaching SRE and it is vital that governors and staff reach a consensus on how to approach the subject in a culturally sensitive manner.

49. Measuring the standard of SRE provision is also difficult, partly because it is not straightforward to assess pupils' learning in this area, but also because SRE is no longer formally assessed by Ofsted as part of school inspections. As such, perhaps the only measure is through achievement of National Healthy Schools Status (NHSS), which includes a minimum standard of SRE provision as one of its requirements. However, this is far from ideal, as it only measures whether a school has a policy in place – not how effectively they are implementing it.

50. Even using this standard, Leeds is only achieving a limited measure of success, with 25% of schools unable to demonstrate that they had met the minimum level of provision in September 2008. In addition the minimum is just that, a minimum, and there is no effective means of distinguishing between those schools which excel in providing SRE and those which are just doing enough to qualify for NHSS.

51. Education Leeds is clearly aware of these problems, and is taking a number of steps to address them, including providing support and training, facilitating networks and carrying out targeted work with those schools in 'hotspot' areas. There are also proposals underway to develop a more coherent PSHE campaign and strategy, which would focus on the secondary schools serving the six 'hotspot' wards.

52. In spite of this, the current system clearly has a number weaknesses, particularly in terms of the consistency of current provision.

53. Some of these problems may well be addressed by a government

proposal, unveiled during the course of our inquiry, to introduce a compulsory PSHE curriculum (including SRE) from 2010. This would make provision in all schools much more uniform and also ensure that pupils build upon previous learning as they progress through their school career.

54. However, this does not mean that the current work being done to improve SRE provision is any less important, and we would like to see continued support for this, particularly at a strategic level, so that young people across Leeds are guaranteed consistent, good quality education on this important topic.

RECOMMENDATION 3

That Education Leeds and Children's Services continue to support and coordinate initiatives to raise standards in SRE in all schools across Leeds.

Targeted work

55. In addition to attempts to raise standards across the board, a targeted approach is also essential due to the huge variation between different parts of the city.

56. In fact some wards in Leeds are amongst the worst in the country when it comes to rates of teenage conception.

57. This is not necessarily the direct result of poor SRE, as teenage conception is influenced by a vast range of factors. However, it is surely no coincidence that these 'hotspot' wards are often also some of the most deprived. Schools serving these communities will have to deal with a huge range of challenges, and it certainly takes an extra degree of dedication on the part of staff and governors to deliver effective SRE in such an environment.

58. It is therefore important that these schools are supported as much as possible to raise standards, and to ensure that the SRE message reaches all pupils.

59. One effective means of achieving this is via a whole school approach, whereby consistent messages are given to pupils both in and out of formal lessons. This is particularly valuable in schools where attendance is a problem, as there is more chance of reaching a much wider range of young people if SRE is not just delivered in isolated lessons.

60. The Extended Schools initiative can also be very valuable in this respect if opportunities are taken to reinforce the SRE message in after-school activities and through work with the wider community – particularly parents.

61. Finally, there is also the possibility of developing partnership arrangements

between those schools which have established effective mechanisms of improving delivery of SRE, and those which are just beginning to do so.

62. For all of this to succeed, it is crucial to have the support of the staff and governors at the school concerned. In fact, the role of governors is particularly key, as they often provide the foundations for shaping the ethos of a school and driving significant change.

63. It should also be remembered, that while certain schools may be in need of more support than others, there are vulnerable young people in every school, and that those who happen to live outside the 'hotspot' wards should not be neglected.

RECOMMENDATION 4

That continued targeted support is provided to those schools in 'hotspot' wards, particularly in terms of:

- **Developing innovative methods of delivering SRE to young people**
- **Encouraging staff and governors to be at the centre of such initiatives, through improved training and communication.**

and that efforts are also made to meet the needs of vulnerable young people across the city.

Involving parents

64. It must also be remembered that schools are only part of the picture when it comes to educating young people about sexual health. The wider community can also have a big impact on young people, and in particular the behaviour and attitudes of parents.

65. The most extreme example of this is when the children of teenage parents go on to become teenage parents themselves. This is a well documented phenomenon and can be explained, at least in part, by the cycle of underachievement and deprivation in which many teenage parents become trapped. These disadvantages are then passed on to their own children.

66. However, more generally, the behaviour of parents can have a negative impact on their children's sexual health simply as a result of the embarrassment and awkwardness which many parents feel when discussing such issues with their children. This is a particular problem in Britain, compared with other European countries, as a result of the taboo status which anything related to sex has in British culture.

67. Clearly Leeds City Council can only have a limited impact when it comes to changing people's cultural attitudes. However, there are things which schools and other organisations can do to improve

communications between parents and young people.

68. We heard about a number of successful initiatives, including the 'speakeasy' programme, which aim to break down barriers between parents and young people when discussing sex.

69. Schools can also help to facilitate this process by making sure that staff and governors have the skills and confidence to talk to parents about these issues themselves.

70. There is also a role for Children's Centres, which can often provide a more informal environment for parents to attend courses and information sessions and for them to tackle issues such as unemployment and lack of aspiration in their own lives.

RECOMMENDATION 5

That Leeds City Council and Education Leeds work together to provide support to parents, particularly in 'hotspot' wards, to enable them to communicate effectively with their children about the range of issues surrounding sexual health and teenage conception.

Young People-led activities

71. There will of course, always be some young people who are more difficult to reach, despite the best efforts of teachers and parents, and some messages which are best delivered from one young person to another.

72. Leeds has an excellent track record in this area, with the high-profile YSHAG (Young people's Sexual Health Action Group), and projects at Leeds University and Thomas Danby college among others. In fact this is an area which was singled out for particular praise by the TPNST.

73. This type of work is particularly effective in terms of dispelling the myths around what counts as 'normal behaviour' for young people, whether this is in terms of sex, alcohol, drug taking or anything else. For example, many young people have a false impression that the majority of their contemporaries are sexually active by the age of 16, whereas the reality is that this only applies to a minority.

74. When a message such as this is delivered by young people it can have a far greater impact than any number of lessons in schools, or conversations with parents. This is particularly the case for those groups of young people who are most likely to become involved in risky sexual behaviour, such as those who are disengaged from school.

RECOMMENDATION 6

That Leeds City Council and Education Leeds continue to support young people-led activity which is focused on improving sexual health, and that this work is targeted on those young people who are otherwise 'hard-to-reach'.

Working together

75. It would be impossible for one agency working alone to even begin to tackle the problems of teenage conception and STIs, due to the wide range of contributory factors involved. For example, some of the young people at risk may be NEET (Not in Employment, Education or Training) and therefore unable to access sex education via school or college. Others may be part of a transient population (such as Gypsy, Roma or Irish Travellers), and consequently not registered with a GP or any other health service.

76. Additionally, as mentioned above, young people respond differently to attempts to educate them about, and protect them from, the risks involved in sexual activity. It is therefore important to try and reach these young people in as many different ways as possible in order to ensure that the message reaches the widest range and number of young people.

77. As we have seen, to some extent this is already happening, with education and information on offer in a wide range of locations and media. However, it is also important that with such a wide range of providers, a consistent message is delivered to young people, particularly when they are exposed to such a barrage of mixed messages about sexual behaviour, in popular culture.

78. Clearly a national PSHE curriculum will go some way towards addressing this, as young people will at least be receiving a consistent message as they move through the education system.

79. Nonetheless, we feel there is a need for stronger links between all the agencies (i.e. the education system, children's services, the youth service and the health service) involved in providing information, advice and other sexual health services to young people.

80. To cite just one example, we were concerned to hear that there did not appear to be clear links between the priority areas identified by Education Leeds, and the health services targeted at young people offered by NHS Leeds. Education Leeds have identified a number of schools as being high priority in terms of the need for targeted work to tackle teenage conception. The 12 schools identified as being 'Priority 1' (due to a range of factors including proximity to hotspot wards, GCSE attainment and attendance) are as follows

- City of Leeds School
- Cockburn College of Arts
- Corpus Christi Catholic College
- David Young Community Academy
- Elmete Central SILC
- John Smeaton Community College
- Mount St Mary's Catholic High School

- Parklands Girls' High School
- Primrose High School
- Rodillian, an Arts School
- South Leeds High School
- Tinshill Pupil Referral Unit

81. There is no clear correlation between the location of these schools, and the present locations of the CASH clinics listed on page 5. We were told that young people at these schools could access sexual health services via their GPs, but we do not feel that this is sufficient, and in any case it clearly has not been effective.

82. We were pleased to discover that from the autumn the CASH service will become 'mobile' and will travel to locations such as youth centres and colleges where young people already go. This should make access easier, although the service will still not be targeted towards the priority schools.

83. We were also encouraged to learn that the new college in Leeds will have involvement from sexual health services on site. However, we would like to see other examples of partnership working around sexual health across all of the services which support young people. We feel that while there are clearly some good individual examples at present, there does not seem to be a coherent or coordinated system in place.

84. The need for better links between services was highlighted by the TPNST, and it is something that we feel merits continued monitoring as improvements are made.

RECOMMENDATION 7

That all the agencies in Leeds working with young people collaborate to offer a consistent message on sex and relationships, and promote healthy behaviour, and that this partnership working is centrally coordinated to form a coherent strategy.

Involvement of elected members

85. Another strength identified by the TPNST in their review of services in Leeds was the involvement of 'Teenage Pregnancy Champions', including the lead elected member.

86. We believe that for progress to continue, particularly in terms of developing links between services, continued elected member support and involvement is essential.

87. This applies not just centrally, but also at a local level, where increasing the involvement of elected members could have a significant impact – especially in 'hotspot' wards. In particular, a greater role for elected members could help to boost the 'multi-faceted' approach which is necessary for success, as elected members are perhaps best placed to think about an issue in terms of the

whole community rather than just an individual service.

88. Due to their role as local representatives and advocates, elected members are also very well placed to transmit the views of local people to services providers, and to inform local people about services and strategies. For example, an elected member serving as a school governor may be better placed than a teacher when it comes to communicating with parents about proposed changes to SRE provision, as they occupy a useful position as both a member of the local community and a decision maker.

89. Furthermore, not only do elected members have a role to play as school governors, but it should not be forgotten that all elected members have a collective role as corporate parents. This is especially significant when it is noted that Looked After Children are statistically more likely to become teenage parents than other groups.

90. Overall, we feel that greater support and involvement among elected members on issues relating to sexual health is to be encouraged, both in terms of policy making and at a community level.

91. To sum up, we believe that while we have looked at a wide range of issues affecting sexual health among young people, and made a significant number of recommendations, in many ways we have only begun to scratch the surface of this huge and complex topic.

RECOMMENDATION 8

(a) That a coordinated effort is made by Education Leeds, Children's Services, NHS Leeds and other service providers to increase the involvement of elected members in tackling sexual health issues among young people, both in terms of involving members in decision making and making use of their unique role within the community.

(b) That elected members themselves are encouraged to learn more about the complex issues surrounding sexual health and teenage conception through the Member Development process.

92. For example, we have only managed to very briefly look at the links between sexual health and deprivation, school attendance, self-esteem, drugs and alcohol.

93. In addition, this area is the subject of such close attention at the present time, and the arena for so many changes and new initiatives, that the picture may alter significantly in the coming months.

94. As a result, we believe that there is certainly scope for further scrutiny work in this area, and that due to the cross-cutting nature of this problem, this work could conceivably be carried out by a number of different boards.

RECOMMENDATION 9

That, with the appropriate consideration of working collaboratively, the issue of sexual health among young people be considered by the Health, Children's Services and Environment and Neighbourhoods Scrutiny Board's in the next municipal year when setting their work programmes, particularly in terms of the links with:

- **Alcohol**
- **Drugs**
- **Deprivation**
- **Attendance and**
- **Self-esteem.**

Evidence

Monitoring arrangements

Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

The decision-makers to whom the recommendations are addressed will be asked to submit a formal response to the recommendations, including an action plan and timetable, normally within two months.

Following this the Scrutiny Board will determine any further detailed monitoring, over and above the standard quarterly monitoring of all scrutiny recommendations.

Reports and Publications Submitted

- Briefing – 'Teenage Pregnancy – summary of evidence based interventions'
- Summary of the Teenage Pregnancy National Strategy Team report for Leeds
- Report on Sex and Relationship Education in Leeds
- PSHE education – working definitions and explanations
- Report on Leeds Healthy School and Wellbeing Programme
- Sex and relationships education: support for school governors
- Under 18 Conceptions data for top-tier Local Authorities 1998-2006
- Leeds Under 18 conception rate by census 2001 wards
- West Yorkshire Health Protection unit newsletter
- 'Leeds: Passionate about PSHE' report – September 2008
- SRE learning outcomes for each Key Stage
- List of schools yet to achieve NHSS – September 2008
- Year 5 – Growing and Changing. Spring Term 1 PSHCE unit.
- Year 6 – Puberty and Sex Education. Spring Term 1 PSHCE unit.
- Improving Young People's Sexual Health Scrutiny briefing report – November 2008
- Teenage Pregnancy and Parenthood Strategy
- Personal, Social and Health Education briefing report – November 2008
- List of Sexual Health Services for young people in Leeds
- List of CASH clinics and opening times
- Pharmacy services leaflet
- Young People Friendly Practices leaflet
- GUM opening times
- Chlamydia and HIV statistics 1995-2007 (source – Health Protection Agency)

Evidence

Witnesses Heard

- Sarah Sinclair (Children's Services/ NHS Leeds)
- Jenny Midwinter (Sexual Health Initiatives Coordinator, Education Leeds)
- Anne Cowing (Manager, The Leeds Healthy Schools and Wellbeing Programme, Education Leeds)
- Sharon Foster (NHS Leeds)
- Owen Brigstock-Barron (NHS Leeds)
- Kiera Swift (Teenage Pregnancy Coordinator, Education Leeds)
- Mike Simpkin (Public Health Strategy Manager, Adult Social Care)
- John Freeman (Head of Service, Health Initiatives and Wellbeing, Education Leeds)

Dates of Scrutiny

- 9th September 2008 — Working Group
- 12th December 2008 — Scrutiny Board Meeting
- 4th February 2009 — Scrutiny Board Meeting

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ANNEX 2

High and Increasing Rate Ministerial Report for Leeds – July 2009

1. INTRODUCTION

1.1 Reducing teenage pregnancy and parenthood is one of the ten targets for the 2009–2014 Children and Young Peoples Plan for Leeds.

1.2 The Leeds community has prioritised teenage pregnancy reduction within the Local Area Agreement (LAA). In line with the Leeds Teenage Pregnancy and Parenthood Strategy (TPPS) the priority within the LAA has been to focus intervention within the wards with the highest conception rates.

1.3 The TPPS sets the overall framework for all interventions relating to this priority area with co-ordination and performance management provided by the Teenage Pregnancy and Parenting Partnership Board (TPPPB) and the Integrated Strategic Commissioning Board of the Leeds Children's Trust.

1.4 The paper describes the current Leeds position; summarises the effective interventions currently underway and those planned for the next year; and highlights key risks and challenges.

2. CURRENT LEEDS POSITION

2.1 The Government (PSA) target is to reduce teenage pregnancy rates in Leeds by 55% by 2010 from the 1998 baseline and to support 60% of teenage parents into education, employment and training. The figures from 2007 show a decrease in the number of under 18 year conceptions in the city, from a base rate of 50.4 conceptions per 1000 15 -17 year olds in 1998 to a rate of 48.1 in 2007, which is higher than the national average. The provisional figures from quarters 1 and 2 for 2008 show an increase on the 2007 figures.

	1998 Baseline	2007	Difference
Leeds	50.4	48.1	-4.6%
England	46.6	41.7	-13.7%

	2008 Q1 Provisional Rolling Qtr Average	2008 Q2 Provisional Rolling Qtr Average
Leeds	48.5	50.3
England	41.6	41.4

2.2 In order to assess the impact of local initiatives and to ensure these are targeted appropriately and that progress is being made against the target, there has been a need to obtain information which is more up to date. Work has been ongoing to supplement the national data using locally available information from acute hospital providers. Information on NHS contracted deliveries and terminations is available within six weeks of the month in which the event occurred. From this information a conception date can then be estimated, and ensure there is a local proxy measure

of progress. Information is now being made available to an agreed quarterly timescale and this is being used at a local level to identify the hotspots within wards and identify if there are any trends (both up and down) and link this to targeting the initiatives.

3. NATIONAL EVIDENCE – EFFECTIVE INTERVENTIONS

3.1 National evidence and guidance in the Teenage Pregnancy Next Steps Guidance and Teenage Parents Next Steps Guidance, identified that certain measures are being delivered intensively in high performing areas, but are either not being delivered, being delivered ineffectively, or only partially delivered in poor performing areas. These include:

a) Provision of young people focused contraception/sexual health services, trusted by teenagers and well known by the professionals working with them.

b) Strong delivery of Sex and Relationship Education (SRE) and Personal, Social and Health Education (PSHE) by schools and further education colleges.

c) Targeted work with at risk groups of young people, in particular looked after children (LAC) and care leavers.

d) Workforce training on sex and relationship issues within mainstream partner agencies.

e) A well resourced youth service, with a clear remit to tackle big issues, such as teenage pregnancy and young people's sexual health.

f) Work on raising the aspirations and ambitions of young people most at risk – providing motivation as well as the means to prevent pregnancy.

g) Support for parents and carers on providing sex and relationships education, including provision of information, advice and guidance, to enable them to better support their children.

h) Supporting teenage parents to prevent repeat unintended conceptions, as 20% of teenage conceptions are second or subsequent conceptions (before 20 years); and in the longer term the prevention of teenage pregnancy by raising the aspirations of teenage parents and reducing risk factors for early pregnancy in their children.

4. CURRENT INTERVENTIONS IN LEEDS

This summary of current interventions in Leeds is set out against the key recommendations made by the Teenage Pregnancy National Support Team review visit in November 2007 and their review visit in March 2009.

4.1 Strategic: Senior Local Sponsorship and Engagement of all Key Partners

- The Teenage Pregnancy National Support Team were requested to return in March 2009 (18 months after their initial visit) to undertake a review. The review report addresses each of the original 8 recommendations made to TPPPB. The key findings from the review have been included in the TPPPB action plan :-

- A strategic refresh of the TPPPB board, strategy and development of an associated joint commissioning framework.
- Development of improved SRE provision within a multi-agency approach incorporating in school and out of school activities that are monitored for quality and consistency.
- Improve access to sexual health services driven by a needs assessment and performance management processes.
- Improved local data quality and data sharing between services.
- Involvement of Local Strategic Partnership in a broader drive to improve aspiration of young people in Leeds.

- The appointment of a new Priority Outcome Commissioner to secure and speed strategic commissioning. The role will commission currently identified funds, develop a joint commissioning program through identifying partners current (and potential) resource commitment to teenage parents and champion at a senior leadership level this target within the CYPP for Leeds.
- A Health Scrutiny Board review report focused on improving the sexual health of young people and included 9 recommendations. These recommendations are listed below and have been included within the current action plan.
  - Accessibility and co-ordination of health services to be improved.
  - Improvement in sharing and quality of data between NHS and the Local Authority
  - Improvements to be sought in Sex and Relationships Education (SRE)
  - Particular focus on SRE and governors involvement in schools in hot spot areas.
  - Support to parents (particularly in hot spot wards) to improve communication with their children around sexual health issues.
  - To support young people led activity in improving sexual health services
  - Coherent and consistent messages to be presented across agencies in Leeds.
  - To improve elected member involvement in sexual health issues in young people
  - To bring to council scrutiny this issues further within scrutiny of other areas of need.
- Two Councillors workshops on teenage pregnancy and parenthood have taken place. The first on raising awareness and issues around Teenage Pregnancy and Parenthood, and the second was to consult with young people on their experiences and of current SRE practice and recommendations for improvement. A third workshop is planned October to continue to raise understanding of the issues and good practice of SRE in schools, and the role Members have as Governors in schools.

Impact – teenage pregnancy and parenthood is a rising priority with additional commissioning capacity, cross agency awareness and political support. There is now a higher level of political leadership and management and this support has been key in driving forward change.

4.2 Data

- Priority has been given to improving performance management, specifically data quality, information sharing and performance reporting within each organisation and across the partnership.
- A comprehensive performance management framework has been established for all commissioned services.
- During 2009/10 work will continue to improve the local data set, including utilising 12 week booking data required for the implementation of the maternity access targets set within *Maternity Matters*.
- It is proposed to integrate teenage parent local data with other local need data.

Impact – Leeds now has a proxy measure of teenage parenthood which is significantly ahead of ONS measures to assist in measuring program impact. Data is now more robust in Leeds. The data is robustly shared across relevant partners. Locality planning and targeted working will be based on a shared understanding of teenage parenthood rates at ward and school cluster level.

4.3 Communication

- The communications plan is regularly reviewed and updated.
- In Leeds there has been a poster campaign over the 2009 Valentine period and communication initiatives throughout the summer within Leeds' young person's activity program, known locally as 'Breeze'. There will also be a pre Christmas and New Year campaign. These campaigns coincide with the highest risk calendar periods.
- Regionally, throughout Yorkshire and the Humber, there was a joint campaign with Galaxy Radio, with has now developed into a regular regional communication work.
- Communication impact assessment will be built into the communications plan.

Impact – Communication with young people and professionals has improved through a planned approach that responds to the overall needs of the change program. Consistent use of wide reach media (radio) has increased the number of young people communicated with. Young People have received information at the time they need it and in settings they choose to go to.

4.4 Provision of young people focused contraception and sexual health services, trusted by teenagers and well known by professionals working with them

- A Task and Finish Group (reporting to the TPPPB) has been given responsibility for reviewing existing services and undertaking redesign and making recommendations for redesigned contraception and sexual health services to commissioners;
- Mapping to identify contraception and termination hotspots within priority wards and mapped against service provision is now available.
- The Contraception and Sexual Health (CaSH) service from September 2009 will be offering an after school contraception outreach clinic in the six priority wards.

- From September 2009 on-site contraception clinics will be running in the three main FE providers in the city providing 18 hours per week on site contraception and sexual health service provision.
- A service model for level 1, 2 and 3 sexual health services has been developed along-side a draft service specification for sexual health service provision. Leeds is awaiting a national service specification due October 2009 before commissioning this work. Work has begun to commission a central booking service which will help access into service for all and provide a texting service for reminding and cancelling appointments for young people.
- An action plan to improve access to contraception has been developed which will focus on front line staff training, marketing and research into young people's views on Long Acting Reversible Contraception (LARC).
- CaSH, Genitourinary Medicine (GUM) and the Termination of Pregnancy (TOP) providers will be 'You're Welcome' accredited by March 2010.
- Contraception and Sexual Health (CaSH) clinics are now open weekly at after school times in each of the six wards with the highest rate of teenage pregnancy (4 new outreach clinics in new locations).
- We have increased the number of staff who are trained in contraception and particularly LARC Provision (eg, the coil, or hormonal implants) at the British Pregnancy Advice Service and Marie Stopes Services in Leeds.
- 95 clinical sessions commissioned to sign off GP's as competent to fit LARC (this is on-going and GP's who meet criteria from deprived areas have been prioritised – Impact on the city but can't break down to priority wards at moment. 2-3 theory training days for GPs already happened).

Impact – Leeds now has a program in place to deliver sexual health services for young people located in the right places, open at the right times and offering the appropriate services. Services are now young people friendly and are offering effective intervention choices in reducing the incidence of teenage pregnancy and supporting teenage parents.

4.5 Strong delivery of sex and relationship education (SRE) and personal, social and health education (PSHE) both in schools and out-of-school settings

- 10 secondary schools (and one Specialist Inclusive Learning Centre and one Pupil Referral Unit) serving hot spot areas (and other schools) have been targeted for support to audit and plan for: improved PSHE/SRE infrastructure; timetabled/curriculum provision; teaching and learning; PSHE provision and support for vulnerable young people. PSHE/SRE schemes of work are being developed to be made available to all schools.
- The multi agency SRE Training Team have delivered 'Using the Contraceptive Kit Confidently' training to the secondary PSHE coordinators in the hot spot areas and in individual school settings.
- A 'whole school approach' package for primary schools has been designed for heads, teachers, governors, parents and children. This is a locally accredited 3 -day training programme with follow up support work within schools. Priority schools are being targeted although other schools can access the training. A similar training package is being developed for secondary schools. A potential barrier is securing school staff release for the 3 day training. A barrier has been

identified regarding school staff's reluctance to engage with a 3 day training course, this is being addressed through intervention by the Primary SRE Consultant.

- Safeguarding partnership work with the Child Protection Team and Primary SRE Advisor is linking the Primary SRE curriculum with child protection issues.
- A primary school consultation toolkit for young people has been designed, developed and piloted in Leeds by the Primary SRE Advisor, this complements the NCB Sex Education Forum Secondary Toolkit. Early verbal feedback has been positive and pending review this will be available to all targeted primary schools.
- Youth Service has adopted and is working to National Youth Agency guidelines for Healthy Youth Work

Impact – The Children's Trust structures are now fit for purpose to support PSHE/SRE quality improvements. Quality improvements are directly evidenced through the availability of new resources and a new training package for teachers, 20 teachers are scheduled to be trained starting in September 2009. Introduction to schools has been judged successful through verbal feedback, high signing up rate to the courses and evidence that teachers are recommending the course to colleagues.

4.6 Targeted work with at risk groups of young people, in particular the six hot spot wards, looked after children and care leavers

- **Geographical targeted work:** Locality events on 'Tackling Teenage Pregnancy' were held in the Inner South and Inner East to pull together a wide range of stakeholders, including sectors that have been under-represented at teenage pregnancy events previously. Both events used a 'Leadership Challenge' approach to the issue of reducing teenage conceptions. There was active support from local members at both events.
- Themed local multi-agency Task and Finish Groups are now taking the recommendations forward to develop them into a locality action plan which will have a commissioning element, alongside the nominated Teenage Pregnancy Leads of the South and East Leeds Leadership Teams.
- The Inner South and Inner East Area Committees have agreed to receive the draft action plans at their early autumn meetings to work to ensure that the locality action plans for reducing teenage pregnancy and the Area Development Plans complement each other.
- A commissioning plan for the 6 priority wards is being developed and implementation will be underway before Christmas

Impact – The events attracted around 100 people at each, representing a diagonal slice of front line workers, managers and leaders across the hot spot areas, and mobilising sections of the children's workforce who have previously had limited engagement with the planning and implementation of teenage pregnancy and parenting work. This has transferred into the breadth of membership of the Task and Finish groups. This also has enabled local intelligence and data to inform commissioning plans and has ensured sign up to implementation from sectors of the workforce, who have not previously seen themselves as key to the teenage pregnancy and parenthood agenda.

- **Looked after children and care leavers:** The NHS have mainstreamed the formerly TPPS funded Sexual Health Nurse for looked after children. This role continues to have a significant impact on access to CaSH Services and there has been a reduction in reported conceptions in the same period last year.
- The Looked After Children's Health team has had a large increase in capacity since April enabling increased targeted work with young people with learning disabilities and asylum seekers. There is also now a second nurse specifically for sexual health.
- Within Children and Young People's Social Care a number of projects are ongoing to improve the quality of assessments, care planning and support for vulnerable young people including looked after children and care leavers. This will include early intervention and support relating to their sexual health. Alongside this work will be increased access to sexual health training for staff and carers.
- The new Relationships Policy for looked after children will be published in September which will be a useful resource in delivering on 'The Promise', as referenced in the Leeds CYPP, made to young people in care.
- Voluntary sector partners, such as Women's Health Matters are supporting locality based work, which meets the needs of looked after children and improves access to services for other young people in these hot spot areas.

Impact – The improved partnership between voluntary and statutory agencies is increasing the effective use of local data and is having a definite impact on the targeting of and access to services of young people in the care system.

4.7 Workforce training on sex and relationship issues

- The Prevention Task and Finish group have evaluated the effectiveness of the current sexual health training calendar, which runs until September 2009. A new edition will be produced once the review of community based schemes (Chlamydia Testing (CSWAP), C-CARD & Pregnancy Testing) has been completed.
- The multi agency SRE Training Team have delivered training to the secondary PSHE coordinators in the hot spot areas and in individual school settings.
- Teenage Pregnancy and Parenthood will be integrated into the Leeds' workforce reform program. This will develop a core learning module to be completed by all children's workforce practitioners joining services in Leeds.

Impact – Specialist worker and generic in-service training programs are developing to provide the necessary skills for the workforce to deliver effective teenage pregnancy prevention and teenage parent support to all young people. Skills required in preventing and responding to teenage pregnancy are now seen as a core training requirement for all relevant practitioners coming into Leeds services.

4.8 Work with parents and carers

- There are 20 Speakeasy facilitators trained across the city, predominantly concentrated in the hot spot areas and **15** parent courses have been successfully completed. Speakeasy is a national program providing support to parents and carers to talk to their children about challenging issues and

particularly sexual health matters. Network meetings have been organised to co-ordinate the roll out of the programme and share good practice.

- During this years Breeze events parents were surveyed to find out how confident they feel in talking to their children about sex and relationships. Consultation with parents and carers in Leeds has evidenced that they are very aware of the importance of talking to their children about sex and relationships. They stated that better support, information and knowledge on their child's school curriculum would enable them to communicate more effectively and easily with their children from a young age.

Impact – Speakeasy is now delivered in Leeds as a key evidence based course offered to parents with targeting to those living in hot spot wards. The Primary PSHE/SRE Consultant will use the findings from the Breeze events to inform primary schools that parents are keen to involved and support the SRE curriculum in school. Schools will be encouraged to promote greater parental participation, resulting in a decrease in withdrawal from the SRE curriculum and an increase in schools' confidence in providing quality SRE provision.

4.9 Supporting teenage parents

- New regular quarterly review meetings between Health and Early Years senior staff has been instigated following the designation of a named Health Visitor to every Children's Centre. These have reviewed and improved communication. Better understanding of each others respective roles has been observed with better advice given to parents on the nature of each service.
- The Family Nurse Partnership is operational and is working with young pregnant women and mothers and their families to improve early parenting, improve antenatal health, enhance child development and school readiness and link the family to wider social networks and employment.
- The pre and post 16 care pathways and the maternity care pathway have been integrated into a comprehensive working document for professionals and young people. This provides clear guidance to enable young people and young parents/carers to access a joined up professional approach across the city.

Impact – Leeds now has a robust care pathway for all young parents to ensure referral to relevant services. Evidence based targeted services are in place which are addressing the key poor outcomes of unsupported young parents.

4.10 A well resourced Youth Service, with a clear remit to tackle big issues, such as teenage pregnancy and young people's sexual health

- Youth Service has adopted and is working to National Youth Agency (NYA) guidelines for Healthy Youth Work.
- All organisations within Integrated Youth Support Services will work to NYA Guidelines in order to be approved through the commissioning process for health-related work with young people. This will ensure consistent quality practice across commissioned and direct delivery providers.
- Training is under development with Youth Service, IYSS, School Nursing and NHS Sexual Health Team in order to standardise the professional development

of staff and to ensure that consistent, accurate messages are delivered to young people.

- Additional training on a range of health issues is available through the NYA health-e learning package. This matches and supports the same modular framework as the guidelines.
- Youth Service developing links with teenage parents' midwives to create a support pathway for teenage parents.

Impact – The quality and consistency of youth work provision is high across all providers in Leeds including their practice and referral procedures. This is supported by best practice resources to ensure that health information is accurate and of high quality.

5. PERFORMANCE MANAGEMENT

5.1 An Information Sharing Agreement has been drafted and signed by the partner organisations. This will ensure appropriate sharing of data.

5.2 A performance framework has been designed which identifies proxy measures for impact assessment of interventions to reduce teenage conceptions, such as delivery of sex and relationship education in schools, provision of contraceptive services, educational attainment, provision of support to teenage parents and the number of young people who are Not in Education, Employment or Training (NEET). Work is ongoing to populate this framework. This will ensure that the program impact is understood on an ongoing basis and allow for management of consistency of the quality of delivery. It will allow refinement of resource allocation to those interventions which have greatest impact.

6. RISKS AND CHALLENGES

6.1 Teenage pregnancy and parenthood is an issue which cross cuts many services and strategies and has significant impact on individuals and communities. There has been major progress in the implementation of the Teenage Pregnancy Strategy, which has more recently quickened pace. However, risks and challenges to delivery against the target continue:

a) There are real risks that not all relevant services and strategies perceive that teenage pregnancy and parenthood is a priority for them, and that many services can have a positive effect. For example, we will work further housing services to ensure they are fully engaged with the Teenage Parent Partnership Strategy as unstable and inappropriate housing for teenage parents and their children is key.

b) There are many interventions which are not fully operational and their impact is yet to be realised. There is a risk that unless momentum is maintained impact from interventions will take too long for Leeds to achieve its targeted teenage parenthood reductions.

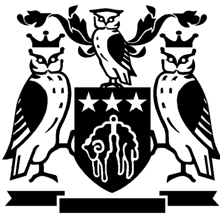
c) Services will need to be further challenged to be young people friendly to ensure that young people will access them, and especially those young people who do not readily access mainstream services. All services, including primary care and

non health settings, need to comply with the Department of Health 'Your Welcome' standards, which enable providers to meet the needs and requirements of young people.

d) There is no central point which professionals can refer to in order to ensure young parents to be and teenage parents are accessing the relevant services as early as possible, such as antenatal services. This will be improved by increased uptake of the Common Assessment Framework and development of the Lead Professional role to fully encompass teenage parent work. There are potential impacts on the delivery against other key targets such as breastfeeding, smoking cessation, maternal and child nutrition, birth weight and infant mortality.

e) The earlier a young person at risk of becoming a teenage parent can be identified the more success there is in keeping them engaged and the less likelihood of becoming involved in risk taking behaviours, for example, substance and alcohol use, offending, antisocial behaviour and unsafe sexual activity. We are challenging ourselves to better understand early indicators of risk and respond at this stage.

f) There is support for school age young fathers to continue their education. However, there is little specific support available for young fathers post 16, both in terms of preparing for parenthood and seeking education, training and employment. Consultation with young fathers found they felt that they would have been more likely to stay included with their child and partner if they had received more support from the pregnancy onwards. The Teenage Parent Partnership Board is undertaking a Gender Equalities Impact Assessment of its activities and this will be used as a suitable time to highlight this issue and amend its program accordingly.



Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 22 September 2009

Subject: Updated Work Programme 2009/10 and draft terms of reference

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

1.0 Purpose

1.1 The purpose of this report is to present the current outline work programme for the Board to consider, amend and agree as appropriate.

2.0 Background

2.1 At its meeting on 30 June 2009, the Board received a number of inputs to help members consider the Board's priorities during the current municipal year. This included specific inputs from:

- Executive Board Member for Adult Health and Social Care
- Deputy Director (Adult Social Services)
- NHS Leeds
- Leeds Teaching Hospitals NHS Trust (LTHT)
- Leeds Partnerships Foundation Trust (LPFT)

2.2 At that meeting a number of potential work areas were identified by members of the Board. These potential areas were confirmed in a further report, along with an outline work programme, presented at the Board meeting held on 28 July 2009.

3.0 Report issues

Scrutiny Inquires

3.1 At the previous meeting (28 July 2009), members of the Scrutiny Board (Health) were presented with draft terms of reference for a proposed scrutiny inquiry around alcohol related harm. Subject to some minor amendments identified at the meeting, the draft terms of reference document was agreed by the Board.

3.2 However, at the first meeting of the Scrutiny Board, the following issues were all identified as potential work programme areas by various members of the Board:

- Health priorities within the Council's decision-making processes.
- Alcohol and its related harm, including the role of the Authority in:
  - Promoting sensible and responsible alcohol consumption;
  - Highlighting the associated health implications, especially for those living in the most deprived areas of the city.
- The health of young people across a range of issues, including:
  - Alcohol consumption;
  - Obesity and levels of physical activity;
  - Smoking;
  - Sexual health and teenage pregnancies;

3.3 As such, and following discussions with the Chair of the Scrutiny Board (Health), a revised approach is proposed, that will allow the Scrutiny Board to consider a range of issues under the umbrella of a single inquiry. The draft terms of reference is attached at Appendix 1, with the associated inquiry selection criteria pro-forma attached at Appendix 2.

3.4 The Scrutiny Board is asked to consider this revised approach, which is reflected in the attached terms of reference, and agree / amend as appropriate.

Work programme

3.5 A revised outline work programme, reflecting the revised approach identified above, is presented at Appendix 3 for consideration. However, the outline work programme should be regarded as a 'live' document, which may evolve and change over time to reflect any in-year change in priorities and/or emerging issues over the course of the year.

3.6 The Scrutiny Board is asked to consider the attached outline work programme and agree / amend as appropriate.

Working groups

3.7 At the Scrutiny Board meeting, 30 June 2009, members were asked to consider re-establishing the Health Proposals Working Group. At that time, the Scrutiny Board did not agree to re-establish the working group.

3.8 Notwithstanding the Scrutiny Board's decision in June 2009, subsequent discussions between the Chair of the Scrutiny Board and officials at NHS Leeds, have further revealed the degree to which the working group had provided a useful vehicle to keep members of the Scrutiny Board appraised of developments across local NHS Trusts. As such, the previously proposed terms of reference are attached at Appendix 4 for reconsideration.

Executive Board Minutes

3.9 For information, the minutes from the Executive Board meetings held on 22 July 2009 and 26 August 2009 are attached at Appendix 5 and Appendix 6, respectively. The Scrutiny Board is asked to consider these minutes within the context of making any adjustments to its work programme.

4.0 Recommendations

4.1 Members are asked to;

(i) Consider, amend and agree the draft terms of reference in relation to the proposed inquiry (Appendix 1) and the associated inquiry selection criteria pro-forma (Appendix 2), in lieu of the previously agreed terms of reference for a scrutiny inquiry solely around alcohol related harm.
(ii) Consider the outline work programme attached at Appendix 3 and agree / amend as appropriate, taking into account any matters identified in the Executive Board minutes attached at Appendix 5 and Appendix 6.
(iii) Consider re-establishing the Health Proposals Working Group in line with the draft terms of reference (attached at Appendix 4) and any agreed amendments. If appropriate, members are asked to determine the membership of the that working group.

5.0 Background Documents

Scrutiny Board (Health) minutes:
- 30 June 2009
- 28 July 2009

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APPENDIX 1

Scrutiny Board (Health)

Inquiry into the role of the Council and its partners in promoting good public health

Draft Terms of reference

1.0 Introduction and background

1.1 The Government's White, *Choosing Health: making healthy choices easier,* was published in November 2004. The thrust of the *Choosing Health* focused on increasing healthy behaviour and how people can be supported to make healthier and more informed choices about their health. The white paper identified the following 6 key priorities:

- Tackling health inequalities
- Reducing the number of people who smoke
- Tackling obesity
- Encouraging and supporting sensible drinking
- Improving sexual health
- Improving mental health and wellbeing

1.2 In 2009, these issues remain priorities areas and are reflected in the Health and Wellbeing Partnership Plan 2009-2012, in which the agreed health and wellbeing improvement priorities for Leeds have identified as:

- Reduce premature mortality in the most deprived areas;
- Reduce the number of people who smoke;
- Reduce alcohol-related harm;
- Reduce the rate of increase in obesity and raise physical activity for all;
- Reduce teenage conception rates and improve sexual health;
- Improve the assessment and care management of children, families and vulnerable adults;
- Improve psychological and mental health, and learning disability services; for those who need it
- Increase the number of vulnerable people helped to live at home;
- Increase the proportion of people who receive community services enjoying choice and control over their daily lives; and
- Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk.

1.3 At its meeting on 30 June 2009, the Scrutiny Board (Health) received a number of inputs to help members consider the Board's priorities during the 2009/10 municipal year. This included specific inputs from:

- Executive Board Member for Adult Health and Social Care
- Deputy Director (Adult Social Services)
- NHS Leeds
- Leeds Teaching Hospitals NHS Trust (LTHT)
- Leeds Partnerships Foundation Trust (LPFT)

1.4 A number of potential areas for inquiry were identified by members of the Scrutiny Board, including:

- To consider alcohol and its related harm, including the role of the Authority in promoting sensible and responsible alcohol consumption, and highlighting the associated health implications, especially for those living in the most deprived areas of the city.
- To consider how health priorities are considered and reflected within the Council's decision-making processes.
- To consider the health of young people across a range of issues, including:
  - Alcohol consumption;
  - Obesity and levels of physical activity;
  - Smoking;
  - Sexual health and teenage pregnancies;

1.5 At its meeting in July 2009, the Scrutiny Board (Health) agreed the terms of reference for a proposed scrutiny inquiry around alcohol related harm, subject to some minor amendments identified at the meeting.

1.6 However, given the range of potential areas for inquiry identified by members of the Scrutiny Board, a revised approach is now proposed, that will allow the Board to consider a range of issues under the umbrella of a single inquiry.

2.0 Scope of the inquiry

2.1 The purpose of the Inquiry is to make an assessment of and, where appropriate, make recommendations on the role of all partners in developing, supporting and delivering targets associated with improving specific aspects of public health, as set out in the Leeds Health and Well-being Plan (2009-2012) and associated strategies, particularly in relation to:

- Promoting responsible alcohol consumption;
- Reversing the rise in levels of obesity and promoting an increase in the levels of physical activity;
- Reducing the level of smoking;
- Improving sexual health and reducing the level of teenage pregnancies

2.2 The Board hopes that its findings will provide a timely and positive contribution to the delivery of the public health agenda and the management of any necessary changes in behaviour.

3.0 Comments of the relevant director and executive member

3.1 Comments received on these draft terms of reference will be reflected in the final version.

4.0 Timetable for the inquiry and submission of evidence

4.1 The inquiry will commence in October 2009 and is likely to take place over a number of sessions. A provisional timetable is outlined below:

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Session 1 (October 2009)

To consider issues associated with ***improving sexual health and reducing the level of teenage pregnancies***, such as:

- The role of the Council and its NHS health partners in developing and delivering appropriate strategies that:
  - Raises general public awareness of the health risks associated with poor sexual health and the impact of teenage pregnancies.
  - Identifies and targets those groups most at risk of poor sexual health and teenage conceptions.
  - Promotes easy access to associated services and treatments.
  - Assesses the quality and effectiveness of associated services and treatments.
- Progress against the recommendations identified in the Scrutiny Inquiry report – *Improving Sexual Health Among Young People (April 2009).*

Session 2 (November 2009)

To consider issues associated with ***promoting responsible alcohol consumption***, such as:

- The role of the Council in terms of licensing policy and associated enforcement/ control procedures.
- The role of the Council and its NHS health partners in developing and delivering an alcohol strategy that:
  - Raises general public awareness of the health risks associated with alcohol consumption.
  - Identifies and targets those groups most at risk from the affects of alcohol abuse, ensuring they have access to the most appropriate services and treatments.
  - Assesses the quality and effectiveness of services and treatments associated with reducing alcohol related harm.
- The social responsibility role of breweries, retailers and licensees and how this shapes the consumption of alcohol in Leeds.

Session 3 (January 2010)

To consider issues associated with ***reversing the rise in levels of obesity and promoting an increase in the levels of physical activity***, such as:

- The role of the Council and its NHS health partners in developing and delivering appropriate strategies that:
  - Raises general public awareness of the health risks associated with obesity and inactive lifestyles.
  - Identifies and targets those groups most at risk of becoming obese and leading inactive lifestyles.
  - Assesses the quality and effectiveness of services and treatments associated with obesity.
  - Promotes easy access to leisure facilities and activities.
- The role of the Council in terms of its power of well-being through planning policies and associated enforcement/ control procedures.
- The role of commercial sector partners in promoting healthier lifestyles.

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Session 4 (February 2010)

To consider issues associated with ***reducing the level of smoking*** , such as:

- The role of the Council and its NHS health partners in developing and delivering appropriate strategies that:
    - Raises general public awareness of the health risks associated with smoking.
    - Identifies and targets those groups most at risk of smoking and smoking related illnesses.
    - Assesses the quality and effectiveness of services and treatments associated with smoking cessation.

4.2 To help provide a rounded view of any issues, the Scrutiny Board will consider evidence from a range of stakeholders and interested parties at each session of the inquiry. The Scrutiny Board will also consider any emerging issues to inform further sessions and/or assist with the production of the final inquiry report.

4.3 The Board will aim to conclude its inquiry before April 2010, with the publication of a formal report setting out the Board's findings, conclusions and recommendations.

5.0 Witnesses

5.1 The following witnesses have been identified as possible contributors to the Inquiry:

- Executive Board Member for Adult Health and Social Care (Leeds City Council)
- Director of Adult Social Care (Leeds City Council).
- Director of Public Health and appropriate public health specialists for each of the specific areas identified (NHS Leeds).
- Director of City Development (Leeds City Council).
- Head of Licensing and Registrations (Leeds City Council).
- Business Development Manager (Drug Action Team, Leeds City Council).
- Healthier Leeds Partnership representatives, as appropriate.
- Independent experts for each of the specific areas identified, as appropriate.
- Commercial representatives, as appropriate.
- Service user representatives, as appropriate.

6.0 Monitoring Arrangements

6.1 Following the completion of the scrutiny inquiry and the publication of the final inquiry report and recommendations, the implementation of the agreed recommendations will be monitored.

6.2 The final inquiry report will include information on the detailed arrangements for monitoring the implementation of recommendations.

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7.0 Measures of success

7.1 It is important to consider how the Board will deem whether its inquiry has been successful in making a difference to local people. Some measures of success may be obvious at the initial stages of an inquiry and can be included in these terms of reference. Other measures of success may become apparent as the inquiry progresses and discussions take place.

7.2 The Board will look to publish practical recommendations.

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APPENDIX 2

INQUIRY SELECTION CRITERIA

Scrutiny Board: **Health**

Inquiry Title: **The role of the Council and Health Partners in promoting good public health**

Anticipated Start Date: **October 2009**

Anticipated Finish Date: **February 2010**

The Inquiry meets the following criteria

Criteria	
• It addresses the Council's agreed Strategic outcomes by reviewing the effectiveness of policy to achieve strategic outcomes as defined by the Council Corporate plan	✓
• Shaping and developing policy through influencing pre-policy discussion	✓
It fulfils a performance management function by	
• Reviewing performance of significant parts of service	✓
• Addressing a poor performing service	
• Addressing a high level of user dissatisfaction with the service	
• Addressing a pattern of budgetary overspends	
• Addressing matters raised by external auditors and inspectors	✓
• Addresses an issue of high public interest	✓
• Reviews a Major or Key Officer decision	
• Reviews an Executive Board decision	
• Reviews a series of decisions which have a significant impact	
• Has been requested by the Executive Board/Full Council/Overview and Scrutiny Committee	
• looks at innovative change	✓

Comments of relevant Director and Executive Member: *To be confirmed*

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APPENDIX 3

Scrutiny Board (Health)

Work Programme 2009/10 – updated September 2009

Item	Description	Notes	Type of item
Meeting date – 22 September 2009			
Update on local NHS priorities	To consider an update on the previously identified priorities for each local NHS Trust.	Updates from: • NHS Leeds • Leeds Teaching Hospitals NHS Trust • Leeds Partnerships NHS Foundation Trust	PM
Quarterly Accountability Reports	To receive quarter 1 performance reports		PM
KPMG Health Inequalities Report	To consider the KPMG report and its associated action plan.	Due to be considered by Corporate Governance and Audit Committee on 29 July 2009.	
Improving Young Peoples Sexual Health	To consider the initial response to the Boards inquiry published in April 2009.		RP

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 2009/10 – updated September 2009

Item	Description	Notes	Type of item
Meeting date – 20 October 2009			
Scrutiny Inquiry – promoting good public health	**Session 1:** To consider issues associated with ***improving sexual health and reducing the level of teenage pregnancies***, such as: • The role of the Council and its NHS health partners in developing and delivering appropriate strategies that: ○ Raises general public awareness of the health risks associated with poor sexual health and the impact of teenage pregnancies. ○ Identifies and targets those groups most at risk of poor sexual health and teenage conceptions. ○ Promotes easy access to associated services and treatments. ○ Assesses the quality and effectiveness of associated services and treatments. • Progress against the recommendations identified in the Scrutiny Inquiry report – *Improving Sexual Health Among Young People (April 2009).*		RP/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 2009/10 – updated September 2009

Item	Description	Notes	Type of item
Meeting date – 24 November 2009			
Scrutiny Inquiry – promoting good public health	**Session 2:** To consider issues associated with ***promoting responsible alcohol consumption***, such as: • The role of the Council in terms of licensing policy and associated enforcement/ control procedures. • The role of the Council and its NHS health partners in developing and delivering an alcohol strategy that: ○ Raises general public awareness of the health risks associated with alcohol consumption. ○ Identifies and targets those groups most at risk from the affects of alcohol abuse, ensuring they have access to the most appropriate services and treatments. ○ Assesses the quality and effectiveness of services and treatments associated with reducing alcohol related harm. • The social responsibility role of breweries, retailers and licensees and how this shapes the consumption of alcohol in Leeds.		RP/DP
Meeting date – 15 December 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

APPENDIX 3

Scrutiny Board (Health)

Work Programme 2009/10 – updated September 2009

Item	Description	Notes	Type of item
Update on local NHS priorities	To consider an update on the previously identified priorities for each local NHS Trust.	Updates from: • NHS Leeds • Leeds Teaching Hospitals NHS Trust • Leeds Partnerships NHS Foundation Trust	PM
Quarterly Accountability Reports	To receive quarter 2 performance reports		PM
Recommendation Tracking	To monitor progress against the recommendations agreed following previous Scrutiny Board inquiries.		MSR
Health Scrutiny – Department of Health Guidance	To receive and consider revised guidance associated with health scrutiny and any implications for local practice.	Guidance due to be published in November 2009	B
Meeting date – 19 January 2010			

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 2009/10 – updated September 2009

Item	Description	Notes	Type of item
Scrutiny Inquiry – promoting good public health	**Session 3:** To consider issues associated with ***reversing the rise in levels of obesity and promoting an increase in the levels of physical activity***, such as: • The role of the Council and its NHS health partners in developing and delivering appropriate strategies that: ○ Raises general public awareness of the health risks associated with obesity and inactive lifestyles. ○ Identifies and targets those groups most at risk of becoming obese and leading inactive lifestyles. ○ Assesses the quality and effectiveness of services and treatments associated with obesity. ○ Promotes easy access to leisure facilities and activities. • The role of the Council in terms of its power of well-being through planning policies and associated enforcement/ control procedures. • The role of commercial sector partners in promoting healthier lifestyles.		RP/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

APPENDIX 3

Scrutiny Board (Health)

Work Programme 2009/10 – updated September 2009

Item	Description	Notes	Type of item
Meeting date – 16 February 2010			
Scrutiny Inquiry – promoting good public health	**Session 4:** To consider issues associated with ***reducing the level of smoking*** , such as: • The role of the Council and its NHS health partners in developing and delivering appropriate strategies that: ○ Raises general public awareness of the health risks associated with smoking. ○ Identifies and targets those groups most at risk of smoking and smoking related illnesses. ○ Assesses the quality and effectiveness of services and treatments associated with smoking cessation.		B/RP
Meeting date – 16 March 2010			
Update on local NHS priorities	To consider an update on the previously identified priorities for each local NHS Trust.	Updates from: • NHS Leeds • Leeds Teaching Hospitals NHS Trust • Leeds Partnerships NHS Foundation Trust	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

APPENDIX 3

Scrutiny Board (Health)

Work Programme 2009/10 – updated September 2009

Item	Description	Notes	Type of item
Quarterly Accountability Reports	To receive quarter 3 performance reports		PM
Annual Health Check	To receive and consider the local NHS Trusts self assessment against the 24 “core standards” set by Government under the domains: • Safety; • Clinical and Cost Effectiveness; • Governance; • Patient Focus; • Accessible and Responsive Care; • Care Environment and Amenities; and, • Public Health	Precise timing and scope to be confirmed	PM
Recommendation Tracking	To monitor progress against the recommendations agreed following previous Scrutiny Board inquiries.		MSR
Meeting date – 27 April 2010			
Scrutiny Inquiry – promoting good public health	To agree the Board’s final inquiry report.		
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

APPENDIX 3

Scrutiny Board (Health)

Work Programme 2009/10 – updated September 2009

Working Groups (TBC)			
Working group	**Membership**	**Progress update**	**Dates**

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

APPENDIX 3

Scrutiny Board (Health)

Work Programme 2009/10 – updated September 2009

Unscheduled / Potential Items		
Item	**Description**	**Notes**
Provision of Renal Dialysis at Leeds General Infirmary	To consider proposals around the provision of renal dialysis services across the City, with particular reference to the previously proposed unit at LGI.	28 July 2009 – proposals considered at the Scrutiny Board on and position statement produced for LTHT Board meeting 30 July 2009. 30 July 2009 – LTHT Board decision deferred. 7 August 2009 – request for additional information/ series of questions issued to health partners. 3 September 2009 – follow-up letter to request sent 7 August 2009.
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.
Hospital Discharges	To consider a follow up report on progress against the recommendations (i.e. 15, 16 and 17) detailed in the Independence, Wellbeing and Choice inspection report	Consider report in September/ October 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

APPENDIX 3

Scrutiny Board (Health)

Work Programme 2009/10 – updated September 2009

Unscheduled / Potential Items		
Item	**Description**	**Notes**
Out of Area Treatments (Mental Health)	To consider the report prepared by Leeds Hospital Alert and the response from LPFT.	Leeds Hospital Alert report received 1 July 2009. Response from LPFT requested on 1 July 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

APPENDIX 4

SCRUTINY BOARD (HEALTH)
HEALTH PROPOSALS WORKING GROUP

TERMS OF REFERENCE

1.0 Background

1.1 The Health and Social Care Act (2001), subsequently reinforced and amended by the NHS Act (2006) and the Local Government and Public Involvement in Health Act (2007), places a duty local on NHS Trusts, Primary Care Trusts and Strategic Health Authorities to make arrangements to involve and consult patients and the public in:

- Planning service provision;
- The development of proposals for changes; and,
- Decisions about changes to the operation of services.

1.2 The requirement to consult on service changes and/or developments, also includes a duty to consult the Health Scrutiny Board where the NHS Body has under consideration any proposal for:

- a substantial development of the health service; or,
- a substantial variation in the provision of such a service in the local authorities area.

2.0 Scope

2.1 The levels of service variation and/or development are not defined in legislation and it is widely acknowledged that the term 'substantial variation or development of health services' is subjective, with proposals often open to interpretation.

2.2 To assist Health Overview and Scrutiny Committees, and to help achieve some degree of consistency, the Centre for Public Scrutiny (CfPS) published a scrutiny guide, *Substantial Variations and Developments of Health Services*[1]. Based on this guidance, and through discussions between NHS Leeds and the Health Scrutiny Board, the following locally developed definitions and examples of service change/ development have been agreed and are summarised in Table 1 (below).

Table 1: Summary of levels of change

Degree of variation	Colour code	Contact with Scrutiny
Category 4 – substantial variation (e.g. introduction of a new service)	Red	Consult
Category 3 – significant change (e.g. changing provider of existing services)	Orange	Engage
Category 2 – minor change (e.g. change of location within same hospital site)	Yellow	Inform
Category 1 – ongoing improvement (e.g. proposals to extend or reduce opening hours)	Green	No

[1] Published in December 2005 and available from the publications section of the CfPS website: http://www.cfps.org.uk/

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2.3 The definitions of reconfiguration proposals and stages of engagement/consultation are detailed in Appendix 1.

2.4 The overall purpose of the Working Group is to provide an environment that allow local NHS bodies to have an on-going dialogue with Scrutiny, regarding changes and development of local health services. Therefore, the role of the working group can be summarised as follows:

- Considering, at an early stage, any future proposals for service changes and/or developments of local health services, including:
  - Whether or not the relevant Trust's plans for patient and public engagement and involvement seem satisfactory[2]; and,
  - Whether the proposal is in the interests of the local health service.
- Maintaining on overview and on-going involvement in current service change proposals and associated patient and public engagement and involvement activity, including details of any stakeholder feedback and how this is being used to shape the proposals.
- Reviewing the implementation of any agreed service change and/or development, including any subsequent service user feedback.
- Referring any matters of significant concern to the Health Scrutiny Board, for consideration.

2.5 It should be recognised that the statutory duty to consider substantial changes remains the responsibility of the Health Scrutiny Board itself. As such, any substantial changes and/or variations identified will automatically be referred to the Health Scrutiny Board for consideration.

2.6 Where a substantial change and/or development is identified, the view of the Working Group on the relevant Trust's plans for patient and public engagement and involvement, and on whether the proposal is in the interests of the local health service will usefully inform the deliberation of the Health Scrutiny Board when considering such matters.

3.0 Frequency of meetings

3.1 It is initially proposed that the Working Group will routinely meet as follows:

- July
- September
- December
- March

3.2 However, due to the nature of the work and the potential timing of proposed service changes and/or developments, it is recognised that the Working Group will adopt a flexible approach to meeting dates and, as such, may choose to meet outside this timetable.

[2] This early engagement with Scrutiny will allow the Working Group to discuss and agree the proposed degree of variation, prior to the commencement of any patient and public engagement and involvement activity

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4.0 Membership

4.1 The membership of the Health Proposals Working Group for the duration of the current municipal year (2009/10) is as follows *(TBC)*:

- *To be confirmed*

5.0 Key stakeholders

5.1 The following key stakeholders have been identified as likely contributors to the Working Group:

- Leeds Primary Care Trust (PCT)
- Leeds Teaching Hospitals NHS Trust (LTHP)
- Leeds Partnership Foundation Trust (LPFT)
- Director of Adult Social Services

6.0 Monitoring arrangements

6.1 The full Health Scrutiny Board will be kept appraised of the activity of the Working Group and regular updates, including report from the Working Group, will be provided.

June 2009

DRAFT

Definitions of reconfiguration proposals and stages of engagement/consultation				
Definition & examples of potential proposals	**Stages of involvement, engagement, consultation**			
	Informal Involvement	Engagement		Formal consultation
Substantial variation or development Major service reconfiguration – changing how/where and when large scale services are delivered. Examples: urgent care, community health centre services, introduction of a new service, arms length/move to CFT				**Category 4** Formal consultation required (minimum twelve weeks) **(RED)**
Significant variation or development Change in demand for specific services or modernisation of service. Examples: changing provider of existing services, pathway redesign when the service could be needed by wide range of people			**Category 3** Formal mechanisms established to ensure that patients/service users/ carers and the public are engaged in planning and decision making **(ORANGE)**	Information & evidence base
Minor change Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries		**Category 2** More formalised structures in place to ensure that patients/ service users/ carers and patient groups views on the issue and potential solutions are sought **(YELLOW)**	Information & evidence base	
Ongoing development Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours	**Category 1** Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions **(GREEN)**	Information & evidence base		

OSC involved

OSC may be involved

DRAFT

Note: based on guidance within the Centre for Public Scrutiny *Substantial variations and developments of health services, a guide*

EXECUTIVE BOARD

WEDNESDAY, 22ND JULY, 2009

PRESENT: Councillor R Brett in the Chair

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

Councillor R Lewis – Non-Voting Member

24 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 1 and 2 to the report referred to in minute 34 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the information contained in the appendices relates to the financial or business affairs of a particular person, and of the Council. This information is not publicly available from the statutory registers of information kept in respect of certain companies and charities. It is considered that since this information was obtained through one to one negotiations for the disposal of the property/land referred to, then it is not in the public interest to disclose this information at this point in time. Also, it is considered that the release of the information would or would be likely to prejudice the Council's commercial interests in relation to other similar transactions in that prospective purchasers of other similar properties would be aware about the nature and level of consideration which may prove acceptable to the council. It is considered that whilst there may be a public interest in disclosure, much of the information will be publicly available from the Land Registry following completion of these transactions and, consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.

b) Appendix 1 to the report referred to in minute 38 under the terms of Access to Information Procedure Rule 10.4(3) and 10.4(5) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information because publication of this report could prejudice the City Council's commercial interests and the City Council's legal interests in maintaining legal professional privilege during legal proceedings.

c) The appendix, plan 2 and plan 3 to the report referred to in minute 42 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information as disclosure could be prejudicial to the commercial interests of the Council and other outside bodies.

d) Appendix B to the report referred to in minute 59 under the terms of Access to Information Procedure Rule 10.4(3) and (4) on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information as it relates to the financial and business affairs of the Council and that publication could be prejudicial to the Council's commercial interests and to negotiations with potential contractors.

25 Declaration of Interests

Councillor Wakefield declared a personal interest in the items entitled, 'Response to the City and Regional Partnerships Scrutiny Board Inquiry into Skills' and 'A Partnership Approach to the Planning, Funding and Delivery of 14 – 19(25) Provision in Leeds' due to being a governor of Leeds City College (Minutes 33 and 57 refer respectively).

Councillor Wakefield also declared a personal interest in the item entitled, 'Proposed Increases in Admission Limits for September 2010' due to being a governor of a primary school. (Minute 56 refers)

Councillor Finnigan declared a personal interest in the items entitled, 'Response to Council Deputation – 'Hands off our Homes Group', 'Response to Council Deputation – Woodbridge Tenants and Residents' Association', 'Lettings Policy' and 'ALMO Annual Reports 2008/09' due to being a Director of Aire Valley Homes (Minutes 49, 28, 50 and 51 refer respectively).

Councillor Harker declared a personal interest in the item entitled, 'Proposed Increases in Admission Limits for September 2010', due to being a governor of a primary school (Minute 56 refers).

Councillor Golton declared a personal interest in the item entitled, 'ALMO Annual Reports 2008/09' due to being a Director of Aire Valley Homes (Minute 51 refers).

Councillor A Carter declared a personal interest in the item entitled 'Marketing Leeds Annual Report 2009' due to being a Director of Marketing Leeds and a personal interest in the item entitled, 'Proposed Lease of Land at Pudsey Bus Station, Church Lane, Pudsey, LS28' due to being a Board member of the West Yorkshire Integrated Transport Authority (Minutes 35 and 36 refer respectively).

26 Minutes

RESOLVED – That the minutes of the meeting held on 17th June 2009 be approved.

CENTRAL AND CORPORATE

27 The KPMG Scrutiny Review - May 2009

The Chief Democratic Services Officer submitted a report summarising the key findings from KPMG's recent audit of the Council's Overview and Scrutiny arrangements and detailing management's formal response to the recommendations

Alison Ormston of KPMG attended the meeting and presented the audit report.

RESOLVED – That the assurances provided with regard to the Council's Overview and Scrutiny arrangements be noted, together with the intention that the key learning points will be progressed by officers through the Scrutiny Chairs' Advisory Group.

NEIGHBOURHOODS AND HOUSING

28 Response to Council Deputation - Woodbridge Tenants' and Residents' Association Regarding the Condition of the Properties on the Estate

The Director of Environment and Neighbourhoods submitted a report in response to the deputation to Council from the Woodbridge Tenants' and Residents' Association on 22nd April 2009.

RESOLVED – That the agreed actions, following the attendance of the deputation at Council, be noted.

CENTRAL AND CORPORATE

29 Treasury Management Annual Report 2008/09

The Director of Resources submitted a report providing a review of the treasury management strategy and operations for 2008/09.

RESOLVED -

a) That the treasury management outturn position for 2008/09 be noted.

b) That the recommendations of the CIPFA Treasury Management Panel Bulletin and the CLG Select Committee be referred to the Central and Corporate Functions Scrutiny Board and the Corporate Governance and Audit Committee for further consideration.

c) That Council be recommended to approve the limits of fixed debt from 2009/10 onwards that are held in different periods as outlined in paragraph 3.3.4 of the submitted report.

d) That Council be recommended to approve the upper limit on sums invested for periods longer than 364 days for 2009/10 as outlined in paragraph 3.3.6 of the submitted report.

(The matters referred to in parts (c) and (d) of this minute being matters reserved to Council were not eligible for Call In)

30 Capital Programme Update 2009 to 2013

The Director of Resources submitted a report providing an update on the capital programme position for 2009-2013 and seeking approval to allocate resources to specific schemes.

RESOLVED -

a) That the £35,400,000 remaining balance of the Strategic Development Fund be allocated to New Generation Transport and Flood Alleviation projects.

b) That the delegated decisions to release reserved schemes, as set out in Table 2 of the submitted report, be noted.

c) That the proposals for the allocation of additional resources, as set out in Table 3 of the submitted report, be approved.

d) That the injection of £125,000 to the capital programme for the food waste bin pilot, funded through unsupported borrowing, be approved.

e) That a variation of £200,000 on the Housing Revenue Account ICT Phase 2 project, as outlined in section 3.3.4 of the submitted report, be approved.

(Under the provision of Council Procedure Rule 16.5, Councillor Wakefield required it to be recorded that he abstained from voting on this matter)

31 Leeds Strategic Plan and the Council Business Plan - Performance Reporting at Quarter Four 2008/09

The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report presenting the quarter 4 performance report for the Leeds Strategic Plan and the Council Business Plan.

RESOLVED – That the contents of the report be noted.

32 Sustainable Communities Act

The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report on a proposal to extend the Council's powers to deal with obstructive parking for formal submission to the Local Government Association as a recommended proposal for Government action.

RESOLVED – That approval be given for the submission of the proposal to extend the powers of Council employed civil enforcement officers to issue Penalty Charge Notices.

33 Response to the City and Regional Partnerships Scrutiny Board Inquiry into Skills

The Head of Scrutiny and Member Development submitted a report in response to the recommendations arising from the Scrutiny Board (City and Regional Partnerships) inquiry into skills.

RESOLVED – That the proposed responses to the Scrutiny Board (City and Regional Partnerships) recommendations, as contained in the submitted report, be approved.

DEVELOPMENT AND REGENERATION

34 Proposed Leeds Arena

The Director of City Development submitted a report on progress made in developing the scheme proposals for the arena, proposing that Clay Pit Lane be confirmed as the site for the proposed development and requesting that the Board reconfirms the scope, aims, objectives and outcomes of the project, in addition to presenting proposed Heads of Terms for a commercial agreement.

Following consideration of Appendices 1 and 2 to the report, designated as exempt under Access to Information Procedure Rule 10.4(3) which were considered in private at the conclusion of the meeting, it was

RESOLVED -

a) That Clay Pit Lane be selected as the site for the proposed arena development.

b) That the progress made in developing the scheme proposals be noted.

c) That the scope, aims, objectives and outcomes of the project, as detailed in the submitted report, be reconfirmed.

d) That the provisionally agreed Heads of Terms with SMG Europe Holdings Ltd for the Agreement for Lease and Lease of the arena be approved.

e) That approval be given to the provisionally agreed Heads of Terms with the third party named in exempt appendix 2 of the report for the receipt of annual revenue payments to part finance the City Council's funding model for the capital cost of developing the arena.

(The matters referred to in this minute were not eligible for Call In as any delay in concluding such legal agreements may result in the parties to the

agreements seeking to renegotiate the terms of such agreements and, as such, could increase the cost to the Council of developing the arena).

35 Marketing Leeds - Annual Report 2009

The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report providing an update on the work of Marketing Leeds and its contribution to the city's priorities.

Deborah Green of Marketing Leeds attended the meeting and presented the report.

RESOLVED – That the content of the report be noted.

36 Proposed Lease of Land at Pudsey Bus Station, Church Lane, Pudsey, LS28

The Chief Asset Management Officer submitted a report on the proposed disposal of the subject site to West Yorkshire Passenger Transport Executive by way of a long lease at less than best consideration, in order to facilitate the development of the new bus station.

RESOLVED – That approval be given for the disposal of the site, as identified on the plans attached to the submitted report, to the West Yorkshire Passenger Transport Executive, by way of a 99 year lease at less than best consideration.

37 West Leeds Gateway Area Action Plan - Pre-Submission Consultation

The Director of City Development submitted a report on the key objectives of the West Leeds Gateway Area Action Plan (AAP) and proposals to publish the Plan for the purposes of public participation and receipt of formal representations, between 5th October and 16th November 2009.

Members received an update on the informal guidance relating to several areas of the AAP which had been received from Government Office and the Planning Inspectorate.

RESOLVED –

a) That the Director of City Development be authorised to revise the West Leeds Gateway Area Action Plan in line with the informal guidance received from Government Office and the Planning Inspectorate.

b) That approval be given for the publication of the West Leeds Gateway Area Action Plan Development Plan Document for the purposes of public participation, and to formally invite representations on it between 5th October and 16th November 2009.

38 A639 Stourton Landslip

The Director of City Development submitted a report on the proposed scheme and expenditure required to overcome a stability problem on the A639 highway in the vicinity of the Leeds Valley Park roundabout.

Plan TS/299067/GA/01 was tabled at the meeting for Members' consideration.

Following consideration of Appendix 1 to the report, designated as exempt under Access to Information Procedure Rule 10.4(3) and (5) which was considered in private at the conclusion of this meeting, it was

RESOLVED -

a) That authority be given for the design and implementation of the highway works, as shown on drawing TS/299067/GA/01, to overcome a stability problem on the A639 near Leeds Valley Park Roundabout resulting from a landslip.

b) That approval be given to incur expenditure of £1,500,000 comprising £1,200,000 works and £300,000 staff costs in addition to the £518,100 fees previously approved and as detailed in the recommendation of the exempt appendix to the report.

c) That the matter be progressed, as proposed in the recommendation contained in the exempt appendix to the report.

39 Route 163/166 Bus Accessibility Improvements

The Director of City Development submitted a report on the proposed accessibility improvements to the Arriva 163/166 Leeds to Castleford core bus route.

RESOLVED -

a) That approval be given to the design and implementation of the accessibility work on the 163/166 core bus route to comply with the Disability Discrimination Act.

b) That approval be given to the estimated expenditure of £726,000 to be funded from the Integrated Transport Scheme 99609 within the approved Capital Programme.

40 South Leeds Academy

The Chief Asset Management Officer submitted a report on proposed Heads of Terms for the leasehold disposal at nil consideration of South Leeds High School for the Academy scheme to South Leeds Academy Trust who are the Council's selected operator for an Academy at this school.

RESOLVED –

a) That approval be given for the disposal of South Leeds High School for the proposed Academy on a 125 year lease at nil consideration and that the Director of City Development be authorised to agree the final terms as detailed at paragraph 3 of the submitted report.

b) That a report be submitted to a future meeting of the Board with respect to matters concerning the transfer of assets to School Partnership Trust organisations.

41 Partnership for Regeneration Investment in Aire Valley, Leeds

The Director of City Development and the Director of Environment and Neighbourhoods submitted a joint report providing an update on the Aire Valley Leeds programme and outlining proposals regarding an opportunity which had arisen for a partnership with some of the key landowners in the area.

RESOLVED -

a) That the approach by the Templegate Development Ltd joint venture partners be noted, together with the common benefits from joint working on the development potential for this large area of land in the Aire Valley Leeds regeneration area.

b) That the Directors of City Development and Environment and Neighbourhoods be authorised, in liaison with the Assistant Chief Executive (Corporate Governance), to enter into the memorandum of understanding and create the Partnership for Regeneration Investment in Aire Valley Leeds on the terms described in the submitted report.

42 Elland Road Masterplan and World Cup 2018

The Director of City Development submitted a report providing an update on property matters at Elland Road and on proposals to assist in the regeneration of eighteen and a half hectares of brownfield land in that location.

Plan 3 to the report was circulated to Members prior to the meeting for consideration.

Following consideration of the appendix, plan 2 and plan 3 to the report, designated as exempt under Access to Information Procedure Rule 10.4(3), which were considered in private at the conclusion of the meeting, it was

RESOLVED -

a) That the recent developments concerning property matters at Elland Road, and the opportunity to kickstart the comprehensive regeneration on the site be noted.

b) That the position regarding the acquisition of site I as set down in the exempt part of the submitted report be noted, and that the Director of City Development be instructed, in consultation with the Executive Member for Development and Regeneration and subject to site investigations, to conclude negotiations.

c) That a 6 month period of exclusivity be granted to the company named in the exempt appendix of the submitted report, on the basis of the Heads of Terms detailed within that exempt appendix, in order that the company can build and operate an ice-rink at Elland Road.

ADULT HEALTH AND SOCIAL CARE

43 From Day Centres to Day Services: Responding to the Needs and Preferences of Older People

Further to minute 125 of the meeting held on 5th November 2008, the Director of Adult Social Services submitted a report on the next phase of the strategy concerned with modernising day opportunities for older people.

RESOLVED -

a) That the positive implementation of actions agreed in 2008 to re-provide 4 centres be noted.

b) That the positive opportunities to develop future services alongside officers in City Development and partners in the Voluntary Sector be noted.

c) That the strategy for the development of specialist dementia and re-enablement services, as set out in Section 7 of the submitted report, be approved.

d) That the proposed consultation concerning recommendations for change to the day services base in the city, including changed weekend opening, be approved.

e) That a further report be brought to the Board in November 2009 on the outcome of the consultation and containing final recommendations for the delivery of the strategy.

(Under the provisions of Council Procedure Rule 16.5, Councillor Wakefield required it to be recorded that he voted against the decisions taken in this minute)

44 Neighbourhood Network Schemes Review - Future Vision and Way Forward

The Director of Adult Social Services submitted a report providing information and proposals for developing greater access to universal wellbeing support through Neighbourhood Network Schemes (NNS) and highlighting issues and proposed remedies.

RESOLVED -

a) That approval be given for the adoption and application of the Neighbourhood Network Schemes' funding formula.

b) That approval be given for a revised NNS service specification which sets out the long term vision for NNS and which incentivises collaborative models of working and organisation.

c) That approval be given for Adult Social Services to identify the funding investment shortfall of £370,000 within the 2010/11 budget setting round for inclusion into the new contractual arrangements due to be let in that year.

d) That in the light of advice provided by corporate colleagues, and as set out in paragraph 3.28 of the submitted report, the potential need for a contract extension for existing NN providers be noted, which would be managed through the delegated powers of the Director of Adult Social Services should this prove to be necessary.

45 Leeds Safeguarding Adult Partnership Board Report 2008/09 and Leeds Safeguarding Adult Policy 2009

The Director of Adult Social Services submitted a report presenting the Leeds Safeguarding Adults Partnership Board Annual Report for 2008/09, and proposing the adoption of the Safeguarding Adult Policy for Leeds 2009.

RESOLVED -

a) That the safeguarding policy for Leeds, as attached to the submitted report, be approved for adoption.

b) That the work undertaken in 2008/09 to renew Safeguarding Adults policy, systems, structures and governance arrangements in the city, as detailed within the submitted report, be noted.

c) That the 2008/09 annual report, as attached to the submitted report, be noted.

46 Valuing People Now - Transfer of Commissioning Responsibilities from NHS Leeds to Leeds City Council

The Director of Adult Social Services submitted a report providing an update on the outcome of negotiations in relation to the transfer of the value of those elements of social care commissioning which are currently undertaken by NHS Leeds (Leeds PCT).

RESOLVED -

a) That the principles on which the transfer negotiations have been conducted, as set out within the Executive Summary of the submitted report, be noted.

b) That the Board notes the requirement to transfer remaining commissioning responsibility from NHS Leeds (Leeds PCT) to Leeds City Council from the commencement of the 2009/10 financial year in

the terms set out in section 6 of the submitted report for the continuing greater benefit of people with learning disabilities, specifically:-

- The element of £3,471,624 (at 08/09 prices) proposed for transfer which represents the value of the LPFT Supported Living Service and the social care services provided by Bradford District Care Trust.
- The further element to transfer totaling £6.25m of social care activity which has been identified as already existing within the Pooled Budget.

c) That the Director of Adult Social Services be authorised, in conjunction with the Director of Resources, to augment the S75 Pooled fund agreement to accommodate transfers of Capital in the terms set out at paragraphs 3.13 – 3.18 of the submitted report.

ENVIRONMENTAL SERVICES

47 Way Forward Review of Waste Collection Services

The Director of Environment and Neighbourhoods submitted a report outlining the issues surrounding improvements to waste collection services in Leeds, summarising the findings of both the Way Forward Review of Waste Collection Services, and the subsequent market sounding and packaging options appraisal work undertaken.

RESOLVED – That the process of market testing waste collection services be commenced.

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

48 Response to the Young People's Scrutiny Inquiry entitled 'Protecting Our Environment'

The Directors of City Development and Environment and Neighbourhoods and the Chief Executive of Education Leeds submitted a joint report in response to the recommendations from the Young People's Scrutiny Forum inquiry into the protection of the environment.

RESOLVED – That this report be deferred to a future meeting, in order to enable representatives of the Young People's Scrutiny Forum to attend.

NEIGHBOURHOODS AND HOUSING

49 Response to Council Deputation - 'Hands off our Homes Group' Regarding Their Campaign Against Vacant Housing in Leeds

The Director of Environment and Neighbourhoods submitted a report in response to the deputation to Council from the 'Hands Off Our Homes' organisation on 22nd April 2009.

RESOLVED – That the response to the deputation, as contained in the submitted report, be approved.

50 Lettings Policy

The Director of Environment and Neighbourhoods submitted a report on proposals relating to the Council's Lettings Policy.

RESOLVED -

a) That the proposals, as set out within the submitted report, be endorsed as part of a broader approach from application stage, through lettings, to tenancy management.

b) That the Director of Environment and Neighbourhoods, together with the Council's Assistant Chief Executive (Corporate Governance), the ALMOs and BITMO, be requested to develop the proposals within the report into recommendations for change incorporated into a revised lettings policy and guidance.

c) That the proposals be consulted upon with a view to a revised policy being prepared by January 2010.

51 ALMO Annual Reports 2008/09

The Director of Environment and Neighbourhoods submitted a report presenting the ALMO Annual Reports for 2008/09.

RESOLVED – That the content of the 2008/09 ALMO annual reports be noted.

52 Area Delivery Plans 2009/10

The Director of Environment and Neighbourhoods submitted a report providing an overview of the ten 2009/10 Area Delivery Plans for endorsement and reflecting upon the successes and achievements of area led work delivered across the Area Management structures throughout 2008/09.

RESOLVED – That the 2009/10 Area Delivery Plans produced by the Area Committees be endorsed.

53 Beeston Group Repair: Phase 6

The Director of Environment and Neighbourhoods submitted a report on phase 6 of the Beeston Group Repair initiative.

RESOLVED –

a) That the injection into the Capital Programme of £149,000 from owner occupiers contributions be approved.

b) That Scheme Expenditure to the amount of £1,640,000 be authorised.

c) That officers be instructed to report back in the future on the progress of the scheme.

54 Response to the Environment and Neighbourhoods Scrutiny Board Inquiry into Asylum Seeker Case Resolution

The Director of Environment and Neighbourhoods submitted a report in response to the recommendations from the Scrutiny Board (Environment and Neighbourhoods) inquiry into asylum seeker case resolution.

RESOLVED – That the responses to the recommendations of the Scrutiny Board (Environment and Neighbourhoods), as contained in the submitted report, be approved.

55 Response to the City and Regional Partnerships Scrutiny Board Inquiry into the Role of the Voluntary, Community and Faith Sectors in Council Led Community Engagement

The Chief Democratic Services Officer submitted a report in response to the recommendations from the Scrutiny Board (City and Regional Partnerships) inquiry into the role of the Voluntary, Community and Faith Sectors in Council led community engagement, following the initial response which was considered by Executive Board on 13th May 2009 (minute 260).

RESOLVED -

a) That it be noted that the Scrutiny Board (Adult Social Care) offered no additional comments to the earlier report.

b) That the additional comments of the Scrutiny Board (Children's Services) be endorsed.

c) That the approval of the responses from the Director of Environment and Neighbourhoods to the recommendations of the of the Scrutiny Board (City and Regional Partnerships) be confirmed.

CHILDREN'S SERVICES

56 Proposed Increases in Admission Limits for September 2010

Further to minute 15 of the meeting held on 17th June 2009, the Chief Executive of Education Leeds submitted a report presenting the outcome of the consultation process undertaken with schools proposing increased admission limits for 2010/11 and identifying the next steps in making provision from 2011/12 onwards.

RESOLVED -

a) That the outcome of the ongoing discussions with individual schools be noted.

b) That approval be given to increase the admission limit for the named primary schools within the submitted report for 2010/11.

c) That a further report which identifies the next steps in making provision from 2011/12 onwards be brought to this Board.

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

57 A Partnership Approach to the Planning, Funding and Delivery of 14-19 (25) Provision in Leeds

The Chief Executive of Education Leeds submitted a report on the development of the 14 – 19 (25) provision in Leeds and the structures and arrangements that will form the basis for the future planning, and delivery of 14 – 19 (25) provision in Leeds.

RESOLVED -

a) That the development of partnerships of post 14 providers be noted.

b) That the implications for the partnership approach to the planning, funding and delivery of 14 – 19 (25) provision in Leeds be noted.

c) That the 14 - 19 Statement of Priorities be received for approval every Autumn;

d) That a further report be brought to this Board in December that will address the Local Authority's readiness to assume the responsibilities transferring from the Learning Skills Council.

58 Proposals for changes to Primary Provision in the Richmond Hill area

The Chief Executive of Education Leeds submitted a report on the outcome of the statutory notice published on the linked proposals concerning changes to primary provision in the Richmond Hill area.

RESOLVED – That approval be given to the linked proposals to:-

a) Enlarge Richmond Hill Primary School by one form of entry;

b) Establish community provision for children with a statement of special educational needs at the new Richmond Hill Primary School;

c) Close Mount St Mary's Catholic Primary School.

59 Future of East Moor Secure Children's Home - Update

Further to minute 41 of the meeting held on 16th July 2008, the Director of Children's Services submitted a report on progress made to secure capital and revenue funding for the replacement of East Moor, on the outcome of the site option appraisal and on proposals for the replacement of the current provision with a purpose built, fit for purpose and future proof facility.

The Chair advised that a letter from Greg Mulholland MP relating to this matter had been received and circulated to Executive Board members prior to the meeting.

Following consideration of appendix B to the report, designated as exempt under Access to Information Procedure Rule 10.4(3) and (4) which was considered in private at the conclusion of the meeting, it was

RESOLVED -

a) That the progress made since the July 2008 meeting be noted.

b) That the Director of Children's Services enter into a contractual arrangement with the Department for Children, Schools and Families for the capital funding and Youth Justice Board for an extended occupancy contract to finance the re-building of a secure children's home in the city.

c) That, despite the loss of a significant capital receipt, the service preference for a rebuild on the land adjacent to the existing Secure Children's Home be endorsed.

d) That £18,100,000 be injected into the capital programme for the new build secure children's home. £15,000,000 to be funded through the grant from the Department for Children, Schools and Families and £3,100,000 through prudential borrowing to be repaid through the occupancy contract with the Youth Justice Board.

60 Scrutiny Board (Health) Inquiry into Improving Sexual Health amongst Young People

The Director of Children's Services submitted a report in response to the recommendations from the Scrutiny Board (Health) inquiry into improving sexual health amongst young people.

RESOLVED – That the proposed responses to the recommendations of Scrutiny Board (Health), as contained within the submitted report, be approved.

DATE OF PUBLICATION: 24th JULY 2009
LAST DATE FOR CALL IN: 31st JULY 2009

(Scrutiny Support will notify Directors of any items called in my 12:00 noon on 3rd August 2009.)

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EXECUTIVE BOARD

WEDNESDAY, 26TH AUGUST, 2009

PRESENT: Councillor R Brett in the Chair

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

Councillor R Lewis – Non-Voting Advisory Member

61 Exempt Information - Possible Exclusion of the Press and 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 1 and 2 to the report referred to in minute 73 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information as disclosure could prejudice the commercial interests of the Council and other outside bodies.

b) Appendices 1, 2 and 4 to the report referred to in minute 69 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information by reason of the fact that:-

i) Appendices 1 and 2 – The success of the scheme could potentially be prejudiced by speculative investors acquiring properties in advance of the Council's action.

ii) Appendix 4 – The costs attributed to the purchase of private properties are purely estimates at this stage and their disclosure could prejudice the Council's ability to reach an agreement on the purchase price with the owners.

c) Appendices 1, 2 and 4 to the report referred to in minute 70 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information by reason of the fact that:-

i) Appendices 1 and 2 – The success of the scheme could potentially be prejudiced by speculative investors acquiring properties in advance of the Council's action. Each of these appendices identifies the location of the affected properties.

ii) Appendix 4 – The costs attributed to the purchase of private properties are purely estimates at this stage and their disclosure could prejudice the Council's ability to reach an agreement on the purchase price with the owners.

d) Appendices 1 and 2 to the report referred to in minute 84 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information as publication would be detrimental to the finances of the authority and thereby the provision of its services to the public.

62 Declaration of Interests

Councillor Finnigan declared a personal interest as a Director of Aire Valley Homes in relation to minutes 67, 68, 69 and 70 of this meeting, as appropriate.

63 Withdrawal of Item - Playbuilder Initiative Update

The Chair, with the consent of the Board, withdrew the above report from the agenda.

64 Minutes

RESOLVED – That the minutes of the meeting held on 22nd July 2009 be approved.

DEVELOPMENT AND REGENERATION

65 Adoption of the Supplementary Planning Document of the Street Design Guide and Response to the Deputation of the National Federation of the Blind

The Director of City Development submitted a report on the outcome of consultation on the Street Design Guide including further discussions following the attendance of the deputation to Council on 10th September 2008 on behalf of the National Federation of the Blind. The report presented the amended Street Design Guide and recommended its adoption as a Supplementary Planning Document.

RESOLVED – That the Street Design Guide, as now drafted and presented to the Board, be approved as a Supplementary Planning Document, subject to an amendment to paragraph 3.2.2.18 of the guide by deletion of the reference to 25 dwellings and replacement with reference to 10 dwellings and any subsequent associated references.

LEISURE

66 Deputation to Council - North Hyde Park Residents' Association, South Headingley Community Association, and Friends of Woodhouse Moor regarding the Council's proposal to Establish Barbeque Areas on Woodhouse Moor

The Director of City Development submitted a report in response to the deputation to Council from North Hyde Park Residents' Association, South Headingley Community Association and the Friends of Woodhouse Moor organisation on 15th July 2009. The report outlined the result of a recent consultation exercise with local residents and stakeholders and presented a proposed solution for the consideration of the Board.

The report appraised 3 options, as follows:-

- Option 1: Provision of a permanent designated barbecue area as outlined in the consultation process
- Option 2: Enforce byelaws preventing barbecue use as outlined in the consultation process
- Option 3: To trial a designated barbecue area

RESOLVED -

a) That the analysis and summary consultation activity contained in the report be noted.

b) That approval be given to the implementation of Option 3: to trial a designated barbecue area, from 1 April 2010 until the end of the barbecue season.

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

NEIGHBOURHOODS AND HOUSING

67 Response to the Environment and Neighbourhoods Scrutiny Board Inquiry into Older People's Housing

The Director of Environment and Neighbourhoods submitted a report in response to the recommendations from the Scrutiny Board (Environment and Neighbourhoods) inquiry into older people's housing.

The Chair of the Scrutiny Board attended the meeting, presented the inquiry findings and requested that officers offer a more robust response to recommendation 9.

RESOLVED – That the proposed responses to the Scrutiny Board (Environment and Neighbourhoods) recommendations, as contained in the submitted report, be approved and that the request of the Scrutiny Chair be acceded to.

68 Response to the Environment and Neighbourhoods Scrutiny Board Inquiry into the Private Rented Sector

The Director of Environment and Neighbourhoods submitted a report in response to the recommendations from the Scrutiny Board (Environment and Neighbourhoods) inquiry into the private rented sector.

The Chair of the Scrutiny Board attended the meeting and presented the inquiry findings.

RESOLVED – That the proposed responses to the Scrutiny Board (Environment and Neighbourhoods) recommendations, as contained in the submitted report, be approved.

69 Regeneration of Holbeck - Phase 4

The Director of Environment and Neighbourhoods submitted a report outlining the options for regeneration of the Holbeck area and seeking approval of the acquisition and clearance of 20 properties within Holbeck by utilising £1,300,000 of Single Regional Housing Single Regional Housing Pot funding during 2009/11.

The options presented were:-

a) Do the minimum to meet legal conformity.

b) Undertake group repair and internal remodelling.

c) Acquisition, clearance and redevelopment of the site for housing.

Following consideration of Appendices 1, 2 and 4 to the report, designated as exempt under the terms of Access to Information Procedure Rule 10.4(3), which were considered in private at the conclusion of the meeting, it was

RESOLVED –

a) that Scheme expenditure to the to the amount of £1.300,000 be authorised.

b) That officers proceed in accordance with option C

c) That the Director of Environment and Neighbourhoods and the Director of City Development authorise and promote any necessary Compulsory Purchase Orders should such become necessary

70 Regeneration of Cross Green - Phase 3

The Director of Environment and Neighbourhoods submitted a report outlining the options for regeneration of the Cross Green area and seeking approval of the acquisition and clearance of 14 street lined semi detached properties built in the early 1900s by utilising £1,100,000 of Single Regional Housing Pot funding during 2009/11.

The options presented were:-

a) Do the minimum to meet legal conformity.

b) Undertake group repair.

c) Acquisition, clearance and redevelopment of the site for housing.

Following consideration of Appendices 1, 2 and 4 to the report, are designated as exempt under the terms of Access to Information Procedure Rule 10.4(3), which were considered in private at the conclusion of the meeting, it was

RESOLVED -

a) That Scheme expenditure to the amount of £1,100,000 be authorised.

b) That officers proceed in accordance with option C.

c) That the Director of Environment and Neighbourhoods and the Director of City Development authorise and promote any necessary Compulsory Purchase Orders should such become necessary

DEVELOPMENT AND REGENERATION

71 Leeds (River Aire) Flood Alleviation Scheme

Further to minute 191 of the meeting held on 13th February 2009, the Director of City Development submitted a report providing an update on the progress made in relation to the Leeds Flood Alleviation Scheme, outlining the feedback from the public consultation exercise, and presenting for approval the latest version of the Design Vision and Guide, along with a recommended approach to be adopted by the Environment Agency in designing a scheme for the River Aire.

The report outlined the following 5 options identified by the Environment Agency, upon which the Council were invited to express a preference:-

a) 1 in 200 years plus precautionary climate change: Raised flood defences. Total scheme cost £145m. £0m external funding required.

b) 1 in 200 years plus precautionary climate change: Upstream Storage. Total scheme cost £180m. £30-35m external funding required.

c) 1 in 200 years Managed Adaptive approach dealing with climate change in the future. Total scheme cost £145m. Raised defences - £5-10m external funding required.

d) 1 in 200 years Managed Adaptive approach dealing with climate change in the future. Total scheme cost £150m. Upstream Storage - £15-20m external funding required.

e) 1 in 200 years Managed Adaptive approach dealing with climate change in the future. Total scheme cost £200m. Bypass Channel - £65m – 70m external funding required.

RESOLVED –

a) That the progress on the Leeds (River Aire) Flood Alleviation Scheme and the comments received during the public consultations be noted.

b) That the latest version of the Design Vision and Guide document be approved.

c) That the Environment Agency be informed that a Managed Adaptive approach to protecting Leeds from major flooding should be adopted by the Agency.

72 The Agenda for Improving Economic Performance

The Director of City Development submitted a report presenting the draft 'Agenda for Improved Economic Performance' proposed for formal consultation.

RESOLVED – That the document, as submitted, be approved for a formal consultation process.

73 Leeds United - Thorp Arch Academy

The Director of City Development submitted a report on the history and current position of the Leeds United Thorp Arch Academy and on options for the Council to support Leeds United Football Club in the continuation of the facility.

The report presented the options of declining the Club's request for assistance, of giving the Club a loan to acquire the facility or of the Club novating to the Council its option to purchase and the Council acquiring the facility and leasing it back to the Club.

Following consideration of appendices 1 and 2 to the report, designated as exempt under Access to Information Procedure Rule 10.4(3), which were considered in private at the conclusion of the meeting it was

RESOLVED –

a) That the request from Leeds United 2007 for support in exercising its option to acquire the Thorp Arch training facility be noted.

b) That the option of offering a loan to the Club be discounted.

c) That the Director of City Development be authorised, in consultation with the Director of Resources, the Assistant Chief Executive

(Corporate Governance) and the Executive Member Development and Regeneration, to enter into discussions with the Club on the lines now discussed in order to explore whether the option of the Club novating to the Council its option to purchase with subsequent acquisition by the Council and lease back to the club can be progressed. Such preliminary discussions to include the need for appropriate guarantees in respect of the income from the lease to the Club, adequate provision for community and educational use, securing levels of Council control appropriate to the City's hosting of international sporting events, necessary maintenance arrangements and such other matters as may be necessary to protect the Council's interests as owner of the facility.

d) That a meeting of this Board be convened sufficiently in advance of the 10th October 2009 deadline, in the event that the discussions referred to in (c) give rise to a recommendation to progress the option to a conclusion.

ENVIRONMENTAL SERVICES

74 Response to the Young People's Scrutiny Forum Inquiry entitled, 'Protecting Our Environment'

The Director of City Development, the Director of Environment and Neighbourhoods and the Chief Executive of Education Leeds submitted a joint report in response to the recommendations of the Young People's Scrutiny Forum inquiry into the protection of the environment.

The Chair of the Scrutiny Board (Children's Services) attended the meeting and presented the inquiry findings.

RESOLVED – That the proposed responses to the Young People's Scrutiny Forum's recommendations, as contained in the submitted report be approved.

75 Response to the Environment and Neighbourhoods Scrutiny Board Inquiry into Street Cleaning

The Director of Environment and Neighbourhoods submitted a report in response to the recommendations from the Scrutiny Board (Environment and Neighbourhoods) inquiry into street cleaning.

The Chair of the Scrutiny Board attended the meeting and presented the inquiry findings.

RESOLVED – That the proposed responses to the Scrutiny Board (Environment and Neighbourhoods) recommendations, as contained in the submitted report, be approved.

CHILDREN'S SERVICES

76 Proposal to close the LEA maintained nursery and change the lower age limit of Christ the King Catholic Primary School, Bramley

The Chief Executive of Education Leeds submitted a report presenting the outcome of the statutory notice period to close the maintained nursery with effect from 31st August 2009 and to change the lower age limit of Bramley Christ the King Catholic Primary School from 3-11 years to 5-11 years of age.

RESOLVED – That the lower age of Christ the King Catholic Primary School be changed from 3-11 years to 5-11 years of age and that the LEA maintained nursery be closed.

77 Design and Cost Report - Seacroft Children's Centre Accommodation and Extension

The Acting Chief Officer for Early Years and Integrated Youth Support Service submitted a report on the costs and fees related to the proposed refurbishment and extension of the existing Seacroft Children's Centre.

RESOLVED – That authority be given to incur expenditure on construction £819,350 and fees £180,650 on the refurbishment and extension of the existing Seacroft Children's Centre to enable the relocation of children, staff and services from East Leeds Children's Centre and the amalgamation of the two children's centres.

78 Response to the Children's Services Scrutiny Board Inquiry into 'Entering the Education System'

The Director of Children's Services submitted a report in response to the recommendations of the Scrutiny Board (Children's Services) inquiry entitled, 'Education Standards - Entering the Education System'.

The Chair of the Scrutiny Board attended the meeting and presented the findings of the inquiry.

RESOLVED – That the proposed responses to the Scrutiny Board (Children's Services) recommendations, as contained in the submitted report, be approved.

LEISURE

79 Vision for Council Leisure Centres

Further to minute 74 of the meeting held on 2nd September 2008, the Director of City Development submitted a report proposing a Vision for Leisure Centres following extensive public consultation and a review of Sport England's Facility Planning Model.

RESOLVED – That approval be given to the following proposals:-

Proposal 1 – The Eight Refurbishment Sites

i) Modernisation and improvement to the quality of the facilities provided at the following sites, and detailed in table 3 to the report: Kirkstall, Rothwell, Aireborough, Otley Chippendale Pool, Bramley, Pudsey, Scott Hall* (*scheme currently being delivered) and Wetherby with a commitment to deliver and resource this work up to 2020.

ii) The Director of City Development to submit bids in respect of the Free Swimming Capital Modernisation Programme 2010/11 by 4th September 2009.

iii) The indicative phasing of works, as detailed in table 3 to the report, was noted.

Proposal 2 – Inner East

iv) Re-provision of Fearnville and East Leeds Leisure Centres in the form of one new, purpose built, well being centre, with a commitment to deliver and resource by 2013/15.

v) To seek expressions of interest to transfer East Leeds and Fearnville Leisure Centres to a Community Organisation.

vi) East Leeds Leisure Centre and Fearnville Leisure Centre to remain under Council management until such time that:-

a) a new well being centre is confirmed; or

b) a suitable community organisation has been identified to whom to transfer the asset(s).

vii) To seek to transfer the management of Richmond Hill Sports Hall to a Community Organization.

Proposal 3 – Outer East

viii) To re-provide Kippax and Garforth Leisure Centres in the form of one new or refurbished swimming pool, fitness suite and other appropriate dry side sports facilities to serve the communities of Garforth and Kippax, with a commitment to deliver and resource by 2017.

Proposal 4 South Leeds & Middleton

ix) To seek expressions of interest to transfer South Leeds Sports Centre to a Community Organisation

x) To close South Leeds Sports Centre (if no suitable community group is identified) when the new Morley Leisure Centre opens in 2010, and concentrate leisure provision at the John Charles Centre for Sport and Morley

xi) To provide a new well being facility for Middleton, at or in close proximity to the current St George's Centre, with a commitment to deliver and resource by 2013/15.

xii) To seek expressions of interest to transfer the existing Middleton Leisure Centre to a Community Organisation

xiii) Middleton Leisure Centre to remain under Council management until such time that a) a new well being centre is confirmed (at St George's Centre) or b) a suitable community organisation has been identified to whom to transfer the existing Middleton Leisure Centre (asset).

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he voted for Proposal 1, abstained from voting on Proposals 2 and 4 and voted against Proposal 3.)

ADULT HEALTH AND SOCIAL CARE

80 Leeds - A City for All Ages: Developing a Strategic Approach to Ageing

The Director of Adult Social Services submitted a report outlining proposals for the development of a strategic response to the development of demographic change and the ageing society under the banner of "Leeds – a City for all ages".

RESOLVED –

a) That consultation be commenced to develop a strategic framework for the city to address demographic change and an ageing society.

b) That the outline of the strategic framework, as described in section 6 of the submitted report, be supported.

c) That 'Leeds – a city for all ages' be used as a headline to encourage and engage all age groups, but in particular people over 50, in setting the strategic framework to address the ageing society.

81 Response to the Adult Social Care Scrutiny Board Inquiry into Major Adaptations for Disabled People

The Director of Adult Social Services and the Director of Environment and Neighbourhoods submitted a joint report in response to the recommendations from the Scrutiny Board (Adult Social Care) inquiry into major adaptations for disabled people.

The Chair of the Scrutiny Board attended the meeting, presented the inquiry findings and reiterated the request at minute 67 that officers offer a more robust response to this same recommendation 9.

RESOLVED –

a) That the proposed responses to the Scrutiny Board (Adult Social Care) recommendations, as contained in the submitted report, be approved and that the request of the Scrutiny Board Chair be noted.

b) That this Board requests that future Scrutiny Board inquiry reports should, as a matter of course, make reference to any cost implications arising from the recommendations.

CENTRAL AND CORPORATE

82 Design and Cost Report: Demolition of East Leeds Family Learning Centre

The Chief Officer (Corporate Property Management) submitted a report on proposals for the demolition of the East Leeds Family Learning Centre.

RESOLVED –

a) That approval be given to the proposed demolition of the remaining ELFLC buildings.

b) That approval be given for the use of the revenue savings following the vacation of the ELFLC site to provide £880,000 of unsupported borrowing to part fund the demolition costs.

c) That the transfer of £118,505 from the Demolitions and Dilapidations Fund (scheme 15620) to fund the balance of the demolition costs be approved.

d) That Authority to Spend of £998,505 in respect of the demolition of the ELFLC premises be given.

83 Financial Health Monitoring 2009/10 - First Quarter Report

The Director of Resources submitted a report on the Council's financial health position for 2009/10 after the first three months of the financial year.

RESOLVED –

a) That the projected financial position of the authority after three months of the new financial year be noted and that directorates be requested to continue to develop and implement action plans.

b) That the following budget adjustments be approved:-

i) A revenue contribution to capital (RCCOs) to fund decency works on the Woodbridge estate (£500,000) and a projected shortfall in funding for the HICT orchard project (£200,000) within the Housing Revenue Account.

ii) A virement in the sum of £800,000 within City Development directorate from the Highways Direct Labour Organisation account, as detailed in the City Development report attached to the submitted report.

iii) The reallocation of the Strategy and Policy budget within City Development as detailed in the City Development report attached to the submitted report.

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

84 Local Taxation Collection Policy, Business Rate Hardship Relief and Discretionary Rate Relief Guidance

The Director of Resources submitted a report on proposals regarding the categories and criteria used to write off outstanding Council Tax and Business Rates debts, the current guidelines used in respect of hardship relief and the current guidelines used in respect of discretionary rate relief.

Following consideration of Appendices 1 and 2 to the report, designated as exempt under the terms of Access to Information Procedure Rule 10.4(3) which were considered in private at the conclusion of the meeting, it was

RESOLVED –

a) That approval be given to the revised criteria to be used to write off debts for both Council Tax and Business Rates as outlined in the revised local taxation collection policies in exempt Appendices 1 and 2 to the report.

b) That the revised guidance for Discretionary Rate relief be approved.

c) That the current hardship relief guidelines be retained.

DATE OF PUBLICATION: 28th August 2009
LAST DATE FOR CALL IN: 7th September 2009

(Scrutiny Support will notify Directors of any items called in by 12:00 noon on 8th September 2009.)