



SCRUTINY BOARD (HEALTH)

Meeting to be held in Civic Hall, Leeds on
Tuesday, 16th March, 2010 at 9.30a.m.*

*(*Please note the earlier start. On this occasion, there will be no pre-meeting)*

MEMBERSHIP

Councillors

- S Bentley - Weetwood;
- J Chapman - Weetwood;
- D Congreve - Beeston and Holbeck;
- M Dobson (Chair) - Garforth and Swillington;
- D Hollingsworth - Burmantofts and Richmond Hill;
- J Illingworth - Kirkstall;
- M Iqbal - City and Hunslet;
- G Kirkland - Otley and Yeadon;
- A Lamb - Wetherby;
- P Wadsworth - Roundhay;
- L Yeadon - Kirkstall;

Co-opted Members

- Arthur Giles - Leeds LINK
- Razwanah Alam - Leeds Voice

Please note: Certain or all items on this agenda may be recorded on tape

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A G E N D A

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

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATIONS OF INTEREST</p> <p>To declare any personal/prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.</p>	
5			<p>APOLOGIES FOR ABSENCE</p> <p>To receive any apologies for absence.</p>	
6			<p>MINUTES - 16TH FEBRUARY 2010</p> <p>To confirm as a correct record the minutes of the previous meeting held on 16th February 2010.</p>	1 - 10
7			<p>THE LOCAL HEALTH ECONOMY - PRIORITIES FOR NHS LEEDS</p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development.</p> <p>John Lawlor, Chief Executive, NHS Leeds, to be in attendance.</p>	11 - 12
8			<p>JOINT PERFORMANCE REPORT: QUARTER 3 2009/10</p> <p>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 priorities and performance indicators relevant to the Board at Quarter 3, 2009/10.</p>	13 - 66

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			<p>PROVISION OF DERMATOLOGY SERVICES - UPDATE</p> <p>Further to Minute No. 45, 24th November 2009, to receive and consider the attached update report from the Head of Scrutiny and Member Development.</p>	67 - 70
10			<p>RENAL SERVICES IN LEEDS - RESPONSE TO THE SCRUTINY BOARD'S STATEMENT AND RECOMMENDATIONS</p> <p>Further to Minute No. 55, 15th December 2009, to receive and consider the attached report of the Head of Scrutiny and Member Development.</p>	71 - 80
11			<p>UPDATED WORK PROGRAMME 2009/10</p> <p>To consider the attached report of the Head of Scrutiny and Member Development presenting an update on current activity and the Board's revised outline work programme for the remainder of the current municipal year, for the Board to consider, amend and agree as appropriate.</p>	81 - 112
12			<p>DATE AND TIME OF NEXT MEETING</p> <p>To note that the next meeting of the Board will be held on 27th April 2010 at 10.00am with a pre-meeting for Board Members at 9.30am.</p>	

Agenda Item 6

SCRUTINY BOARD (HEALTH)

TUESDAY, 16TH FEBRUARY, 2010

PRESENT: Councillor M Dobson in the Chair

Councillors S Bentley, J Chapman,
D Congreve, D Hollingsworth, J Illingworth,
G Kirkland, A Lamb, P Wadsworth and
L Yeadon

CO-OPTEEs: A Giles (Leeds Local Involvement Network)
R Alam (Leeds Voice, Health Forum)

68 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 items of late information relating to Item 7 (Minute No. 73 refers) which had been unavailable at the time of the agenda despatch:

- Briefing paper from Leeds Teaching Hospitals NHS Trust
- Briefing paper from NHS Leeds

69 Declarations of Interest

In respect of Agenda Item 7 'Scrutiny Inquiry: The Role of the Council and its Partners in Promoting Good Public Health (Session 3)' (Minute No. 73 refers), Councillor Lamb declared a personal interest as the owner of a public house business in Walton near Wetherby.

70 Apologies for Absence

Apologies for absence were submitted on behalf of Councillor Iqbal.

71 Minutes of the Previous Meeting

In response to a query, the Principal Scrutiny Adviser confirmed that the final inquiry report and any recommendations would be agreed by the Board. However, at this stage the draft report was likely to include a recommendation around the guidance paper – 'Promoting physical activity for children and young people', produced by NICE, being incorporated into the Local Development Framework.

RESOLVED – That the minutes of the meeting held on 16th February 2010 be confirmed as a correct record.

72 Welcome to New Members

At this point in the meeting the Chair welcomed two new co-optee members to the Board. They were introduced as:

Draft minutes to be approved at the meeting
to be held on Tuesday, 16th March, 2010

- Arthur Giles, representing Leeds Local Involvement Network (LINK), and
- Razwanah Alam, representing Leeds Voice, Health Forum.

73 Scrutiny Inquiry: The Role of the Council and its Partners in Promoting Good Public Health (Session 3)

The Head of Scrutiny and Member Development submitted a report introducing the third session of the Scrutiny Board's inquiry focusing on the role of the council and its partners in promoting good public health. The aim of the session was to consider matters associated with promoting responsible alcohol consumption and reducing alcohol related harm.

Attached to the report was the following information:

- Action Plan for the Improvement Priorities in the Health and Wellbeing Partnership Plan (2009-2012) of the Leeds Strategic Plan (2008-2011) – Appendix 1
- House of Commons Health Committee summary statement and extract of report on Alcohol – Appendix 2
- NICE public health guidance 7, School-based interventions on alcohol – Appendix 3
- Healthy Ambitions: Staying Healthy Pathway – summary of recommendations – Appendix 4
- Briefing note of the role of the Licensing Authority (Leeds City Council) under the Licensing Act 2003 – Appendix 5

Two additional papers had also been accepted as late information under Agenda Item 3 (Minute No. 68 refers):

- Briefing paper from Leeds Teaching Hospitals NHS Trust
- Briefing paper from NHS Leeds

The Chair welcomed the following officers from NHS Leeds to the meeting:

- Dr Ian Cameron, Director of Public Health (NHS Leeds, Directorate of Public Health)
- Brenda Fullard, Head of Healthy Living and Inequalities (NHS Leeds, Directorate of Public Health)
- Luke Turnbull, Strategic Development Manager – Alcohol and other Substance Use (NHS Leeds, Directorate of Public Health)

The Chair also welcomed the following officers from Leeds City Council:

- John England, Deputy Director of Adult Social Services (Leeds City Council)
- Seamus Kennedy, Principal Liaison & Enforcement Officer (Leeds City Council, Entertainment Licensing)

The Director of Public Health gave the Board a brief overview of the effects of alcohol related harm from a NHS perspective. He referred to in brief summary:

- The Joint Strategic Needs Assessment (published in 2009) outlined the challenges that Leeds faced for the next 15 years. Reducing alcohol related harm was likely to remain a significant challenge.
- Alcohol related harm affected a sizeable proportion of the population. Its effects were increasing year on year and there was a need to reduce the levels of consumption across the City and for support services to be in place.
- There was a need for a cultural shift in the consumption of alcohol.
- Reducing alcohol related harm was a priority and had been identified by NHS Leeds as one of eight performance priorities which would be assessed as part of the World Class Commissioning (WCC) programme. The next assessment would be May 2010.
- The role of advocacy around the effects of harm caused by alcohol. The NHS Leeds Board had agreed to support and lobby with other core cities for a minimum price for alcohol.
- Partnership working in Leeds, across the region and beyond. NHS Leeds were keen to learn from other areas and share best practice.

The Head of Healthy Living and Inequalities and the Strategic Development Manager addressed the Board on NHS Leeds' priorities and referred to the NHS Leeds briefing paper on alcohol. The main issues highlighted included:

- The graph, which demonstrated that consumption of alcohol had steadily increased in the UK since 1984, along with alcohol related deaths.
- The social impacts of alcohol and that many of the indicators were significantly worse in Leeds than the national average.
- The costs of tackling the harm caused by alcohol misuse and that the Leeds Alcohol Strategy 2007-10 estimated the cost of alcohol in Leeds to the NHS alone as £23.13 million per year.
- Harm to health and that alcohol related hospital admissions in Leeds had risen by far more than the national and regional rates.
- The national direction and approach to promote sensible drinking and reduce alcohol related harm, in particular the updated government joint strategy. The 7 high impact changes which the Department of Health had calculated were the most effective actions for local areas to prioritise and which Leeds had taken on board were also outlined.

Partnership working

- With regard to partnership working, the existing Alcohol Strategy would remain current until March 2010 and, through the Leeds Joint Alcohol Management Board, the strategy was being refreshed.
- The research partnership (CLAHRC) which was exploring effective interventions and influencing commissioning decisions, particularly around alcohol treatments in hospitals and how best to reduce admissions.

Impact of alcohol misuse in the community

- Two alcohol harm reduction demonstration sites in Middleton and Armley.

Influence change through advocacy

- A report commissioned to describe the financial impact of alcohol to Leeds – the costs and benefits.

Improving the effectiveness and capacity of specialist treatment

- Currently Leeds treated 9.2% of estimated dependent drinkers in the PCT area. The Department of Health (DoH) recommendation was for at least 15% of dependent drinkers to be in treatment.
- Through the expansion of the NHS Health Check in GP practices across the City, more people were likely to be identified as harmful drinkers – as such, demand for specialist treatment was likely to increase.

Alcohol health worker

- The expansion of the LTHT Alcohol Scheme with the appointment of an additional 3 staff members during 2010-11.

Identification and brief advice

- Recognition that there was a need to increase the availability of advice and support for people to reduce their alcohol consumption and 'Identification and Brief Advice' would be increased in hospitals and GP practices.

Social marketing priorities

- That a social marketing company 'Journey' had been commissioned to produce a report on the approach to changing public attitudes and behaviour and to designing services. The report would be available in March 2010.

The Deputy Director of Adult Social Services then addressed the Board, raising the following issues:

- The importance of listening to the concerns raised by members of the public around excessive alcohol consumption: crime and disorder, anti-social behaviour on the street and safety in the city centre.
- The Adult Social Care and Environment and Neighbourhood Departments were significant commissioners of services. However there were insufficient services to meet the demand.
- That under age consumption of alcohol was a significant problem in the City. Control over the sale of alcohol was therefore important as was education in schools around safe alcohol consumption.
- Safer Leeds also made a major contribution. There were voluntary initiatives in place in the licensing trade, one of which limited access to certain products to over 25s only. There was also a pilot arrest referral scheme, where people causing problems due to drink could be referred to a service as an alternative to a court appearance.

The Principal Liaison & Enforcement Officer addressed the Board and raised the following licensing issues:

- The Licensing Act 2003 came into effect in November 2005. It was a major overhaul of the existing system. The Act was underpinned by 4 licensing objectives: The prevention of crime and disorder; Public safety;

The prevention of public nuisance; and The protection of children from harm. Public health was not included with government guidance citing it was dealt with in other legislation (and not the Licensing Act).

- The success of multi-agency working with Safer Leeds the police and Trading Standards. However, improvements could be made.
- That regular visits to licensed premises were carried out by LCC's Entertainment Licensing Enforcement Team and the police and prosecutions were taken when appropriate. However more often officers endeavoured to work with operators to try and resolve particular issues of concern.
- The Department very much supported the minimum pricing of alcohol. NHS Manchester were lobbying Government for this and Leeds was also giving its support.
- The Department also supported the introduction of mandatory codes (rather than voluntary codes) which would for instance ban irresponsible drinks promotions, ban 'dentist chairs' and ensure the availability of free water. LCC Entertainment Licensing and LCC Community Safety/Safer Leeds provided a joint response to the Department of Health's Safe.Sensible.Social consultation in July 2008, resulting in the new mandatory code for alcohol retailers.

In brief summary, the Board then raised and discussed the following issues and concerns:

- Funding of alcohol related issues and prioritising, particularly in relation to the 7 high impact changes identified by the DoH – *officers advised that in the present financial climate, no guarantees about funding could be given, however they agreed to keep the Board informed. Achieving the DoH recommendation for 15% of dependant drinkers to be in treatment was a priority and a significant challenge.*
- Clarity on the target for 15% of dependant drinkers to be in treatment – *officers advised there were an estimated 23,000 dependent drinkers in Leeds, therefore 15% was a considerable number.*
- That the partnership was not engaging with representatives from the licensing trade; publicans and supermarkets, and these representatives were also not at this meeting – *officers advised that the retail industry were in business to increase the consumption and sales of alcohol, although it was recognised that partnership working was vital in the widest sense.*
- The introduction of minimum pricing – *officers reiterated that studies had shown that this would aid the reduction of alcohol consumption and would particularly target problem drinkers and young people. Sensible drinkers it was estimated would pay an extra £14 per year. NHS Leeds had declared its support and would be lobbying Government for its introduction. A few years ago a number of Leeds agencies had explored the possibility of introducing minimum pricing per unit alcohol, however, they were unable to progress due to existing competition laws.*
- The huge disparity between the price of alcohol sold in pubs and supermarkets. That supermarkets, with their special offers of buying in bulk, encouraged excessive drinking – *officers advised that it was recognised that, at times, some supermarkets sold alcohol at a loss. It was hoped to outlaw this practice with the introduction of a sensible pricing*

policy in all supermarkets, however this needed to be addressed nationally.

- That landlords of pubs could be held responsible for patrons' drunken behaviour while on the premises, but not when they had left the premises. Supermarket customers however would not normally be drunk when making a purchase of discounted alcohol and management would not therefore be responsible for customers' actions, even when they had left the supermarket and had consumed the alcohol – *officers acknowledged that this was an area of concern that needed to be addressed nationally.*
- The problem of people drinking at home on cheaper alcohol bought from supermarkets and arriving in town in the evening already intoxicated – *officers advised that drinking in a pub was often a much safer environment than drinking at home. Home drinking could also lead to children and young people having inappropriate access to alcohol .*
- Voluntary codes – *officers advised that the Government had recognised that voluntary codes had not worked and mandatory codes were now being called for. Officers advised on the 5 proposed mandatory licensing conditions that the Government was introducing i) 3 mandatory conditions on the 6th April 2010 (ie banning irresponsible drinks promotions such as 'all you can drink for £10' offers, women drink free deals and speed drinking competitions; banning 'dentist's chairs'; and ensuring free tap water was made available to customers) and ii) 2 mandatory conditions on 1st October 2010 (ie age verification policy; and, on trade premises, making available small measures of beer, wine and spirits). The mandatory code for alcohol retailers was granted through the Policing and Crime Act 2009. The Act provided scope for a maximum of 9 mandatory conditions and it was hoped, maybe, that restrictions on supermarket sales would be included in future mandatory conditions.*
- Changing the culture of excessive drinking, particularly in young people.
- Licensing Committees brought local knowledge but their decisions were often overturned at the magistrates court.
- The shortcomings of the Licensing Act 2003 – *officers advised that it was acknowledged that people did drink alcohol before going out and therefore supermarket sales were a concern but that there was no real commitment to address this. The NHS Leeds Board would be joining the campaign to lobby government to introduce a mandatory minimum unit price of alcohol.*
- Partnership working with the universities – *officers advised that NHS Leeds offered advice to students on their drinking habits through the university websites.*
- Data on hospital admissions and arrivals at A&E – *officers agreed to produce a report on the information and data held, to show whether there were variations throughout the year caused by the influx of students in term time. Officers also agreed to provide the Board with the data already gathered.*
- The graph showing rising alcohol consumption as related to alcohol related deaths in the UK since 1984 – *officers agreed to provide the Board with information on the actual change in alcohol consumption that had taken place since 1984.*

- Alcohol duty – *Members were advised that the revenue raised was earmarked to the NHS.*
- Alcohol and education – *Members were advised that the national curriculum included an element on alcohol education. Education Leeds would be consulted on the new Leeds Alcohol Strategy.*
- The culture of drinking in the north – *officers advised that social marketing work was being carried out in order to tailor the NHS' actions to the needs of Leeds' people.*
- Whether treatment worked in the long-term – *officers advised that while some success rates were relatively small, there was evidence that treatments did work and that they were recommended by the DoH.*
- Enforcement in (night)clubs – *Members were advised that the LCC Entertainment Licensing Enforcement Team worked very closely with the police and Trading Standards. The police regularly carried out sobriety tests in the city centre and issued fixed penalty notices when appropriate to the members of staff involved. If the problem was very serious and on-going, there was an option for prosecution or to apply to review a premises' licence. Where evidence of one or more of the licensing objectives were being undermined, a licence could be suspended or revoked, the designated premises supervisor removed, or the licence conditions could be added to, modified or removed.*

The Chair then welcomed the following officers from LTHT NHS Trust to the meeting:

- Al Sheward, Divisional Nurse (Medicine) (Leeds Teaching Hospitals NHS Trust)
- Anna Di Biasio, Accident and Emergency Matron (acting) (Leeds Teaching Hospitals NHS Trust)
- Kevin Reynard, Clinical Director for Urgent Care (Leeds Teaching Hospitals NHS Trust)

The officers gave the Board a brief overview of the problems experienced by alcohol related harm from the LTHT NHS Trust staff's perspective. They referred to:

- The number of patients that presented at A&E with alcohol related problems. This stood at 1% (2,000 per year), but for Friday and Saturday nights, it was estimated that over 50% of those attending A&E, did so having consumed alcohol.
- At St James' the figures for patients attending A&E overall were relatively uniform across the week and the year, but at LGI in the city centre the figures peaked at the weekends. During Freshers week there was a doubling of attendance by young people under the age of 21. However, it was not known whether these increases were entirely alcohol related.
- Some of the injuries and conditions were severe, even resulting in death.
- The disruption to the A&E department by patients and the friends that accompanied them; many presenting challenging behaviour.

In brief summary, the Board then raised and discussed the following issues:

- Changes in the Licensing Act which had introduced longer drinking hours in licensed premises – *officers advised that over recent years they had observed some changes in the profile of A&E attendance between St James' and LGI – with a shift towards the latter. However, there was no hard data to indicate a relationship between this and changes to the Licensing Act.*
- Student events - *Members were advised that the first 'Carnage' weekend (ie in 2008) did have a major impact on A&E. However improvements had been made to the event, with 'Carnage' now providing their own medical support at events and ensuring that there were no cheap drink promotions. This resulted in there being no significant rise in patient numbers at A&E during the 2009 event.*
- Dealing with challenging behaviour – *officers advised that there was significant disruption to A&E during the night, due in part to drunk people behaving differently to how they would when sober, which was demanding on staff time. There were no other commissioned services for these patients to be redirected to.*
- Assaults on staff – *Members were advised that security levels had been increased in the department out of hours and staff were supported by the police. Patients were often unpredictable but they aimed to protect their staff as much as possible. The police could issue Anti-Social Behavioural Orders (ASBOs) against disruptive people.*
- Patient on Patient Assaults - *officers advised that this was rare due to the good security presence. Patients however were often in greater harm of injuring themselves by not being in full control of their faculties and falling over or by making irrational decisions. All this was very time consuming on staff time.*
- Prosecutions resulting from assaults on staff – *Members were advised that there had been two serious assaults on staff but neither had been converted into a prosecution. In fact there was no known prosecution of any patient in Leeds. In 1997 the Zero Tolerance campaign had been launched between the NHS and the police and it was still in place, but it did not appear to extend as far as prosecutions.*
- Whether there had been an increase in A&E admissions as a result in an increased prevalence of home drinking – *officers advised that increases in home drinking were more likely to result in chronic admissions. Officers advised that there had been some changes to the age profile of patients suffering from chronic conditions – with it not being uncommon for people in their 20's presenting with cirrhosis of the liver. Members were also advised that over recent years there had been a rise in the prevalence of self harm among young people – although it was recognised this was not just alcohol related.*
- Children's Emergency Department – *officers advised that this was separated from the rest of the Department at LGI.*
- The anti-social aspects of alcohol consumption – *officers advised that the police gathered intelligence to help assess whether practices in any particular licensed premises were giving cause for concern.*
- Chronic Sufferers – *officers advised that there was a high mortality rate and therefore the number of patients had not risen. LTHT NHS Trust was*

in the process of appointing an alcohol health worker, who it was hoped would identify patients who were early on in their drinking careers, with a view to supporting them and stopping them becoming problem drinkers.

- *Statistical data – officers agreed to liaise with the Principal Scrutiny Adviser in providing the Board with any particular information required by Members.*
- *Detoxification – officers advised that this service was not offered by LTHT NHS Trust. Most detoxification services in Leeds were based around the needs of homeless people.*

The Chair thanked the officers for attending the meeting and for the excellent work that they carried out on behalf of the citizens of Leeds.

Members agreed that it would be beneficial to hear the views of representatives from the police authority.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the main issues to come out of this third session of the inquiry be included in the Board's final scrutiny inquiry report.
- (c) That the Director of Public Health keep the Board informed of financial developments.
- (d) That the Director of Public Health provide the Board with information on the actual change in alcohol consumption that had taken place since 1984.
- (e) That the Head of Healthy Living and Inequalities provide the Board with data on hospital admissions and arrivals at A&E to show whether there were variations throughout the year caused by the influx of students in term time.
- (f) That the Clinical Director for Urgent Care liaise with the Principal Scrutiny Adviser in providing the Board with any particular information required by Members.
- (g) That the views of representatives from the police authority be heard by the Board. (Note: This was discussed under the Work Programme.)

(Note: Councillor Chapman joined the meeting at 10.15am during the consideration of this item and Councillor Yeadon left the meeting at 10.30am during the consideration of this item.)

74 Updated Work Programme 2009/10

The Head of Scrutiny and Member Development submitted a report presenting a revised outline work programme for the Board to consider, amend and agree as appropriate. The revised outline work programme was presented at Appendix 1 for consideration.

Steven Courtney, Principal Scrutiny Adviser, advised Members that there were now only two formal Board meetings remaining in the municipal year. With regard to Quality Accounts, Members were advised that, following discussion with NHS colleagues, consideration of the draft NHS quality

accounts would now take place at the April 2010 meeting of the Board. It was also proposed that further consideration of LTHT's proposals and consultation around becoming a Foundation Trust would also now take place at the April 2010 meeting of the Board.

The Principal Scrutiny Adviser suggested that, due to time considerations, that the part of the Scrutiny Inquiry (the role of the Council and its partners in promoting good public health) that was to consider 'reducing the level of smoking' either be considered at a separate working group of the Board or be deferred. However, Members agreed to remove this area of concern from the Inquiry, as they considered that the Board could not currently contribute anything else to the smoking debate (particularly given the limited time available during the current municipal year) and that the Board should concentrate on other issues where real progress could be made.

With regard to the Inquiry session on promoting responsible alcohol consumption, it was agreed that the Principal Scrutiny Adviser would attempt to arrange a working group of the Board in order to consider the views of the Safer Leeds partnership and police.

At Members' suggestion, the Board also agreed to put forward for potential inclusion on the following year's work programme, the health and social effects of atmospheric pollution due to cars.

RESOLVED –

- (a) That the contents of the report and appendix be noted.
- (b) That the following topics be considered at the April 2010 meeting of the Board:
 - Draft NHS Quality Accounts
 - LTHT's proposals and consultation around becoming a Foundation Trust
- (c) That the session on 'reducing the level of smoking' be removed from the Scrutiny Inquiry: The role of the Council and its partners in promoting good public health.
- (d) That the Principal Scrutiny Adviser endeavour to set up a working group of the Board to consider the views of the police as part of the Inquiry session on promoting responsible alcohol consumption.
- (e) That the issue of the health and social effects of atmospheric pollution due to cars be put forward for potential inclusion onto the Board's work programme for 2010/11.

75 Date and Time of Next Meeting

Noted that the next meeting of the Board would be held on Tuesday 16th March 2010 at 10.00am with a pre-meeting for Board members at 9.30am.

Councillor Illingworth's apologies were also recorded for the March 2010 meeting of the Board.

The meeting concluded at 12.20pm.

Draft minutes to be approved at the meeting
to be held on Tuesday, 16th March, 2010



Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 16 March 2010

Subject: The local health economy – priorities for NHS Leeds

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 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 As part of that discussion, NHS Leeds outlined the following priorities:

- 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

1.3 The new Chief Executive of NHS Leeds (Mr. John Lawlor) formally came into post in January 2010. This meeting provides the first opportunity for the Scrutiny Board to discuss progress against the previously identified priorities and future issues likely to face the local health economy.

2.0 Report issues

2.1 The Chief Executive of NHS Leeds will be in attendance at the meeting to provide a verbal update and address questions from the Board.

3.0 Recommendation

3.1 Members of the Scrutiny Board (Health) are asked to note and comment on the update 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.



Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 16 March 2010

Subject: Joint Performance Report: Quarter 3 – 2009/10

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 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.
- 1.2 In January 2009 it was agreed to adopt a more collaborative approach and provide a single, joint performance report on a quarterly basis. A previous report was presented to the Scrutiny Board at its meeting in September 2009.
- 1.3 The purpose of this report is to present the Board with an overview of progress against key improvement priorities and performance indicators relevant to the Board at Quarter 3, 2009/10.

2.0 Joint Performance Report: Quarter 3 2009/ 2010

- 2.1 The joint performance report for quarter 3 (2009/10) is attached at Appendix 1.
- 2.2 Relevant officers from NHS Leeds and Leeds City Council have been invited to present the key issues highlighted in this report and address any specific questions identified by the Scrutiny Board.

3.0 Recommendation

- 3.1 That members of Scrutiny Board:
 - 3.1.1 Note the content of the report and its appendices;

3.1.2 Comment on any particular performance issues of concern; and,

3.1.3 Determine any matters that require further scrutiny.

4.0 Background Papers

- Leeds Strategic Plan



Health Scrutiny Board Joint Performance Report: Quarter 3 2009/10

March 2010

Health Scrutiny Board Joint Performance Report – March 2010

Overview

This is the 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 issues discussed in this report have been identified because performance in these areas impacts upon one or more of the following:

- the delivery of our joint and individual health priorities,
- performance against the National Indicator set (which is reflected in our annual CAA judgement),
- or a 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.

A number 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. Other indicators are also based solely on annually available data. This means that the data shown in the charts may not change on each occasion of the publication of this report.

On this occasion, there are matters relating to the Comprehensive Area Assessment (CAA) process that it is appropriate to put before the Board.

The CAA document is provided as it is the independent external assessment of the city's performance against its priorities from the Audit Commission but incorporates key finding from other inspectorates, including specific focus for the Health Scrutiny Board, on the Annual Health Check for the PCT, which has been produced by the Care Quality Commission.

Also included are action trackers, which are based on Q2 performance reports and the CAA. A small number of areas have been identified to have action trackers produced more frequently than the conventional cycle, that is quarterly rather than six-monthly. The two trackers provided here are those relevant to the Health Scrutiny Board. The trackers provide an overview of performance and incorporate qualitative as well as quantitative information, looking forward to forthcoming actions as well as covering key achievements.

Executive Summary – Performance Information

The NHS Leeds information that is provided here is the latest available at the time this joint report was drawn up (15 Feb 2010). Further verbal updates will be provided at the meeting of the Scrutiny Board, where required and available. LCC information is based on data as at 12 Feb 2010.

Some of the indicators shown previously have not been include don this occasion, for the reason that they are unchanged since the last report or that data is only available once during the year.

There are several performance indicators that are worth drawing attention to. Some of these indicators are already well known to the Board. The key performance points are –

- **18 weeks Referral to Treatment Waiting Times**

Whilst performance overall is at or near the target of 95% achievement for non-admitted patients and 90% for admitted, performance is now also based on achievement at specialty level. It is clear that there are risks to achievement in this area, for both NHS Leeds and LTHT. Some of the problems relate to backlogs of patients, especially in more specialised services.

- **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 remain below the maximum permitted number of cases. This is a significant and continuing improvement over the same period last year and one that is being constantly monitored.

Clostridium difficile rates also similarly continue within the maximum trajectory, another major improvement.

The delivery of long term sustainability in the reduced levels of cases is now the aim, especially as the maximum ceiling for MRSA cases is being considerably tightened for 2010/11.

- **A&E 4 hr Standard**

This target was achieved across the whole year 2008/09. It can now be reported that the 98% year to date figure has been reached and continues to rise incrementally. The hope is now that the whole year figure will be maintained.

- **Childhood Immunisation Programme**

Performance continues below required levels. The required step change in performance is not reflected thus far and the rate remains stubbornly below the target, though is improving.

- **Childhood Obesity**

Performance data now available shows increasing levels of prevalence and for year 6 children a fall in the coverage. This picture is tempered by a solid range of actions, described in the body of the report.

Report prepared by:

Graham Brown
NHS Leeds

15 February 2010

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 speciality

NHS Leeds has been working closely with all providers regarding meeting the 18 weeks targets at speciality level. In addition, recent joint discussion between the SHA and LTHT as the main provider have focused on the requirement to reach and maintain the 18 week target, whilst delivering a sustainable pathway and sustainable waiting times. As a consequence of the need to deliver sustainable pathways, performance at speciality and aggregate levels has dipped below the 90% LTHT admitted target for the first time this year. The dip in performance is likely to remain and may affect some specialities for longer, especially in plastics and neurosurgery, where there have been significant capacity and backlog pressures. NHS Leeds has received assurance from LTHT that all backlogs will be cleared by the end of the financial year, with the exception of Plastics, where there are ongoing issues with access. NHS Leeds is working in partnership with LTHT to agree a sustainable position for 2011.

A Plastics action plan has been prepared which has identified measures to address the capacity shortfall. Work on the measures is currently underway.

Neurosurgery has an historic backlog issue. With the appointment of additional surgeons LTHT has begun to address the backlog, which is having a positive impact on the long term sustainability of this speciality.

Orthopaedics issues remain at sub speciality level – particularly in hand and spine procedures. Triage to strip out all activity that could be treated using conservative methods in another setting is currently in operation.

NHS Leeds Executive Director: Philomena Corrigan
Management Lead: Nigel Gray



18 week performance matrix, NHS Leeds 2009

	Admitted performance (adjusted)	Non-admitted performance	No of reportable specialities (excluding orthopaedics) failing to meet admitted standard	No of reportable specialities (excluding orthopaedics) failing to achieve nonadmitted standard	Total number of reportable specialities (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)
Apr-09	91.3	96.8	5	7	12	2	n/a
May-09	93.5	97.8	5	3	8	1	n/a
Jun-09	92.6	98.0	4	2	6	0	n/a
Jul-09	93.5	98.2	4	1	5	0	0
Aug-09	92.7	98.1	4	1	5	0	0
Sep-09	91.5	97.7	5	2	7	0	0
Oct-09	90.2	97.7	6	6	12	1	n/a
Nov-09	90.9	97.5	6	2	8	2	n/a
Dec-09	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Jan-10							
Feb-10							
Mar-10							

Speciality level failures to achieve

	Admitted	Non-admitted
General Surgery	82.5	96.4
ENT	82.7	98.3
Neurosurgery	65.9	62.0
Plastics	88.2	96.6
Dermatology	84.1	98.1
Neurology	100.0	91.1
Cardiothoracic	89.8	96.1
T&O	88.1	94.8

18 week performance matrix, LTHT 2009

	Admitted performance (adjusted and including breach shares)	Non-admitted performance (including breach shares)	No of reportable specialities (excluding orthopaedics) failing to meet admitted standard	No of reportable specialities (excluding orthopaedics) failing to achieve nonadmitted standard	Total number of reportable specialities (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)
Apr-09	91.08	96.58	6	6	12	2	1
May-09	92.30	97.67	6	3	9	1	0
Jun-09	90.90	97.97	7	3	10	1	1
Jul-09	91.75	97.86	6	2	8	1	0
Aug-09	91.46	97.80	5	3	8	0	0
Sep-09	89.74	97.22	7	3	10	2	0
Oct-09	89.23	97.39	9	5	10	2	1
Nov-09	89.43	97.10	8	4	10	2	2
Dec-09	89.82	97.69	n/a	n/a	n/a	n/a	n/a
Jan-10							
Feb-10							
Mar-10							

Speciality level failures to achieve

	Admitted	Non-admitted
General Surgery	80.3	96.8
ENT	78.2	97.6
Neurosurgery	66.3	78.2
Plastics	84.0	92.8
Dermatology	74.6	95.9
Neurology	97.9	92.2
T&O	83.4	93.8
Oral Surgery	81.4	97.5
Cardiothoracic	98.1	94.8
Rheumatology	99.4	94.4

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 seen.

Whilst the chart shows validated performance up to November, performance for December is projected to be 93.1%, above the target of 85%. This shows a much improved position from that seen up to October.

Inadequate surgical capacity in LTHT to treat patients have yet to be resolved, although LTHT gave assurance at the November Joint Performance Board that patients at risk would be effectively managed and treated in target.

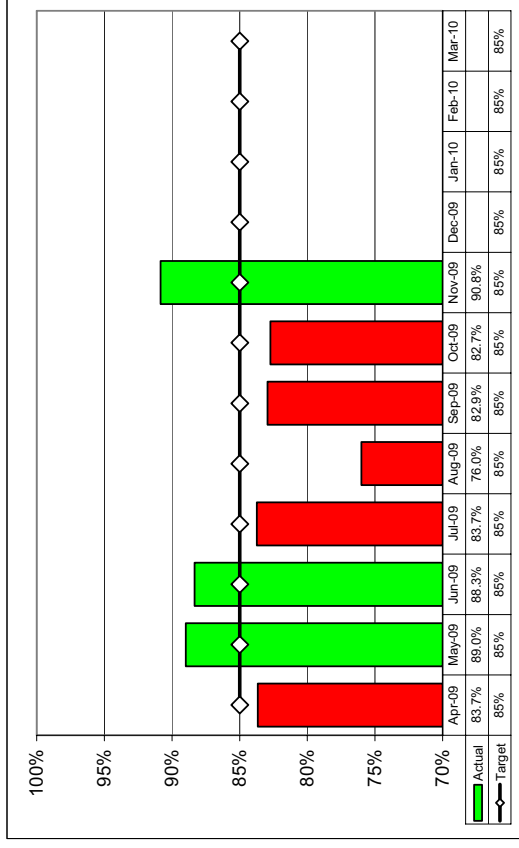
The major focus for LTHT is now to continue to meet the 62 day target, which is still below the year to date target. LTHT receives an average of 950 two week wait referrals per months of which approximately 133 are diagnosed with cancer and need treatment within 62 days – a conversion rate of 14%. An analysis of performance and breaches by cancer team from Jan 2009 to date shows the shifting position in coping with this, as issues with each team have been tackled through redesign and them focusing on their performance.

Late referrals of patients on 62 day pathways from other localities for treatment at LTHT have often been cited as major reasons for LTHT poor performance. However, the focus of work on getting the system right within LTHT, has increased overall performance.

NHS Leeds Executive Director: Philomena Corrigan
Management Lead: Nigel Gray

World Class Commissioning Outcomes

Cancer: 62 day GP/GDP referral



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.

On the diagnosis to treatment indicator (shown in the uppermost chart), a mostly positive picture is being seen.

NHS Leeds' performance dipped to 94% in August due to breaches in skin, lung surgery and urology, prior to the positive impact of improvements to the urology pathway being realised.

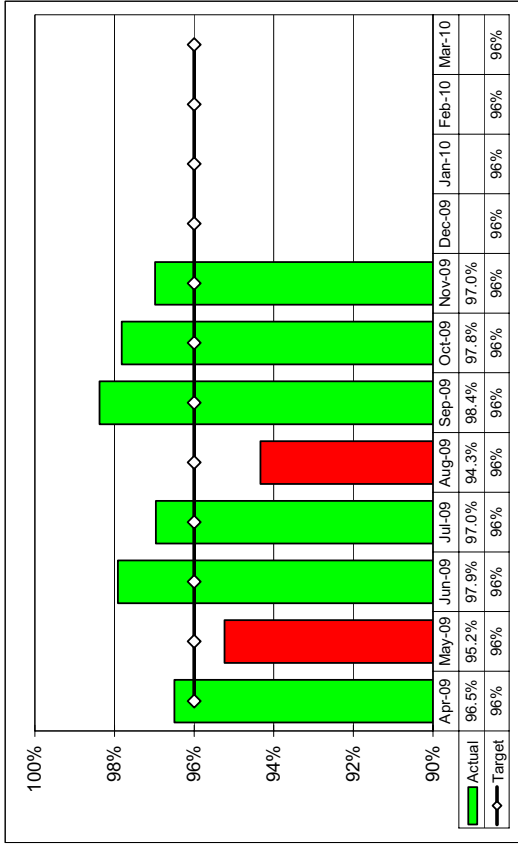
In considering the indicator on subsequent surgery, it is worth noting that the number of patients recorded as treated has grown consistently since Q1 (a 32% increase). NHS Leeds provided 6 month support funding for resource, which has greatly assisted LTHT in implementing improved tracking and monitoring systems.

Performance to target has shown a gradual improvement in the quarter with 92% of patients being treated in target in September, through to achievement of the target from November.

NHS Leeds Executive Director: Philomena Corrigan
Management Lead: Nigel Gray

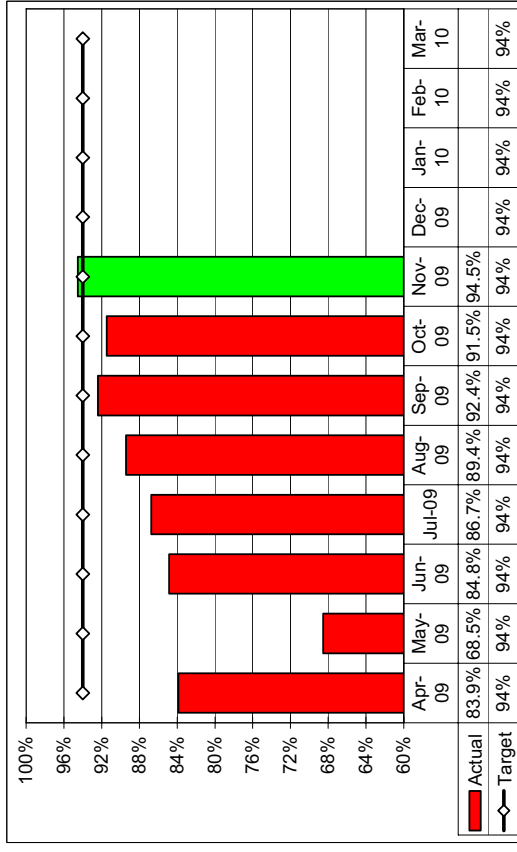
Periodic Review Standard

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



Periodic Review Standard

Cancer: 31 Day Subsequent Surgery



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.

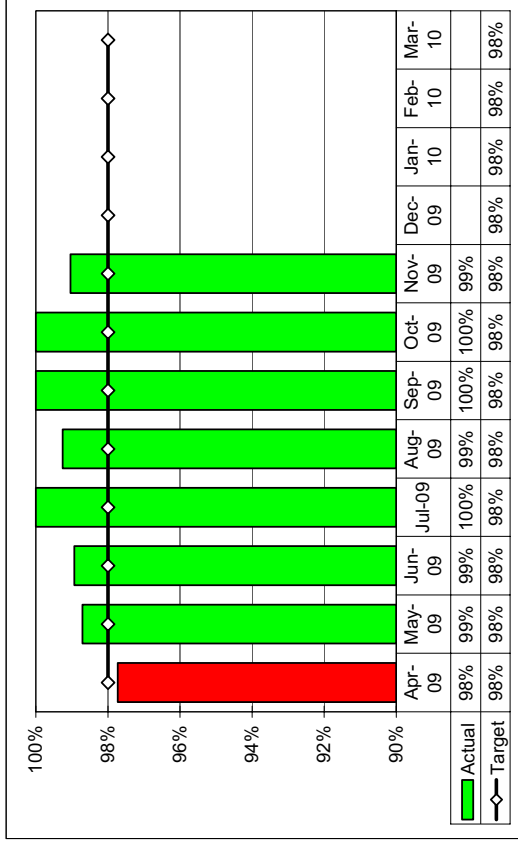
The subsequent drug treatment indicator shows that the target has consistently been over achieved throughout Q2, into Q3, with almost all patients being treated promptly.

The indicator on subsequent radiotherapy is not showing full achievement, though this is planned for January. Performance is improving and LTHT remain on target to achieve the agreed trajectory by January. Interim December performance stands at around 97-100%.

NHS Leeds Executive Director: Philomena Corrigan
Management Lead: Nigel Gray

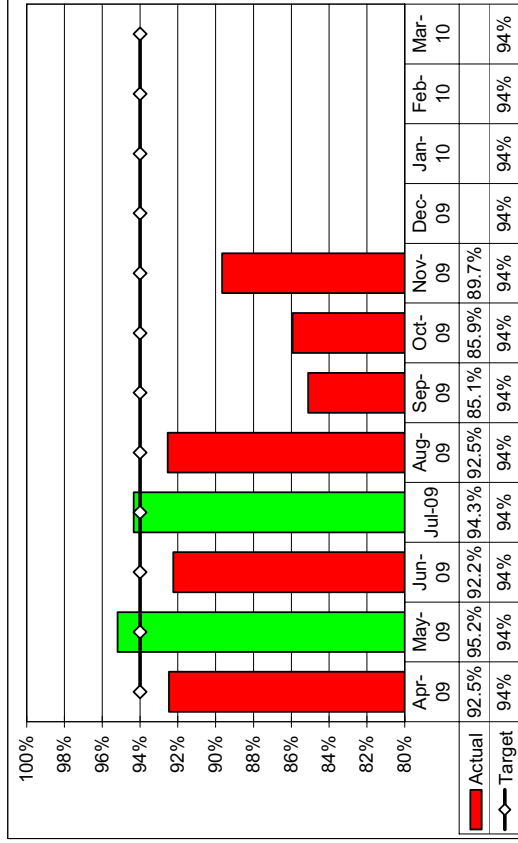
Periodic Review Standard

Cancer: 31 Day Subsequent Drug Treatment



Periodic Review Standard

Cancer: 31 Day Subsequent Radiotherapy



Incidence of MRSA bacteraemia

Target:

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

It is clear that MRSA numbers have fallen from that seen last year, but a step change is still needed to bring LTHT MRSA levels into line with peer Trusts. The trajectory for LTHT for next year (2010/11) has recently been announced and this shows the scale of the challenge. The maximum during the whole year is that there be no more than 19 cases.

Performance so far this year has been at or below the maximum trajectory since the start of the year. For October there were 6 cases and for Nov 4 cases reported. All of these had their root cause of infection identified as being within LTHT. The trajectory level is 6 per month, 72 over the whole year. In December, there was 1 case.

Work is being focused on areas where root cause analysis reveals problems. These are around lines such as peripheral and IV drips as well as urinary catheters to ensure good practice is embedded within clinical care.

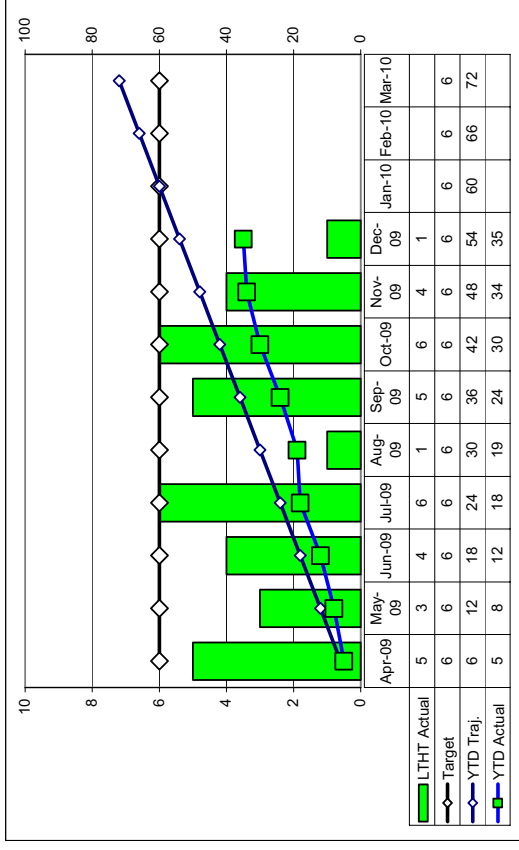
The fortnightly Health Care Associated Infections (HCAI) performance board meetings continue, to try and ensure that the gains made in recent months are sustained. Although the threat from swine flu may be less than anticipated earlier in the year, the increase in flu like illnesses means that significant numbers of staff may be absent due to illness.

The achievement of the trajectory is still vulnerable. Work is on-going through the HCAI performance board to ensure sustainability.

Lead Executive Director: Ian Cameron
Management Lead: Simon Balmer

Vital Signs Standard - Provider

Cumulative number of MRSA positive blood culture episodes (Provider target)



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.

LTHT for the three months to December recorded 18, 20 and 12 cases respectively; this is well below the maximum trajectory. NHS Leeds recorded an overall figure of 39 for October, 31 in November and 29 in December (measured as a commissioner of all providers), again well within the maximum trajectory.

The trajectory reflects an expected seasonal dip, but the ongoing achievement of the trajectory is very good news for both providers and commissioners.

At present there is dedicated focused work in LTHT to ensure that figures continue to drop and is sustained.

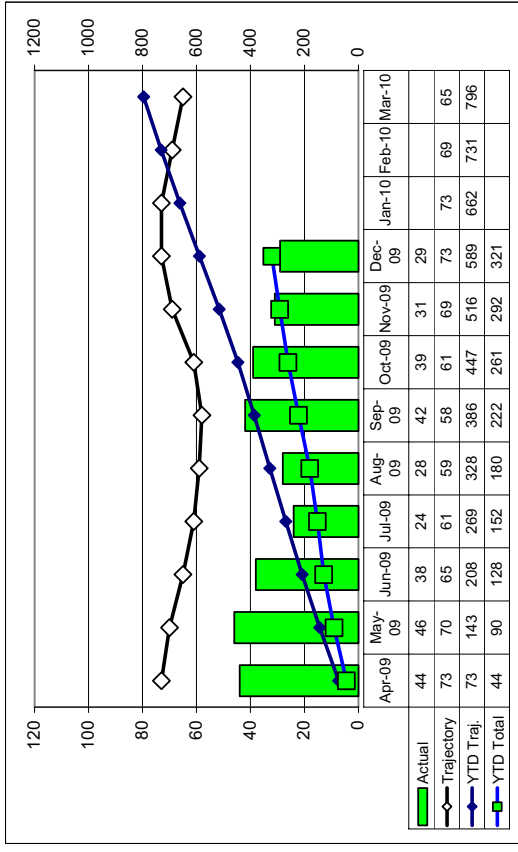
Within NHS Leeds, work is ongoing with care homes and GPs to ensure that a clear message goes out to prescribers about the guidelines for antibiotic prescribing (which is linked to C diff incidence). This work will continue to ensure that the positive work of the acute trust is reflected in the community and in care homes.

The C.diff. trajectory is variable by month, based on seasonal expectations. Achievement of the monthly trajectory has now been recorded since Nov 08.

Lead Executive Director: Ian Cameron
Management Lead: Simon Balmer

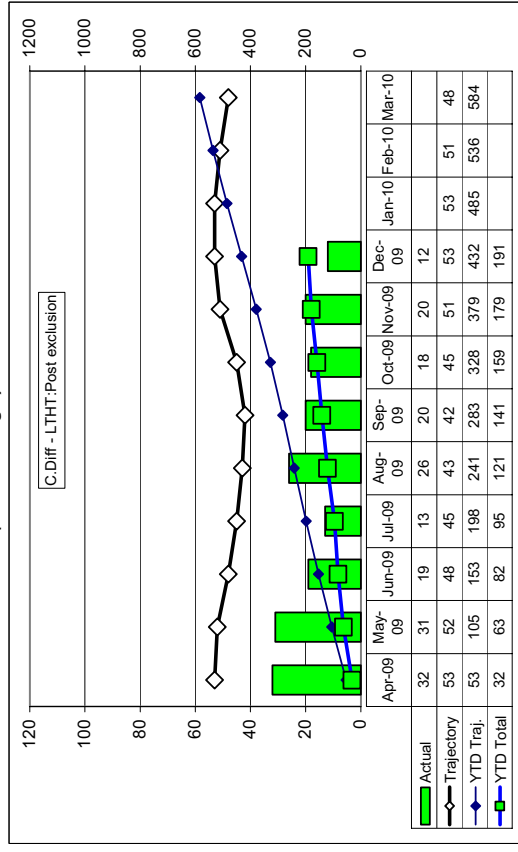
World Class Commissioning Outcomes

Clostridium difficile infection rates (Commissioner target)



Periodic Review Standard

Clostridium difficile infection rates (Provider target)



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.

Monthly performance for the period since August has been consistently above 98%.

The year to date performance as at 10 February was 98.14%. This is now above the required level, in which achievement is based on the whole year figures.

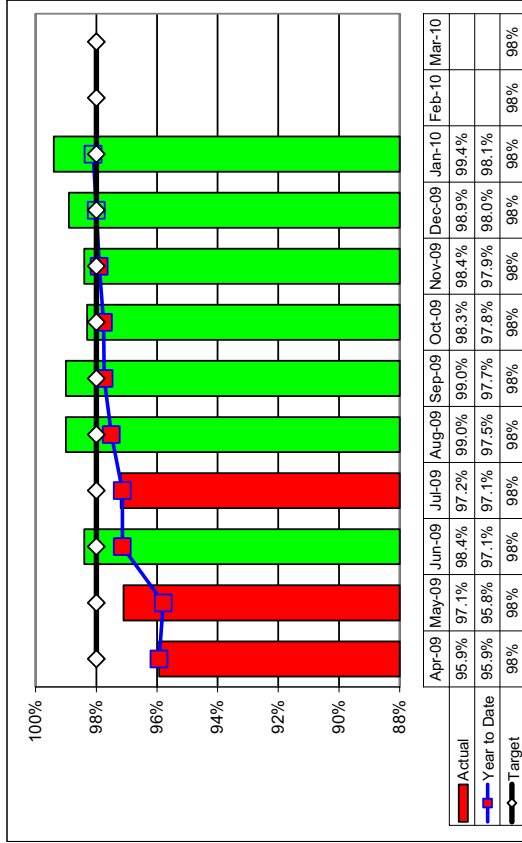
There have been high numbers of paediatric admissions in November mainly with breathing problems, otherwise activity has been as expected for the time of year.

NHS Leeds Lead Executive Director:
Management Lead:

Philomena Corrigan
Nigel Gray

Periodic Review Standard

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



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

Some of the reasons for poor performance are that data collection does not reflect true uptake for childhood immunisation in Leeds and that uptake for MMR has historically been poor in Leeds. The last 18 months though have seen an improvement in uptake for some vaccinations, particularly MMR.

Work to date has shown that the GPs with improved links to Child Health administration have far better uptake than those that return data manually:

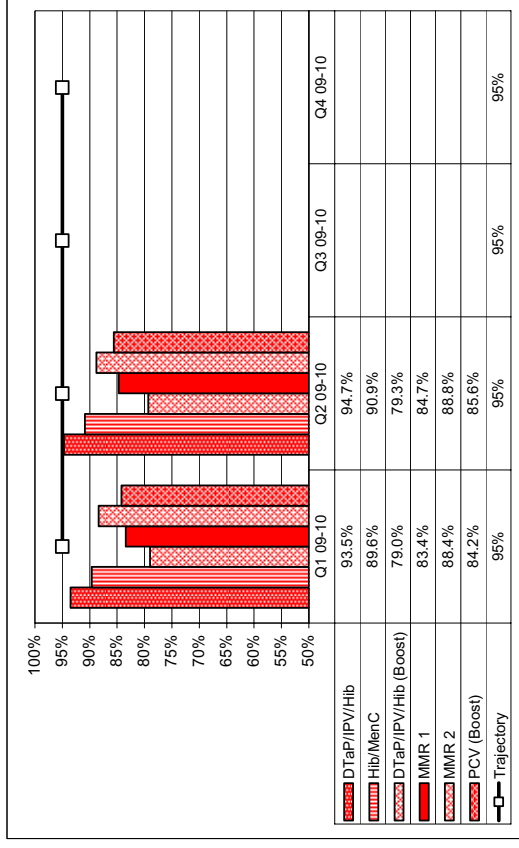
A process mapping exercise in 2009 looked at vaccination provision across the city and highlighted a number of issues including incomplete data recording and poor processes.

Some actions to improve performance include:

- Improve data recording, sharing and reconciliation by improving the confidence of all stakeholders who use this data, through increasing the accessibility of Child Health data.
- Follow up of children falling outside mainstream immunisation process to be improved.
- The establishment of a new 'roving' immunisation team to provide immunisations where needed.
- Also, GP practice data is being extracted on a quarterly basis.
- A vaccination campaign was set up in Children's Centres in East and South Leeds to target hard to reach unvaccinated children in summer 2009.
- A number of press releases on MMR uptake and the need for vaccination have been published in the local media.

NHS Leeds Executive Director:
Management Lead:

Ian Cameron
Simon Balmer



NI 40: Number of drug users in effective treatment

Target:

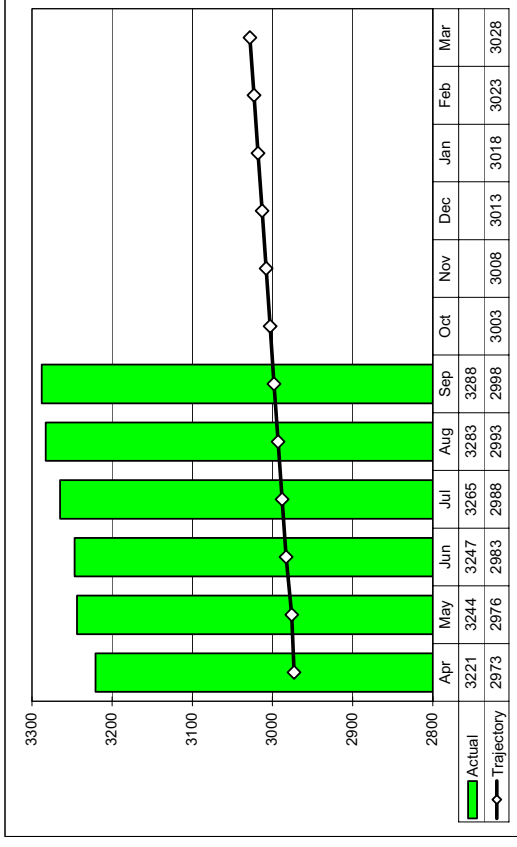
To increase the number of drug users in treatment, achieving the monthly target trajectory.

The target has already been exceeded despite the re-commissioning of the Community Drug Treatment Services which was expected to take time to “bed in” to demonstrate performance improvements.

Since the last report, Q2 2009/10 data has been made available through the National Drug Treatment Monitoring Service, showing continued positive performance.

National Indicator

NI 40: Number of drug users recorded as being in effective treatment



Overall Traffic Light Rating	No Concerns
Data Quality	

NHS Leeds Executive Director: Philomena Corrigan
Management Lead: Sarah Sinclair

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 the answering of four questions. This is an aggregated score of 1 to 4 for each of the questions where a total of 4 is the lowest possible score and 16 is the highest.

The latest quarter is showing a score of 4 on ensuring that 24 hour cover is available to meet urgent mental health needs of children and young people and for a specialist mental health assessment to be undertaken within 24 hours or the next working day where indicated.

At present, there is a score of 3 in respect of the other three questions. It is envisaged that a score of 4 will be achieved by April 2010 on

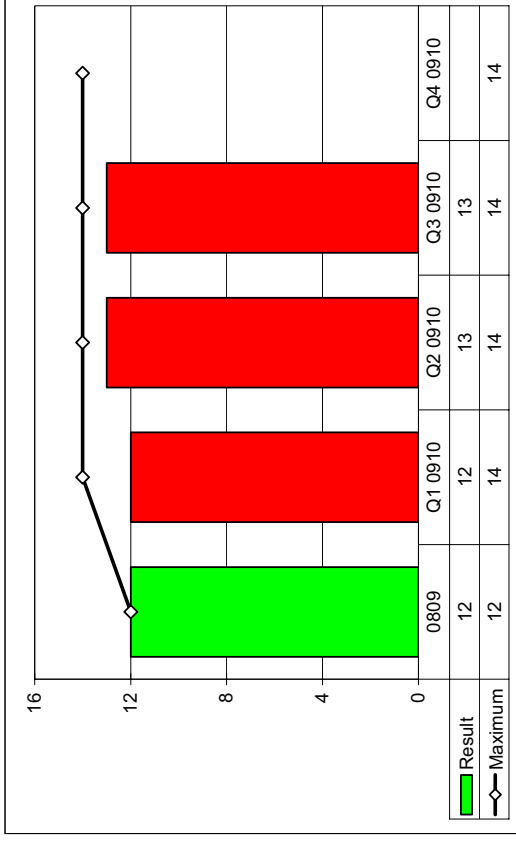
- the full range of CAMHs services for children and young people with learning disabilities
- 16 and 17 year olds have access to services and accommodation appropriate to their age and level of maturity

Overall Traffic Light Rating	No Concerns
Data Quality	

NHS Leeds Executive Director: Philomena Corrigan
 Management Lead: Sarah Sinclair

National Indicator

NI 51: Effectiveness of CAMHS



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. Performance has focused on breastfeeding initiation but the national indicator is now assessing levels of continuation and coverage at 6-8 weeks. Additional data is also being collected on breastfeeding status at discharge from the midwifery services

'Food for Life', the Leeds Breastfeeding Strategy was launched in January with an event at Leeds Town Hall. Around 20 peer supporters from The National Childbirth Trust (NCT) and Leeds based group Bosom Buddies received their certificates for their work within breastfeeding. NCT peer supporters who have worked with mothers and babies who initiated breastfeeding have been trained in peer support approaches.

The Q3 figures show that as a result of improved data collection, the coverage has improved significantly and has exceeded the year end target. Following on from this, the prevalence of breastfeeding has also increased and again exceeded the year end target. It is hoped that the launch of the breastfeeding strategy will trigger further increases in the coming months.

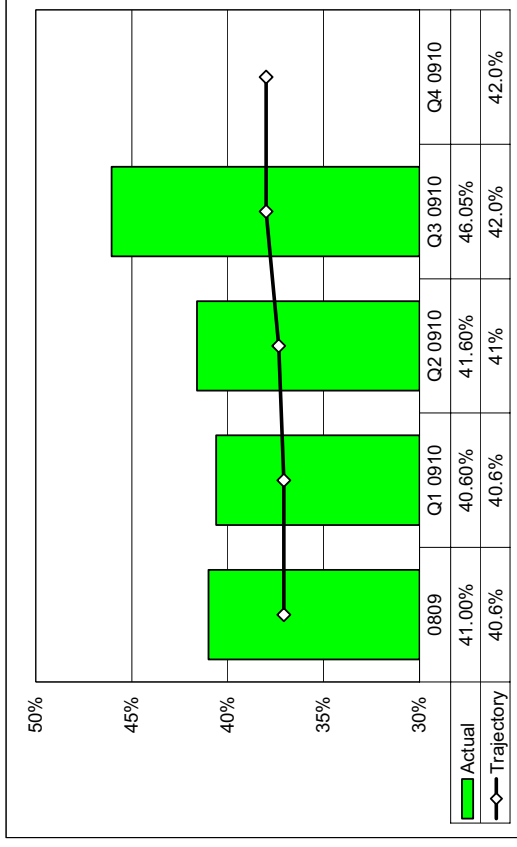
Whilst improvements in the data are encouraging, the 6-8 week figure measures 'any breastfeeding' – and therefore counts the number of babies who are receiving both artificial and breast milk. The data is also collated city-wide and masks wide variations in practices across the city.

Overall Traffic Light Rating	No Concerns
Data Quality	

NHS Leeds Executive Director: Philomena Corrigan
Management Lead: Sarah Sinclair

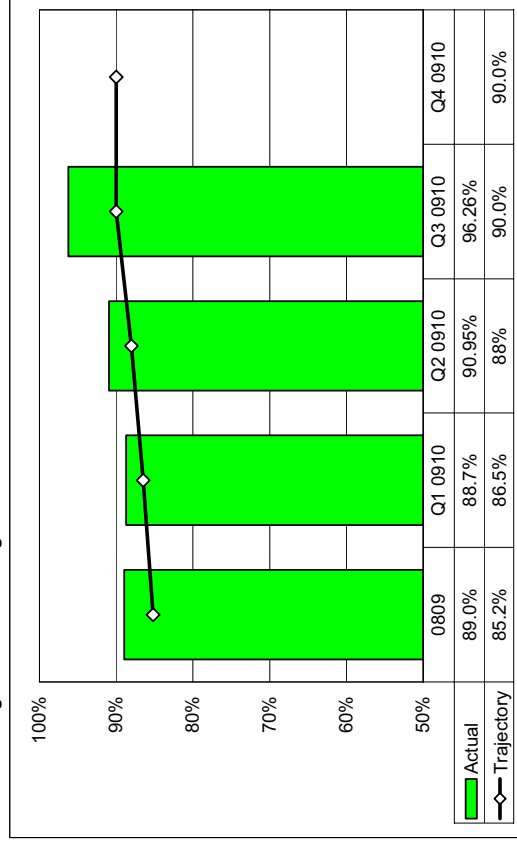
National Indicator

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.

2008-09 data shows prevalence rates have increased above target. Data for obesity in reception children show a degree of variation and it is possible that figures may be affected by rounding up. Rounded up rates in 2007-08 were 95% and for 2008-09 were only 9%. Other factors including gender balance, ethnicity and socio-economic status may also partially account for this. The coverage figure is above target at 93.3%.

Actions to support delivery include the roll out of HENRY training, 16 training courses, involving 350 staff, have resulted in over 30% of under 4's now within the area of a Children's Centre trained in the HENRY approach.

The change4Life training pack and resources have been developed, with 4 schools now engaged. Two third sector organisations have been commissioned to establish a change4life service in the demonstration sites (Harehills and Middleton).

Data on the numbers of children engaged in the Active4life programme shows it is in line to exceed its target to engage 8,000 of our least active children living in areas of deprived Leeds this year.

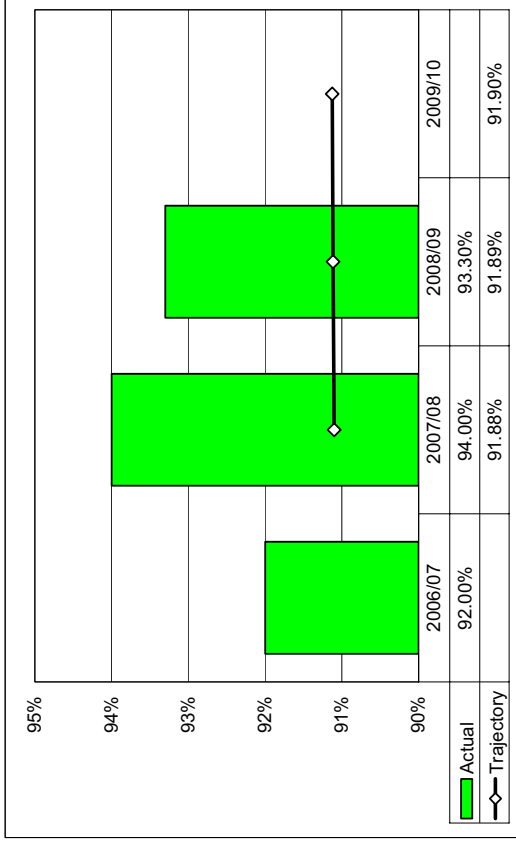
Resources have been identified and a care pathway is being developed to help mothers to retain a healthy weight during their child bearing years and after some difficulties, a venue has been secured for the Carnegie Clubs in the East Leeds area for use by those in Harehills, accessible by bus. 'Watch it' services continue to work at 8 community clinics focused in the 10% most deprived SOAs.

Overall Traffic Light Rating	No Concerns
Data Quality	

NHS Leeds Executive Director: Philomena Corrigan
Management Lead: Sarah Sinclair

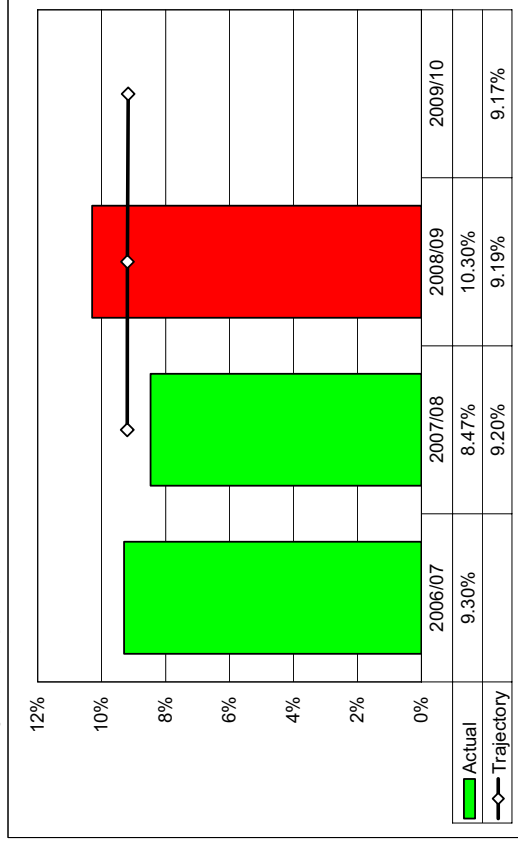
National Indicator

NI 55: Obesity in Yr R - coverage



National Indicator

NI 55: Obesity in Yr R - prevalence



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.

Data for 2008-09 shows prevalence rates have increased above the target rates. 3 year trends are gradually upwards. However prevalence of overweight among year 6 children has fluctuated over the past three years. The coverage figure is below target at 93.5%.

Change4life is now broadening the focus of the campaign to cover adults as well as children and families. The training pack and resources have been developed with 4 schools now engaged to run events to engage and support families to make a healthy lifestyle behaviour change. Two third sector organisations have been commissioned to establish a change4life service in each of the demonstration sites (Harehills and Middleton). This new service is now providing one to one support to at risk families.

Following a consultation of children and young people on freesports (BMX, skate boarding and free running), a provisional strategy and action plan is being developed and will be taken forward with lead from the Freesports Partnership Group.

Resources have been identified to help mothers to retain a healthy weight during their child bearing years. Specialist weight management services have been piloted at Children Centres and targeted treatment support developed.

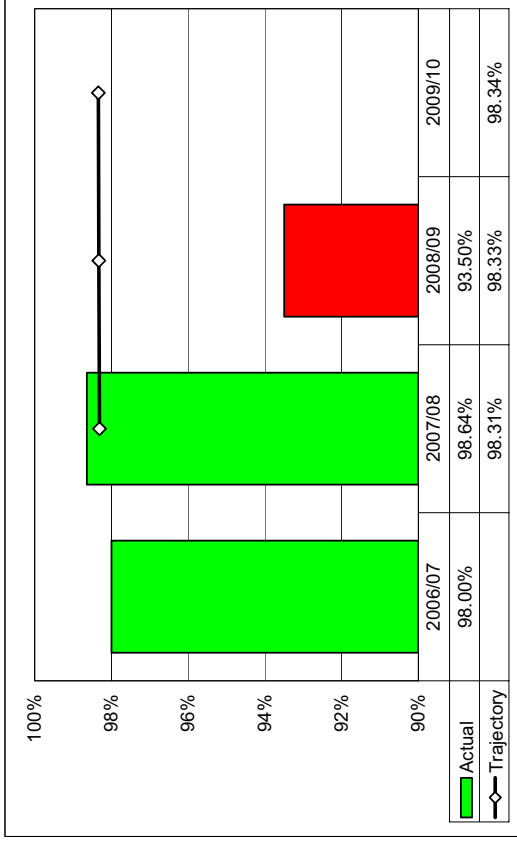
'Watch it' services continue to work with families at 8 community clinics focused in the 10% most deprived SOAs. The 10 week pilot of weight management services for 5-8 year olds at Chapel town Children's Centre is taking place. An evaluation report will be available April 2010.

Overall Traffic Light Rating	No Concerns
Data Quality	

NHS Leeds Executive Director: Philomena Corrigan
Management Lead: Sarah Sinclair

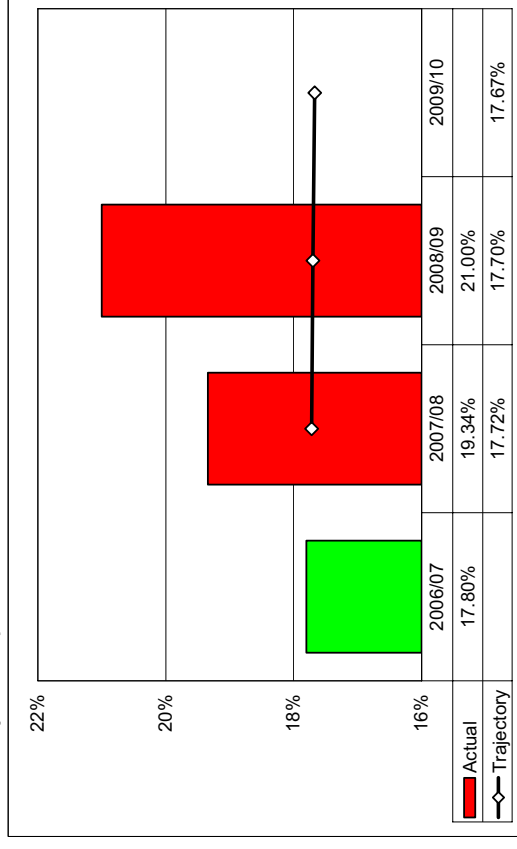
National Indicator

NI 56: Obesity in Yr 6 - coverage



National Indicator

NI 56: Obesity in Yr 6 - prevalence



NI 112: Teenage conception rates

Target:

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

The latest full year data is for 2007, the next being available at the end of Feb 2010, relating to 2008. Q3 data for 2008 was 46.3, producing a rolling average of 49.7.

Levels of teenage pregnancy vary immensely between localities. Better quality data providing more timely information at the local level is supporting the development and coordination of services which are starting to have a positive impact on reducing the level of teenage pregnancy across the city.

Priority actions will focus on providing young people with the means to avoid early pregnancy; tackling the underlying circumstances that motivate young people to become parents at a young age and acknowledging that effective interventions require significant time to deliver sustainable change.

Recent achievements include

- The CaSH service is now offering an after school contraception outreach clinic in each of the six priority wards.
- On-site contraception clinics running for 18 hours per week in the main FE providers in the city.
- 'Sex Factor' campaign undertaken in colleges
- Care pathways for pregnant teenagers are being revised, to help to manage risk and increase interval between subsequent pregnancies.

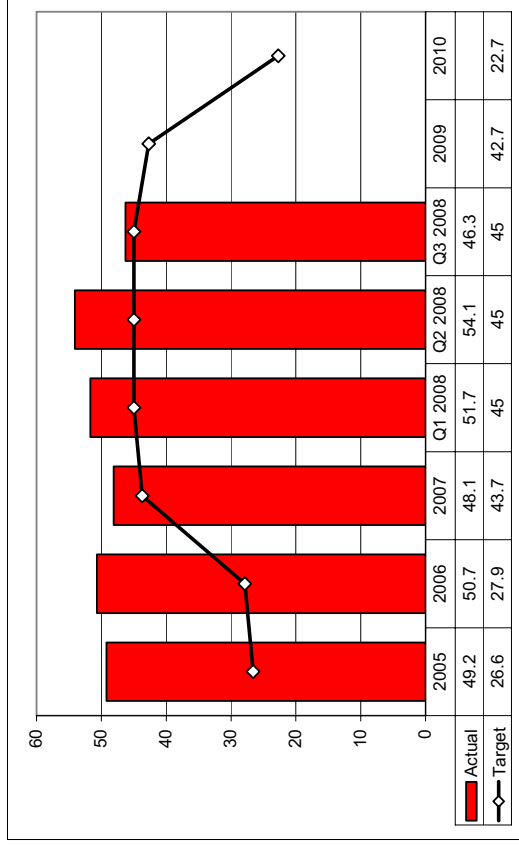
Key risks include long term sustainability of actions; improvements to Sex and Relationship (SRE) education and the need to address the wide range of contributory factors.

Overall Traffic Light Rating	No Concerns
Data Quality	

NHS Leeds Executive Director: Philomena Corrigan
Management Lead: Sarah Sinclair

Periodic Review/Vital Signs/Local Area Agreement Standard

Teenage conception rates per 1000 females aged 15-17



NI 113: Prevalence of chlamydia in under 25 year olds

Target:

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

Data provided by the HPA indicates performance above average for Leeds in the Yorkshire and Humber region up to Nov 09. Primary Health Care is beginning to deliver a higher volume of screens. The payment per screen has been increased to encourage more screening. Local campaigns offering screening at outreach events have been successful, with the offer of incentives proving very effective. Further campaigns planned to sustain outreach screens. Campaign planning for next year underway with events linked to the world cup.

In Primary Care a Local Enhanced Service (LES) operates, offering an incentive to GPs to carry out screening. Despite improvements, the target set for this service is not being met. Discussions are ongoing to try to recover the position. 66 practices are signed up to the LES, representing a total target population of 96,808 15-24 year olds. A target of 6.25% of annual target (25%) in Q4 for each of these practices represents 6050 additional screens.)

In the Prisons service, NHSL are working with prison health care management to establish screening in prison establishments by looking at using staff who have successfully established screening across the prisons served by NHSL. Screening is not routinely occurring, with less than 10 screens in December.

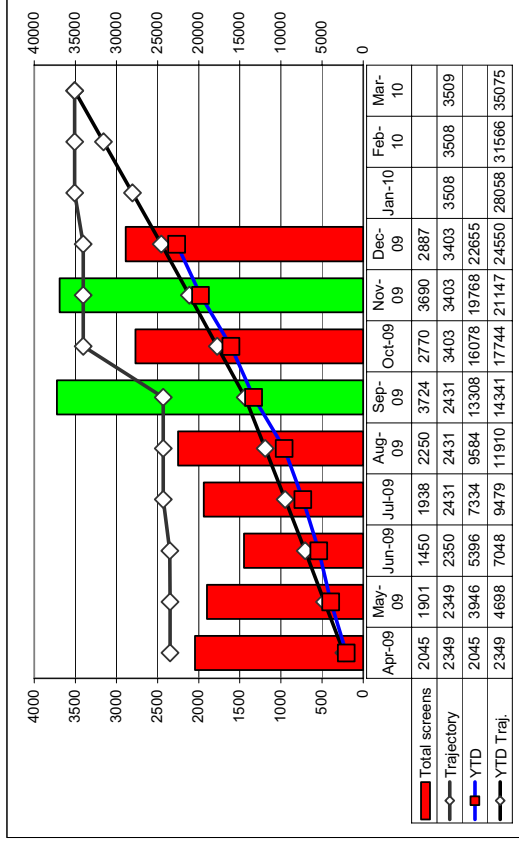
Further work on outreach events could be impacted due to staff issues. Presently, NHSL are examining the use of alternative staff from within the PCT who can be employed to work at the outreach sessions. Further public health staff to are also being committed to support these sessions.

Overall Traffic Light Rating	No Concerns
Data Quality	

NHS Leeds Executive Director: Philomena Corrigan
Management Lead: Nigel Gray

Periodic Review Standard

Chlamydia Screening



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 not being achieved.

The rising trend reflects in particular increasing mortality from lung cancer in women from more deprived communities.

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 particular emphasis needs to be placed on Early awareness and intervention targeted at more deprived communities in Leeds. This will form a focus for the LTC and Staying Healthy Integrated Commissioning Teams across NHS Leeds in 2010/11.

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

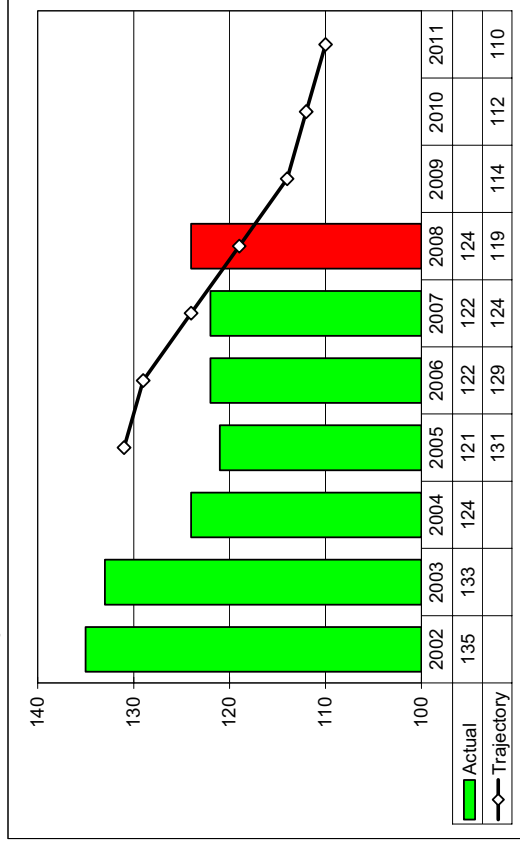
This data is produced annually and for 2009 will be available later this year.

Overall Traffic Light Rating	No Concerns
Data Quality	

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

National Indicator

NI 122: Cancer mortality



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. The latest Q3 data indicate the current smoking prevalence of patients aged 16+ across Leeds is 22.69% this is broken down to 29.78% in the 10% most deprived SOAs and 19.74% for the rest of Leeds. Compared with Q1 there has been an overall decrease in the citywide (from 22.88%), although a slight rise within the 10% SOAs (from 29.6%) and a decrease for the rest of Leeds (from 19.83%)

The PCT along with LCC is currently reviewing 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, which is a particular problem in the most deprived areas of the city. NHS Leeds along with Environmental Health Services jointly hosted a stakeholder event in December to gain support and input from partners into the forthcoming revised strategy.

The smoking cessation service continues to deliver concentrated work in the Richmond Hill and LS9 area and is seeing gradual improved access to support both within the local and surrounding area.

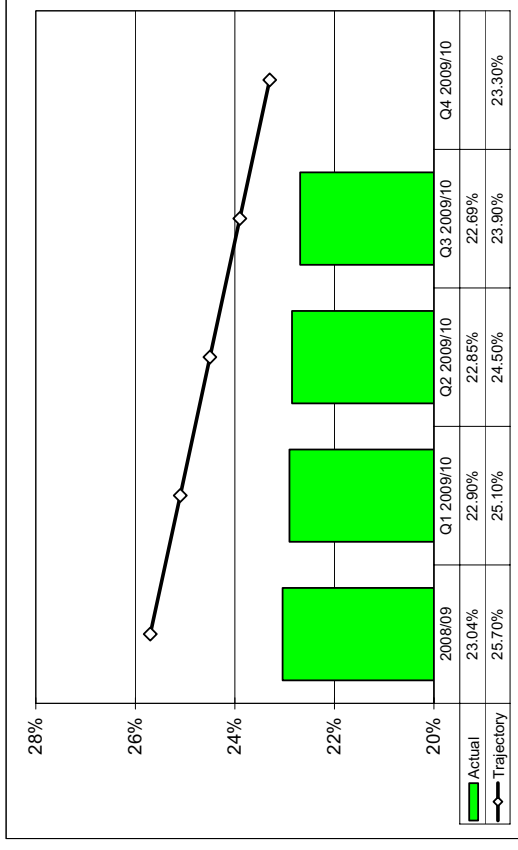
Face to face interventions funded at a regional level have also taken place in partnership with the service in those specific areas; this has driven more smokers into the clinics locally.

Overall Traffic Light Rating	No Concerns
Data Quality	

NHS Leeds Executive Director: Ian Cameron
Management Lead: Brenda Fullard

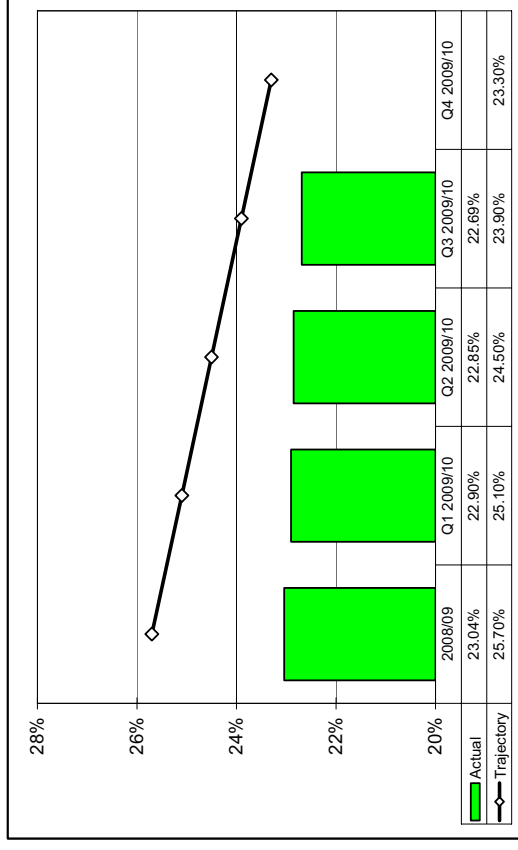
National Indicator

NI 123a: Smoking prevalence - City wide



National Indicator

NI 123a: Smoking prevalence - City wide



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.

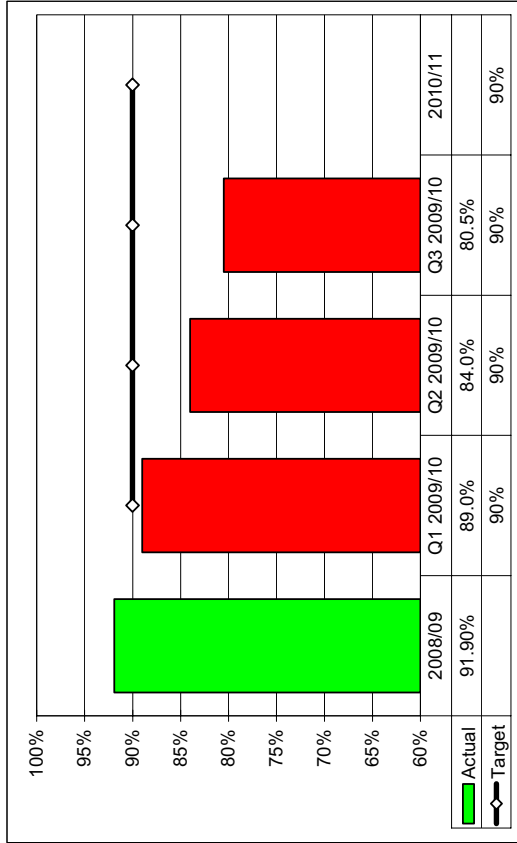
Of 215 people discharged up to the end of the third quarter of 2009/10, 173 were still living at home or in an associated placement setting 3 months later. Whilst Quarter 3 figures show a drop in performance this must be balanced against the improved performance recording (in 2008/09 the indicator was new and the figure was based on a small volume of data). Leeds remains among the higher performing Councils against this indicator. While the 2009/10 target may not be met it should be noted that it may have been set inappropriately high as it was based on a very small volume of recorded activity in 2008/09.

Overall Traffic Light Rating	No Concerns
Data Quality	

Lead Service: Access and Inclusion, LCC

National Indicator

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



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.

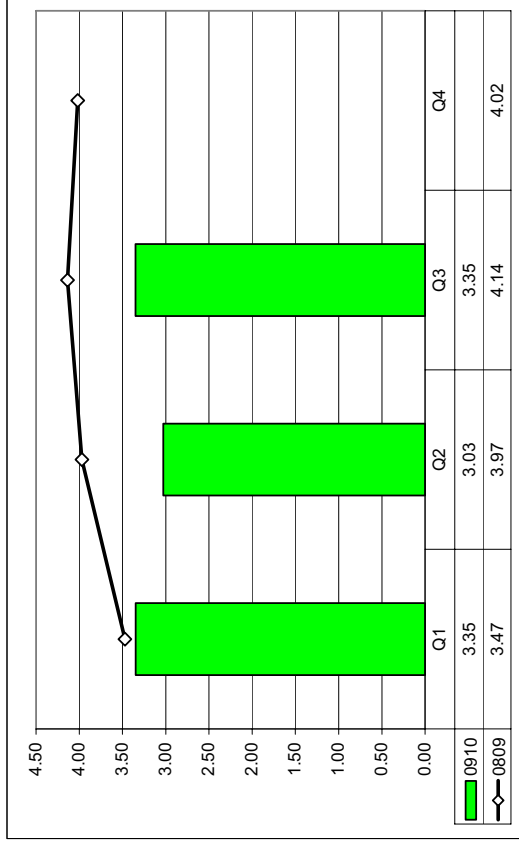
The indicator on delayed transfers of care (often known as delayed discharges) measures the rate per 100,000 of the general population. The Care Quality Commission have not defined the threshold for achievement at the time of writing.

The number of delayed transfers of care over the year from Q1 indicates an improvement over the same periods of time in 08/09, shown as the line on the chart.

The Unplanned Care Board has the discharge planning process as one of its key workstreams, and work is underway on streamlining processes and address how capacity is commissioned toward improving performance still further.

Periodic Review Standard

Delayed transfers of care per 100,000 population



Overall Traffic Light Rating	No Concerns
Data Quality	

NHS Leeds Executive Director: Philomena Corrigan
Management Lead: Nigel Gray

Improvement Priority – HW-1a Reduce Premature mortality in the most deprived areas

CAA Focus - Health Inequalities – differences in life expectancy across city and high levels of infant mortality

Lead Officer – John England & Ian Cameron

Overall
Progress



Why is this a priority



Whilst for the whole city the All Age All causes mortality (AAACM) rate is declining as we would wish, in order to narrow the AAACM Gap, the rate needs to decline faster for deprived Leeds (worst quintile) than for the rest of the city. Currently death rates are significantly higher in deprived Leeds, including for cardio-vascular disease and most cancers, which means people are dying earlier in those areas. The inequity in life expectancy is unacceptable.

World Class Commissioning Outcomes

Reduce the gap of AAACM between deprived areas of Leeds and the rest (Male)

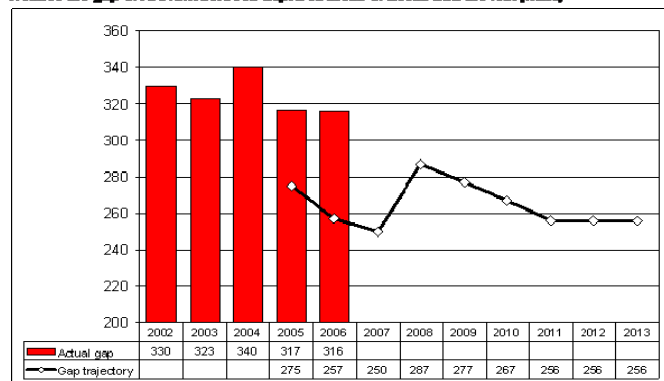


Fig. 1

World Class Commissioning Outcomes

Reduce the gap of AAACM between deprived areas of Leeds and the rest (Female)

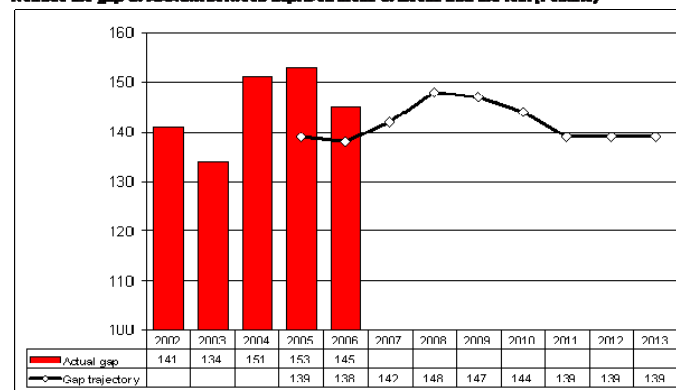


Fig. 2

Overall Progress to date and outcomes achieved 1st October to 31st December 2009

Overall Summary

The charts show the trajectory and actual gap between the deprived areas and the rest of the city. The numbers shown are based on mortality rates for male (Fig.1) and female (Fig. 2). The gap numbers are unfortunately only available to 2006. The 2008 data is due to be updated and available for Quarter 4 reporting.

The work within this objective will be influenced by the establishment of local area Health and Wellbeing partnerships, which will help to ensure work with LCC and CVFS is joined up and more effective.

- The Health Inequalities Programme is now integrated into the Health and Wellbeing Partnership Plan. Further work is being undertaken to ensure governance and performance management for health inequalities is aligned for LCC and NHS through the use of joint Action Trackers.
- A wider workforce approach is now developed and agreed by PH Senior Management Team. Emphasis is on commissioning rather than delivery, targeting wider workforce.
- A workshop was held to revise the high level actions of the Health and well-being partnership plan and to establish short term actions for April 2010 to September 2010.

Achievements since the last quarter

- 3 Local area partnerships for health and wellbeing have been established and are having monthly meetings. Two Health Improvement Managers have been appointed to support the partnerships and a third is being recruited. The partnerships have reviewed evidence for their local areas (including the Neighbourhood Index, JSNA, etc.) and are starting to identify local priorities. Elected members have been engaged through the nomination of health champions to sit on the partnerships and the briefing session for councillors on health inequalities.
- The 'Team Neighbourhood' approach has been introduced to the 3 Health and Wellbeing Partnerships. There is excellent work being delivered in most of the 'deprived Leeds' neighbourhoods on broader determinants linking to local partnerships and planning mechanisms.
- A Preventative Tasking Group has been established in Chapeltown; public health staff are attending to act as link into other health partners.
- The Neighbourhood Index for Leeds has been trialled and final data validation is underway. It was intended to go live in Oct but is not yet available electronically, though paper drafts have been circulated.

Improvement Priority – HW-1a Reduce Premature mortality in the most deprived areas

CAA Focus - Health Inequalities – differences in life expectancy across city and high levels of infant mortality

Lead Officer – John England & Ian Cameron

- A financial inclusion study found that for £1 spent by NHS Leeds on financial inclusion work (both commissioned activity and worker input within the PCT), £6 was released into the local and regional economy.
- Three housing workshops were delivered in November, one per wedge, looking at referral routes for teenagers who are pregnant/young mothers.
- Preliminary meeting have taken place to discuss the use of social impact bonds as a means to draw resources into health improvement work.

Healthy Living services:

- Performance reports that in Quarter 2, CHE's delivered 'quartet' sessions (smoking, alcohol, food and physical activity health education) to 1869 people.
- A formal review of the Health Check LES has been carried out. 38 practices have now signed up. 2,816 risk assessments completed this quarter, of which 834 were over 20% risk. Commissioned training from Primary Care Training Centre.
- From the 38 participating practices, 12 achieved their target this quarter, 6 practices achieved 70% the remainder were under 70%. Fed back to practices on their target performance. Joint action plans developed for under performing practices. Joint action plans also developed with Primary Care Development Teams.
- Roll out strategy meeting arranged for January 10.
- Evaluation of near patient testing to be completed in January 10.

Infant Mortality:

Implementing the Maternity Matters programme. Within this there is:

- Undertaking evaluation of direct access telephone service which enables women to make direct contact with a midwife early in pregnancy (operational since August 09).
- Introducing a new coding system into maternity records to identify reasons for late booking.
- Specialist midwife for vulnerable BME women exploring reasons why women from certain communities book later for maternity care.
- Asylum seeker care pathway planning event with key stakeholders held December 09.
- Maternity care pathway for asylum seekers due for completion Jan/ Feb 2010.

For smoking during pregnancy, it is recognised that the current data collection may underestimate the rate. Actions include:

- Reviewing the smoking advice offered by maternity services
- Smoking included as part of the antenatal risk assessment checklist which has to be referred to at each antenatal contact.
- Brief intervention training sessions booked for midwives
- The sharing of best practice relating to supporting pregnant teenagers
- Focused work in children centre's situated within deprived areas to promote access to Leeds Stop Smoking Service
- A fast track direct contact system for high risk, vulnerable groups to improve take up of support.

Approved by <i>(Accountable Officer)</i>	John England & Ian Cameron	Date	04/02/2010
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Appendix 2

Improvement Priority – HW-1a Reduce Premature mortality in the most deprived areas

CAA Focus - Health Inequalities – differences in life expectancy across city and high levels of infant mortality

Lead Officer – John England & Ian Cameron

Key actions for the next 3 months 1st January to 30th March 2010				
	Action (Desired Achievements)	Contributory Officer / Partner	Milestone / Actions	Timescale
1	Develop the health and wellbeing section of the Area Delivery Plans for 2010 – 2011. Influence on future Leeds Strategic Plan (LAA) for 2011 to 2014 from local level.	Elizabeth Bailey Baksho Uppal Tim Taylor	Area Delivery Plans contain partnership agreed priorities for next year	March 2010
2	Agree and publish the revised Health and Wellbeing partnership Plan	John England/Brenda Fullard	Plan includes SMART actions that will be reported through a collaborative process using the Leeds Initiative extranet	April 2010

Performance Indicators

Performance indicators aligned to the Improvement Priority

Reference	Title	Owner	Frequency & Measure	Rise or Fall	Baseline	2008/09 Result	2009/10 Target	2009/10 Quarter 2	Current Predicted Full Year Result	Data Quality
NI 120	All age all cause mortality rate (per 100,000 population)	PCT	Annually Number	Fall		602.96		Annually Reported	Annually Reported	No Concerns with data
	All age all cause mortality rate - Females city wide (per 100,000 population)	PCT	Annually Number	Fall	605.00 (1995-97 average)	500.83	481.00	Annually Reported	Annually Reported	No Concerns with data
	All-age all cause mortality rate - Females 10% worst SOA (per 100,000 population)	PCT	Annually Number	Fall	682.00 (2006)		628.00	Annually Reported	Annually Reported	No Concerns with data
	All-age all cause mortality rate - Males city wide (per 100,000 population)	PCT	Annually Number	Fall	942.00 (1995-97 average)	723.35	697.00	Annually Reported	Annually Reported	No Concerns with data
	All-age all cause mortality rate - Males 10% worst SOA (per 100,000 population)	PCT	Annually Number	Fall	1098.00 (2006)		974.00	Annually Reported	Annually Reported	No Concerns with data
NI 121	Mortality rate from circulatory diseases at ages under 75 (per 100,000 population)	PCT	Annually Number	Fall	145.00 (1995-97 average)	77.89	72.70	Annually Reported	Annually Reported	No Concerns with data

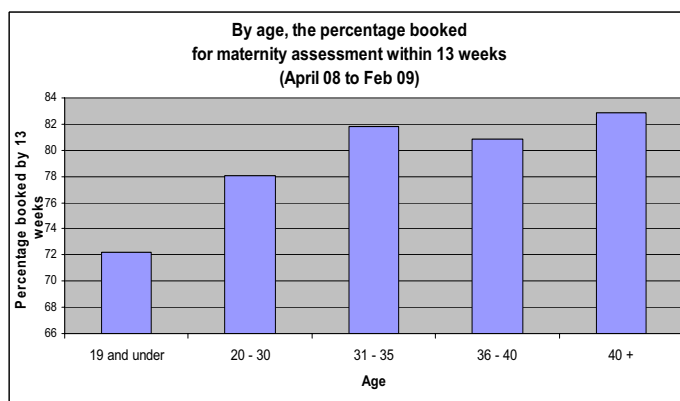
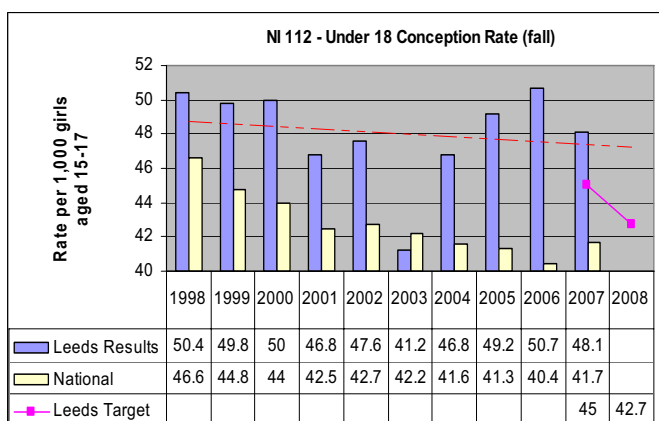


Why is this a priority



Evidence shows that having children at a young age can damage young women's health and wellbeing and severely limit their education and career prospects. Long term studies show that children born to teenagers are more likely to experience a range of negative outcomes in later life and are up to 3 times more likely to become teenage parents themselves.

Priority actions will focus on recognising the interdependencies between teenage pregnancy and improving other outcomes for children and young people; providing young people with the means to avoid early pregnancy; tackling the underlying circumstances that motivate young people to want to, or lead them passively to become parents at a young age; working in effective partnerships to ensure universal provision for all young people with strengthened delivery and services to those most at risk; and acknowledging that effective interventions require significant time to deliver sustainable change.



Overall Progress to date and outcomes achieved 1st October to 31st December 2009

Overall Summary

The significant increase in activity to reduce the levels of teenage parents in Leeds in the last 12 months has started to show real service changes across the city. Increased momentum has been aided through our much better identification and sharing of the pattern of teenage conceptions across the city. Progress on our internal measures of action and process are good for most areas.

Our indicator data for teenage conceptions, based on the national ONS data set, lags significantly behind any activity to reduce it. The 2007 rate for Leeds is 48.1, a reduction from the 2006 figure of 50.9 (conceptions per 1000 female population aged 15-17). The national rate for comparison is 41.7. The next nationally produced city wide data will be available in February 2010. This will be the data relating to 2008. However, the first and second quarter data for 2008 is currently showing a provisional rise to 51.7 in Q1, 54.1 in Q2 with a decrease in Q3 to 46.3 producing a rolling quarterly average of 49.7. It is useful to note Leeds' recent performance is within a context of a national rise in teenage conceptions for 2008. Comparing to other Core Cities Leeds' is midway between the highest and lowest performing cities on this indicator. No Core City or significantly sized local authority shows a consistent teenage conception reduction likely to enable it to reach the 50% reduction by 2010 target for the UK.

Levels of teenage pregnancy vary significantly between localities. Better quality data providing more timely information at the local level is supporting the development and coordination of services which are starting to have a positive impact.

As with Q2, the action tracker has been assessed as amber with a declining direction of travel to reflect the declining position compared to the year end result for 2008-09. This will be reviewed at Q4 once the February update has been received.

HW-1d/CYPP 7 - Reducing teenage conception

CAA Focus - Teenage pregnancy still high although improving slightly

Lead Officer – Sarah Sinclair

Activity Achievements since the last quarter

- The Authority has secured the continuing senior leadership of Teenage Pregnancy and Parenthood through the appointment of a Deputy Director of Commissioning for Children's Services
- The Teenage Pregnancy and Parenthood Partnership received a 'Making a Difference' award for Christmas 08 and Valentine 09 media campaigns.
- Christmas 09 'talking to your teen' campaign was launched in November 09.
- Data being collated at post code sector level.
- Data collection is strengthening for more service, eg, Healthy Young Peoples service and for Children and Young Peoples Social Care (CYPSC).
- There is a new fast track system for Looked After Young People for appointments in Contraception and Sexual Health (CaSH) services.
- Increase in pharmacy sites offering Emergency Hormonal Contraception, pregnancy testing and Chlamydia testing from 27 to 38 sites.
- Launch of CYPSC Relationship Policy.
- Pupil consultation toolkit for Primary Year 6, completed and trialled in 3 schools, including 2 faith schools. The feedback from these trials has been used to shape training courses.
- 3 new courses on offer for Primary schools, on generic Sex and Relationship Education (SRE), Pupil and Parent consultation on SRE and improving delivery skills for SRE.
- The Healthy Schools Enhancements Model early success indicators for teenage pregnancy for Primary and Secondary schools are completed.
- The Leeds Breastfeeding Strategy written detailing the needs of young mothers and young people
- Four new after school CaSH clinics in community settings have been opened in hot spot wards and youth work has been commissioned to support them.
- There have been two locality events for children's workforce and sexual health service providers to promote further service integration .
- There have been 20 multi agency staff trained as Speakeasy facilitators, 53 parents have been trained in Speakeasy and a pilot Speakeasy course for parents with a parallel vulnerable children course to compliment each other targeted at priority areas.
- The initial findings from the onsite CaSH clinics in FE Colleges show an very encouraging uptake.
- Training for Effective Transition Personal Advisors working with school age and post 16 young people in dealing with unintended pregnancy choices and decisions.

We are responding to the challenge of the lack of change in teenage parenting rates by supporting the above with a commissioning plan which allocates £147K of Area Based Grant to the above priorities focussing on the 6 wards with the highest rates of conception.

Challenges/Risks

- 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 be ensuring that housing services are fully engaged because unstable and inappropriate housing for teenage parents and their children is factor which is linked to 2nd and subsequent teenage pregnancies.
- 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.
- 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.
- 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 thus demonstrating the link to the NEET agenda.

Council / Partnership Groups			
Approved by (<i>Accountable Officer</i>)	Paul Bollom	Date	11/2/10
Approved by (<i>Accountable Director</i>)		Date	

HW-1d/CYPP 7 - Reducing teenage conception

CAA Focus - Teenage pregnancy still high although improving slightly

Lead Officer – Sarah Sinclair

Key actions for the next 3 months 1st January to 30th March 2010

Action	Lead Officer	Milestone	Timescale	Date Action Last Reviewed
1	Paul Bollom	-Presentation to TPPP -Allocation of locality commissioner to develop actions within West Leeds	March 2010 May 2010	11 th Feb 2010
3	Paul Bollom	Commissioning in place by April 1 st 2010 Monitor progress of implementation	April 2010 Ongoing	11 th Feb 2010
4	Sarah Sinclair	- Lead Member supported to engage with school governors - Make contact with Children's Champion for West Leeds - Improving school governors understanding and encouraging swift and easy access to Sexual Health Services	Ongoing March 2010 Sept 2010	11 th Feb 2010
5	Vicky Womack	Progress monitoring meetings Jan 2010	March 2010	11 th Feb 2010
6	Dorothy Smith	Sample CD of the Toolkit has been created and to be disseminated to all secondary schools by Nov 2009	April 2010	11 th Feb 2010
7	Paul Bollom	Plan to be completed and agreed by the TPPP Board	March 2010	11 th Feb 2010
8	Paul Bollom	Recommendation to be made to TPPP	March 2010	11 th Feb 2010

Performance Indicators

Performance indicators aligned to the Improvement Priority

Reference	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Quarter 2	Predicted Full Year Result	Data Quality
NI 112	Under 18 conception rate (rate per 1000 girls aged 15-17)	PCT	Annual	Fall	50.4	48.1	42.7	Annual PI	Annual PI	No concerns

Leeds

Area Assessment

Dated 9 December 2009



oneplace

for an independent overview
of local public services

Contents

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How well do priorities for Leeds express community needs and aspirations?

Priorities for Leeds

- **CULTURE:** Enable more people to be involved in sport and culture, and facilitate delivery of major cultural schemes
- **ENTERPRISE AND THE ECONOMY:** Increase innovation, promotion of the City and facilitate major city centre developments.
- **ENVIRONMENT:** Increase recycling, reduce emissions, improve cleanliness and access, improve sustainability of the built and natural environment and improve our resilience to current and future climate change.
- **HARMONIOUS COMMUNITIES:** increased local engagement and empowerment to establish increased sense of belonging and enable vibrant communities.
- **HEALTH AND WELL BEING:** reduce mortality in the most deprived areas and improve


assessment, access to services and support to vulnerable people.

- **LEARNING:** improve workforce skills, learning outcomes and engagement of vulnerable groups.
- **THRIVING PLACES:** Increase numbers of decent and affordable homes, reduce homelessness and fuel poverty. Create a safer environment, reduce worklessness and develop services to improve to support children, families and communities.
- **TRANSPORT:** Improve public transport services in Leeds, condition of the transport infrastructure and road safety.



Leeds at a glance

This independent assessment by six inspectorates sets out how well local public services are tackling the major issues in Leeds. It says how well they are delivering better results for local people and how likely these are to improve in future. If, and only if, our assessment shows that the following special circumstances are met in relation to a major issue, we use flags to highlight our judgements. We use a green flag to highlight where others can learn from outstanding achievements or improvements or an innovation that has very promising prospects of success. We use a red flag to highlight where we have significant concerns about results and future prospects that are not being tackled adequately. This means that local partners need to do something more or different to improve these prospects.

Green flags - exceptional performance or innovation that others can learn from

-  Green flag: People in deprived communities benefiting from Leeds' economic growth - Leeds Ahead

Red flags - significant concerns, action needed

-  Red flag: Keeping vulnerable children and young people safe
-  Red flag: Burglary in parts of Leeds

The local area

Over 750,000 people live in Leeds. The economy has grown quickly over the past ten years. The city has changed from being mainly industrial into an important business, finance and legal centre.

The population has been increasing quickly. It is very diverse, with over 130 nationalities including a black and minority ethnic population of just under 11 per cent. It is an area of great contrasts. It includes rural areas like Harewood and Wetherby, where most people are relatively well-off. It also includes densely populated, inner city areas where people are poorer and housing quality is a big problem. Although improving, the health of people in Leeds is generally worse than the national average, with big differences across the city.

The next section tells you how Leeds's public services are doing in each of their local priority areas.

How is Leeds doing?

CULTURE: Enable more people to be involved in sport and culture, and facilitate delivery of major cultural schemes

More people than ever before are using cultural and leisure facilities in Leeds. The Grand Theatre, Art Gallery and Central Library have been refurbished. New, popular attractions such as the City Museum have been opened. Visits to museums and galleries nearly doubled to just under one million, although visits to libraries fell slightly. The number of adults being active and participating in sports rose by nearly eight per cent in the year to October 2008 - one of the largest increases in the country. Prospects for improvement are good. Plans are well advanced to build the Leeds Arena - a 12,500 seat multi-purpose venue which is a high priority for residents and local businesses. There are also plans to improve and relocate leisure centres. But the benefits of this investment are not being felt consistently by all Leeds people. Satisfaction with libraries, theatres and concert halls, and open spaces, has fallen. Whilst many residents regularly use services, a quarter of Place Survey respondents has never used them. Partners need to do more to ensure that cultural facilities are used by all the people of Leeds.

ENTERPRISE AND THE ECONOMY: Increase innovation, promotion of the City and facilitate major city centre developments.

Leeds has responded well to the recession. As with other major cities, the recession has affected Leeds, particularly developments in the city centre. In response, local public services have reviewed their priorities and are focussing on the development of the Arena, new retail developments at Trinity Quarter and improving Leeds Bradford airport. This clear approach gives confidence to investors, developers and residents that the city is in good shape to overcome the recession.

Partners have a clear ambition to help drive the region's economic growth. They are on track and are successfully developing the city's economy and reputation. Until the recession hit, employment was increasing, as was the number of people using the city's shops, cultural and leisure facilities. Partners have a detailed understanding of the city and wider city-regional economy. They have identified the new facilities needed to achieve Leeds' ambitions, including the Arena and improved transport into the city. This places the city well to continue to grow.

People in more deprived communities have benefited from Leeds' economic growth through 'Leeds Ahead'. Leeds Ahead is a social enterprise that works

with the Leeds Initiative to involve Leeds businesses in innovative joint work between public, community and business sectors. It has encouraged enterprise, improved skills and attainment and raised the aspirations of people in disadvantaged communities.

ENVIRONMENT: Increase recycling, reduce emissions, improve cleanliness and access, improve sustainability of the built and natural environment and improve our resilience to current and future climate change.

Note: At the time of this assessment, industrial action had disrupted refuse collections for several weeks. The impact of this on recycling rates and street cleanliness was not yet known.

People in Leeds continue to produce less waste than most parts of the country. In the past Leeds has not been good at recycling, but over 30 per cent of waste is now being recycled, re-used or composted. This is less than most other areas, but is likely to get better as more garden waste is being recycled and the Council has invested in more kerbside collections. Streets are now cleaner and public access to footpaths and other rights of way has improved.

Work to reduce carbon emissions from public sector buildings is still at an early stage. Partners have started to prepare for the possible effects of Climate Change and have recently agreed a Climate Change Strategy for the city. They plan to invest in projects to cope with possible floods. A big challenge for Leeds is to balance its ambitions for economic growth, for example the expansion of Leeds-Bradford airport, with its ambitions to reduce carbon emissions. Partners need to speed up their efforts to combat climate change. They also need to get better at measuring the results of their work to improve the environment.

HARMONIOUS COMMUNITIES: increased local engagement and empowerment to establish increased sense of belonging and enable vibrant communities.

Fewer people in Leeds than in 2006/07 feel that people from different backgrounds get on well. There are big differences within Leeds, with people in the east, south and west much less positive than those in the north. The Council and its partners have done a lot of work to try and improve how well people get on, but it is not always clear whether this is making a difference.

Resident satisfaction varies widely depending on where you live in Leeds. People in the north east of the city are much more likely to be satisfied with their area than people in the south or west. There are likely to be even bigger differences, which are hidden within these fairly large districts of the city. Local public services are carrying out a much more detailed residents' survey to try and understand better these differences. They are also developing a 'Neighbourhood Index' to give them a better understanding of individual neighbourhoods.

HEALTH AND WELL BEING: reduce mortality in the most deprived areas and improve assessment, access to services and support to vulnerable people.

Some vulnerable children and young people are not being kept safe from harm in Leeds. A recent inspection found that discussions between the Council, police and other agencies do not take place quickly enough and children are not always seen by professionals, even when there are concerns about their safety. Key procedures are out of date and the speed and quality of assessments varies too much.

Older people in Leeds are happier than in most similar areas. More than 80 per cent of people over 65 said that they were satisfied with their home and neighbourhood. Most people have a choice about the care that they receive and more people than average are supported to live independently. Arrangements to make sure that vulnerable adults are kept safe have been improved, but further work is needed to make sure that they are having an impact.

People in Leeds are living longer than ever before. Early deaths from cancer are decreasing. Fewer adults in Leeds are obese than the national average and more are physically active. But there are big differences in health across the city. For example, an average man in City and Hunslet will die just over 10 years earlier than an average man in Harewood. NHS Leeds, the Council and other organisations are working to try and improve this. They are targeting work more effectively on vulnerable communities, but there is still more to do.

LEARNING: improve workforce skills, learning outcomes and engagement of vulnerable groups.

Most children in Leeds achieve well at school, but progress is inconsistent. At Key Stage 2 results fell in both English and maths and the number of schools not hitting government targets is not getting better. The number of pupils getting good GCSEs is around the national average. Whilst some schools recorded big improvements in GCSE results some slipped back.

Progress for some groups is particularly slow. For example Asian pupils perform well below the national average. Behaviour in some secondary schools is not as good as it should be and despite improvements, the rate of persistent absence in some schools is still too high. 9.5 per cent of young people are not in education, employment or training (NEET). Prospects for improvement are promising, as support is being targeted on the individuals and groups who most need it.

THRIVING PLACES: Increase numbers of decent and affordable homes, reduce homelessness and fuel poverty. Create a safer environment, reduce worklessness and develop services to improve to support children, families and communities.

Most types of crime have fallen in Leeds, including some that people are most concerned about, such as violent crime. Most people feel safe in their local area after dark and fewer people see drug dealing as a big problem. But burglary is very high in parts of Leeds like Harehills, Beeston, Armley and Headingley. In some cases, it is up to three times the national average. The police and Council are working together with probation and the courts to try and reduce burglary in Leeds. There has been some recent improvement, but this trend must continue over a longer period to demonstrate that there are strong prospects for continued improvement.

Housing is a problem in the poorer parts of Leeds. Many people living in rented housing in the private sector are living in over-crowded accommodation. Partners have worked hard to try and increase the number of affordable houses. The quality of public sector housing is improving. Fewer people are homeless than before in Leeds, and numbers continue to fall. But the latest official figures show that over 24,000 people are on the waiting list for housing.

Many people in Leeds do not have basic skills, and getting people into work in the poorer areas of the city is a problem. Unemployment is over 10 per cent in some parts of Leeds, compared to a city wide average of less than three per cent. Up to 30 per cent of people are either unemployed or unable to work in some inner city areas. Partners are taking a lot of action to try and help people into work, but recognise that they still need to do more to improve things.

TRANSPORT: Improve public transport services in Leeds, condition of the

transport infrastructure and road safety.

In 2004, Leeds people said that public transport was the most important thing for the future of Leeds. Since then, progress has been relatively slow. Some improvements have been made. Bus shelters and train stations are better and new bus lanes mean that buses run faster and services are more convenient for passengers. But bus usage is not meeting targets, and passengers are no happier than before about bus services.

Roads and pavements in Leeds have got better. In 2007, local people said that repairing roads and pavements was their top priority for improvement. Since then, the Council has increased spending. Fewer people now see repairs as a big problem.

Reducing congestion was also a big priority for Leeds people in 2007. Access to the city has been improved through new roads. More people are leaving their cars at home when they travel into Leeds in the morning peak, and more people cycle to work. Prospects for improvement are mixed. Congestion remains a problem on many roads. Plans for the future include 'New Generation Transport'. This includes a trolley-bus system which could significantly improve public transport.

About Leeds

A recent survey shows that in Leeds 79 per cent of people are satisfied with their immediate local area as a place to live. This is broadly the same as the average for similar areas and broadly the same as the national average of 81 per cent.

Over 750,000 people live in Leeds - making it the largest city in Yorkshire and Humberside. The economy has grown quickly over the past ten years. The city has changed from being a mainly industrial city into an important business, finance and legal centre. It is at the centre of the 'Leeds City Region'.

The population has been increasing quickly. It is forecast to continue to grow, particularly the number of people aged over 65. Leeds is very diverse, with over 130 nationalities, including a black and minority ethnic population of just under 11 per cent. It is an area of great contrasts. It includes rural areas like Harewood and Wetherby, where most people are relatively well-off. It also includes densely populated, inner city areas where people are poorer and housing quality is a big problem. Although improving, the health of people in Leeds is generally worse than the national average, with big differences across the city.

Leeds was the 85th most deprived area in England in 2007- an improvement on 2004 when it was 63rd. But parts of Leeds are still very deprived. Over 150,000 people live in areas which are amongst the 10 per cent most deprived in the country. 'Narrowing the gap' between the prosperous parts of Leeds and the less well-off inner city areas is one of the big challenges for the city.

The Council, NHS, other public services like the police, fire and probation,

voluntary organisations and businesses, work together as 'The Leeds Initiative' to improve the quality of life for people in Leeds. Partners share a vision 'to bring the benefits of a prosperous, vibrant and attractive city to all the people of Leeds'. They have ambitions of 'Going up a league' economically and in quality of life and 'Narrowing the gap' between the richer and poorer parts of Leeds.

How well do priorities for Leeds express community needs and aspirations?

The Leeds Initiative has a good understanding of the big issues affecting people in Leeds. A wide range of people and groups were involved in establishing the Vision for Leeds and in agreeing priorities for the city. Many of the things that people have identified as important in the past have seen big improvements. Most types of crime have fallen and roads and pavements have got better. People in Leeds feel safer than they did two years ago.

One Leeds' big ambitions is to go up a league economically and in quality of life. It's prospects for doing so are promising. The other big ambition is narrowing the gap between the richer and poorer parts of the city. Over the last three years, there has been some progress in narrowing this gap. But the Place Survey showed big differences in satisfaction between the most and least deprived parts of Leeds. Development of a Leeds 'Neighbourhood Index' will help local public services understand what is needed to narrow gaps more effectively.

Public sector organisations in Leeds carry out a lot of consultation with people. They also collect a lot of detailed statistical information about Leeds. At the moment, they tend to do this as individual organisations rather than together. This means that information is not always used as effectively as it might be. It also means that people might be asked about the same issues by different organisations. Local public services have recognised the need to work together more closely to improve how they consult people in Leeds.

Partnership working is well established. Partners are looking to improve it further by being clearer about roles and responsibilities. The pace of improvement would also be improved by more effective performance management - challenging quickly where things are not going well and putting them right. The partnership recognises the need to improve its approach to ensuring value for money. It has set up the Public Sector Resources Partnership Group to try and make sure that it spends money in the best way possible. The Group provides public service partners with the opportunity to ensure that their work is subject to detailed evaluation to ensure that it provides good value for money.

Leeds is at the centre of the Leeds City Region. This involves 11 local authorities from across North, South and West Yorkshire working together on big issues like regeneration, skills and housing. The City Region has been given special status by the government to make changes to the way that councils and their partners minimise the impact of the downturn and speed up recovery. The challenge for the City Region will be to make sure that these

changes have an impact on people's lives.


CULTURE: Enable more people to be involved in sport and culture, and facilitate delivery of major cultural schemes

More people than ever before are using cultural and leisure facilities in Leeds. Free events like 'Opera in the Park' and 'Party in the Park' attracted record audiences in 2009. The Council has spent money on refurbishing the Grand Theatre, Art Gallery and Central Library. It has also opened new attractions such as the City Museum and Kirkstall Abbey visitor centre. The museum attracted nearly 200,000 visitors in the first six months. This investment led to visits to museums and galleries nearly doubling to just under one million, although visits to libraries fell slightly. Eight per cent more adults were active and participated in sports - one of the largest increases in the country. There is a comprehensive programme of Sport and Active Recreation for disabled service users.

Although there is concern about the impact of the recession on future plans, the Council and partners are working to improve facilities further and prospects for improvement are good. There are plans to improve the City Varieties theatre and the Northern Ballet. Plans are well advanced to build and open the Leeds Arena - a 12,500 seat multi-purpose venue in the heart of the city - which is a high priority for residents and local businesses. There are also plans to improve and relocate leisure centres, to provide a wider range of facilities and make them easier to get to.

But the benefits of this investment are not being felt consistently by Leeds people. Satisfaction with libraries, theatres and concert halls and open spaces has fallen. Whilst many residents regularly use services, a quarter of Place Survey respondents have never used leisure facilities. Partners need to do more to ensure that cultural facilities are accessible by all the people of Leeds.

ENTERPRISE AND THE ECONOMY: Increase innovation, promotion of the City and facilitate major city centre developments.

 **Green flag: People in deprived communities benefiting from Leeds' economic growth - Leeds Ahead**

People in more deprived communities have benefited from Leeds' economic growth through 'Leeds Ahead'. It has encouraged enterprise, improved skills and attainment and raised the aspirations of people in disadvantaged communities. Businesses have become valued members of local communities.

Leeds Ahead has engaged with nearly 200 local businesses. These businesses have invested more than £500,000 and donated 13,000 hours of voluntary support, through 460 separate projects. The work has benefited 147 different community partners and helped more than 12,000 of the 75,000 most deprived people in the city.

Leeds Ahead is a social enterprise that works with the Leeds Initiative to involve Leeds' businesses in innovative joint work between public, community and business sectors. Before 2007, businesses helped support local communities in an unco-ordinated way. The Leeds Ahead approach has ensured that support is better directed to what is important for local people. Relationships with local communities are long-term, rather than one-off. Businesses have better ownership and understanding of local needs. Employees stay in their jobs for longer, businesses are financially stronger and have better links with local partners. As a result, businesses enjoy better goodwill and reputation benefiting local people and the places in which they live.

Pupils in inner city schools have been helped with maths and english through mentoring by employees of a major law firm. Exam results in targeted schools have increased and in one school the number of children getting five GCSEs at A-C grade, including maths and english, has increased from 20 to 53 per cent. Mentoring schemes have helped increase the participation of young people in positive activities, improved school attendance rates and attitudes to learning. Higher aspirations for achievement, work, careers and enterprise offer to break cycles of deprivation and reliance on state benefits.

Businesses have provided specialist advice, support and other forms of help to local communities. In a local prison, their input has helped to engage prisoners in the world of work, to get them a job and so contribute to local society. Initiatives have supported economic regeneration by providing opportunities for work experience, and training to improve general work, entrepreneurial and business management skills. Community development projects have been helped to increase local project design and delivery skills. Council employees have also gained from Leeds Ahead. They are now better engaged with, and understand, the needs of people in deprived areas.

This has improved the prospects, community cohesion and confidence of many people in the most disadvantaged communities in Leeds. Marginalised groups have been re-integrated. Families in poverty have gained the opportunity to become more independent and financially secure. People now have greater pride, sense of belonging and achievement in their local communities.

ENTERPRISE AND THE ECONOMY: Increase innovation, promotion of the City and facilitate major city centre developments.

As with all major cities, the recession has affected Leeds, particularly developments in the city centre. As a result, it has reviewed its priorities and is focusing on the development of the Arena, City Park, city centre improvements, new retail developments at Trinity Quarter and the expansion of Leeds Bradford airport. This clear approach gives confidence to investors, developers and residents that the city is in good shape to overcome the

recession.

Leeds has responded well to the recession. Local public services understand how it has affected individuals, business and areas. They have provided targeted help to those most affected, including advice and support to the recently unemployed. Public and private sector business support services have been located together in White Rose House. New businesses have been supported in deprived communities through the Local Enterprise Growth Initiative (LEGI).

Partners have a clear ambition for the Leeds economy to help drive the wider economies of the region. They are on track to deliver this goal and are successfully developing the city's economy and reputation. Until the recession hit, employment was increasing, as was the number of people using the city's shops, cultural and leisure facilities. Partners have a detailed understanding of the city and wider city-regional economy and have identified the facilities the city must have if its economic ambitions are to be realised, including the Arena and improved transport into the city. The business, voluntary and community sectors have been closely involved in setting priorities and in decision making.

Prospects for the future are promising. Partners have ambitions of 'Going up a league' economically and in quality of life. Good progress has been made on raising the profile of Leeds as an international city and a new economic strategy is being developed to support this. Leeds' role at the centre of the Leeds City region places it well to take advantage of new opportunities and to continue to grow its economy.

ENVIRONMENT: Increase recycling, reduce emissions, improve cleanliness and access, improve sustainability of the built and natural environment and improve our resilience to current and future climate change.

Note: At the time of this assessment, industrial action had disrupted refuse collections for several weeks. The impact of this on recycling rates and street cleanliness was not yet known.

Leeds has improved its waste recycling and over 30 per cent of it is now being recycled, re-used or composted. This is less than most other areas, but is likely to get better as more garden waste is recycled and there are more kerbside collections. The Council has spent significant amounts of money to reduce the amount of waste produced by people in Leeds and the amount that is sent for recycling. People in Leeds now produce less waste than most parts of the country. The Council's Integrated Waste Strategy is a comprehensive approach which aims to maintain progress and meet the long-term demands of the Government and the European Union.

Streets are cleaner than they were and public access to footpaths and rights of way has improved. Other work to improve the environment has included the crime and grime initiative and the Graffiti Charter. The Council is reviewing its environmental performance and plans to invest in areas like improved street cleaning.

Work has been started to reduce carbon dioxide (CO₂) emissions from public sector buildings and day to day activities, and to encourage businesses to do likewise. For instance, Housing Associations have put energy-efficiency upgrades into 3,350 properties, the Council has set up a £1 million fund to improve its buildings between 2008 and 2010, and its Fuelsavers Team is helping people to get grants for home improvements. Although work is taking place to deliver biomass, solar and wind projects there is only a piecemeal approach to reduce carbon emissions. A lot of work is focused on understanding current levels of CO₂ emissions and how to measure levels accurately in the future. This will provide a clearer picture of what can be done to reduce CO₂ emissions between 2010 and 2012 and in the longer-term.

Partners are in the early stages of preparing for the possible impacts of Climate Change. They have recently agreed a Climate Change Strategy for the city. They have set aside funds for projects to cope with possible floods and set up a Programme Board to strengthen focus and leadership. But partners are not yet able to demonstrate clear results from much of the work to improve the environment. The newly-produced Climate Change Strategy has not yet been translated into a detailed, prioritised action and delivery plan. The contribution of other partners, including business, is not yet clear. One of the big challenges for Leeds is how it balances its ambitions for economic growth, for example the expansion of Leeds-Bradford airport, with its ambitions to reduce carbon emissions. We will follow up progress on environmental issues later in the year.

HARMONIOUS COMMUNITIES: increased local engagement and empowerment to establish increased sense of belonging and enable vibrant communities.

Fewer people in Leeds feel that people from different backgrounds get on well than in 2006/07. There are big differences within Leeds, with people in East, South and West much less positive than those in the North of the City. Local public services have a programme of work to improve relations between different groups. This includes the Safer Schools Partnership, which places safer schools officers in high schools to work with young people on issues like racial tolerance.

Community Cohesion pilots are being carried out in three areas where there are particular tensions between different communities - Armley, Chapeltown/Harehills and Middleton. Work in these areas focuses on trying to help people to get on better together, rather than addressing some of the underlying inequalities that create tensions between communities. It is not

clear how 'narrowing the gap' work to reduce inequalities is integrated with partners' ambitions to build more harmonious communities. A Leeds 'Neighbourhood Index' is being developed to help local public services understand the specific issues facing different communities, how best to tackle them and how to measure if they have made a difference.

The most recent Place Survey showed that satisfaction levels in Leeds compare well with similar cities. Older people in particular are more satisfied than elsewhere, with over 80 per cent saying that they are satisfied or very satisfied. But there are big differences depending on where you live in Leeds. People in the North East of the city, are much more likely to be satisfied with their area than people in the South or West. It is likely that this hides even bigger differences within these fairly large parts of the city. The recent place survey shows a mixed picture on how well people in Leeds are involved in their local communities. Fewer people in Leeds than other big cities participate in civic activities, and there has been a big fall in the number of people who know how they can get involved in local decision making. On the other hand, the number of people who felt that they could influence decisions has increased. Local public services are carrying out a much more detailed residents' survey to try and understand better the differences within the city.

HEALTH AND WELL BEING: reduce mortality in the most deprived areas and improve assessment, access to services and support to vulnerable people.



Red flag: Keeping vulnerable children and young people safe

Some vulnerable children and young people are not being kept safe from harm in Leeds. An inspection of contact, referral and assessment arrangements - the first point of contact for referring children who might be at risk - found that child protection referrals do not ensure that children are adequately safeguarded. Discussions between the Council, police and other agencies do not take place quickly enough and children are not always seen, even when there are concerns about their safety.

Inspectors found that key procedures were out of date and that different child protection teams adopted different approaches. The quality of assessments and the time taken to complete them varied too much. They found that record keeping was poor. Some children were identified as having been left at potential risk of serious harm.

The inspectors also had concerns that the systems for ensuring that the service is working properly were not good enough and were not helping the service to get better.

There are other problems with keeping vulnerable children and young people safe. The number of children admitted to hospital because of unintentional and deliberate injuries is increasing and is higher than the national average.

Inspectors also found in 2007 that safeguarding is inadequate in the private fostering service, which has yet to be re-inspected.

Some of these issues have been raised in previous inspection reports, but the Council and its partners have been slow to respond to concerns.

The Council responded quickly to the concerns raised in the unannounced inspection and prepared an action plan in response to the findings. It is too soon to judge whether these actions are enough to ensure that vulnerable children in Leeds are safe from harm.

What's being done in response?

Since the unannounced inspection, Leeds has accelerated its improvement plans to respond to the issues identified. Partners have taken immediate action to:

- add significantly to the management and leadership in children's social care;
- invest in an additional 12 senior social workers and 10 administrative staff to support front line workers;
- ensure that all children identified by the Ofsted inspectors as being potentially at risk of serious harm are safe;
- review all cases of potential harm or neglect reported since 1st April 2009 which did not progress to initial child protection conferences, and ensure that any concerns identified in the files are addressed;
- agree revised thresholds for action across the partnership and launch new materials across all agencies to support this. The guidance and publicity materials adopt a 'no closed doors' approach, in order to ensure that needs are met at the right level for children, young people and their families
- implement a revised Child Protection Enquiry process;
- introduce a professional triage system for referrals in the Contact centre;
- start a process to both improve and quality assure decision making processes; and
- conduct fortnightly staff seminars in social care to focus on quality of service delivery (topics have included: inspection findings, revised Child Protection Enquiry processes, learning from serious Case Reviews and quality assurance).

HEALTH AND WELL BEING: reduce mortality in the most deprived areas and improve assessment, access to services and support to vulnerable people.

Older people in Leeds are happier than in most similar areas. More than 80 per cent of people over 65 said that they were satisfied with their home and neighbourhood. Most people have a choice about the care that they receive and more people than average are supported to live independently. For

example, the Independent Living Project has helped people with a learning disability and adults with mental health needs in Leeds to live more independent lives. But people do have to wait longer in Leeds for minor alterations to their home. The Council provides good information and support to help people maximise benefits and pensions. It helped people to claim nearly £11 million in extra benefits in 2009.

Arrangements to make sure that vulnerable adults are kept safe have been improved. New staff have been recruited and more training provided to existing staff. Partners are working better together to help ensure that vulnerable people are safe and work has already been done to ensure that the new procedures are working. Further work is needed to make sure that they are having an impact.

People in Leeds are living longer than ever before. Early deaths from cancer are decreasing. Fewer adults in Leeds are obese than the national average and more are physically active. But there are other problems. Although recently there has been a slight drop, more teenagers become pregnant in Leeds than the national average. Leeds also has higher rates of binge drinking than other parts of the country.

There are big differences in health across the city. An average man in City and Hunslet will die just over 10 years earlier than an average man in Harewood. Women in City and Hunslet can expect to live almost nine and a half years less than women in Adel/Wharfedale. NHS Leeds, the Council and other organisations are working to try and improve this through a more systematic approach and by focusing on helping the most vulnerable communities. We will be following up progress on this as part of next year's assessment.

Deaths from smoking are higher than the national average, so reducing the number of smokers is a priority. The number of people who smoke in Leeds is reducing, particularly in the most deprived areas where, like most big cities, more people smoke. But there are still one and a half times as many smokers in deprived areas than in Leeds' more affluent areas. As in most big cities, more babies die young in Leeds than the national average. NHS Leeds is taking action to improve this, and is targeting neighbourhoods like Beeston and Chapeltown which have the worst problems.

LEARNING: improve workforce skills, learning outcomes and engagement of vulnerable groups.

Most children in Leeds achieve well at school, but progress is inconsistent. Achievement is not improving for the youngest children and is not as good as for children elsewhere. At Key Stage 2 results fell in both English and maths and the number of schools not hitting government targets is not getting better. Recent information from the Council shows the number of pupils getting five A-Cs at GCSE including maths and English remained at just over 46 per cent - the same as in 2008 - after increasing in the previous years from just over 40 per cent in 2006. Whilst some schools in Leeds recorded big

improvements in GCSE results some slipped back and six schools failed to meet the government target for 2011. Of these, one closed to become an academy and two closed to emerge as a new school.

Progress for some groups is particularly slow. For example, at key stages 2 and 4 Asian pupils perform well below the national average. The gap in achievement between Asian groups and the Leeds average for GCSEs including maths and English increased between 2006 and 2008.

Behaviour in some secondary schools is often only satisfactory and despite improvements, the rate of persistent absence in some schools is still too high. Nearly 10 per cent of young people are not in education, employment or training (NEET). There are high numbers from minority ethnic groups who are NEET progress to improve this has been slow.

More people in Leeds lack Level 2 skills than in other parts of the country, and the gap with national figures is not narrowing. Level 2 skills cover a wide range of academic and vocational qualifications that are designed to help people's employment prospects. Achievement of these level 2 qualifications by the age of 19 is below national averages, but improving.

Prospects for improving learning are promising, as more action is being taken to target support on the individuals and groups who most need it. We will monitor progress on this as part of the 2010 assessment.

THRIVING PLACES: Increase numbers of decent and affordable homes, reduce homelessness and fuel poverty. Create a safer environment, reduce worklessness and develop services to improve to support children, families and communities.



Red flag: Burglary in parts of Leeds

Burglary rates in Leeds are amongst the highest in the country. In some parts of Leeds, they are three times the national average. Burglary is particularly high in deprived areas like Beeston, Harehills, and Armley. Areas with high student populations also suffer, such as Headingley, where burglary was nearly nine times higher than in Wetherby in 2008/09.

Overall burglary across Leeds reduced from over 16,300 offences in 2002/03 to 9,248 in 2008/09. But it has increased for each of the last three years, at a time when the national trend has been downwards. Public service partners including the police have been slow to respond to this.

Partners recognise that they must make better use of intelligence to identify high risk offenders. They also know that they must target their efforts

effectively at local level rather than take a 'blanket' approach to dealing with the problem. Partners need to work better with the criminal justice system to try and ensure that offenders are given the right sentences and are properly supervised when they leave prison.

There are particular problems with young offenders - Leeds has a higher proportion of younger offenders than average. Most detected burglaries in Leeds are carried out by males under the age of 21. The Safer Leeds Partnership's figures show that just under a half of all offenders are aged between 15 and 19. The high number of young people not in education, employment or training and high rates of persistent absence in secondary schools highlight problems around the engagement of young people in positive activities.

The Partnership has identified the need to do further work to target socially excluded young people, provide the right level of support and improve how the management of young offenders is co-ordinated. This means sharing information on exclusions and persistent absence from school, identifying families that need the highest levels of support and targeting youth services and supervision. The Safer Schools Partnerships provides a good opportunity to make these links more effectively.

The police and council are working together with the probation service and the courts to try and reduce burglary, but this is not yet having a big impact. Actions include making properties more difficult to break into, improved street lighting, providing activities for youths and targeting prolific offenders. There has been some recent improvement, but this trend must continue over a longer period to deliver the very big improvements which are needed to reduce the wide gap between Leeds and similar areas.

What's being done in response?

Key public service partners in Leeds recognise that burglary is an area of concern and that rates are too high. Burglary action plans include a wide range of activity aimed at reducing burglary, but some of the plans are still under development. Work is being done through the Burglary Improvement Team to improve how burglary is tackled, but this work is not yet complete

Safer Leeds has incorporated best practice from better performing areas into its action plans.. Partners have developed a joint intelligence function and tasking process to support the identification and management of offenders. This is reducing the reoffending of the most prolific offenders and coordinates the resources of all partners to target the offenders who are identified as causing the most harm to communities.

These actions are starting to reduce burglary and detection rates have improved. Discussions are continuing about how to deliver the very big improvements which are needed. We'll update this section with more detailed information when it is agreed.

THRIVING PLACES: Increase numbers of decent and affordable homes, reduce homelessness and fuel poverty. Create a safer environment, reduce worklessness and develop services to improve to support children, families and communities.

Apart from burglary, many types of crime have fallen in Leeds, including some that people are most concerned about, such as violent crime and car theft. In general, people feel that Leeds is becoming safer. More people feel safe in their local area after dark than two years ago and significantly fewer people see drug dealing as a big problem. Fewer people than in other big cities feel that anti-social behaviour is a problem, whilst more people feel that public services are working well to make Leeds safer.

The number of serious assaults fell by nearly seven per cent in 2008/09 - with 426 fewer offences than the previous year. This has been helped by targeting efforts on 'hotspot' pubs and bars in the city, including a more visible uniformed police presence and stronger licensing enforcement. Special powers have been used to restrict drinking alcohol on the streets. This has reduced levels of street drinking. Plastic glasses have been introduced in some bars and pubs to reduce injuries. A recent survey showed that fewer people in Leeds than other big cities see drunk and rowdy behaviour as a big problem and levels of concern have not increased in the last two years. More young offenders re-offend in Leeds than in similar areas, but the Youth Offending Service works reasonably well.

Anti-social behaviour by problem families has been reduced. 'Signpost' works closely with families who are prolific and persistent perpetrators. It helps up to 98 families at any time, also helping with access to other services, for example health, housing and benefits. The families are fairly chaotic and often have problems including alcohol & substance misuse and domestic violence. Anti-social behaviour fell in nearly 9 out of 10 families who completed the programme. In half the families, criminal behaviour fell and school attendance improved significantly. The recent place survey showed that fewer people in Leeds feel that anti-social behaviour is a problem than in most big cities.

Housing is a problem in parts of Leeds. Many people in private rented housing are living in over crowded accommodation. The latest official figures show that over 24,000 people are on the waiting list for housing. Fewer people than before turn down the public sector houses they are offered as unsuitable, but the rate is still too high. This suggests that the system to provide choice does not work as well as it should.

Local public services have worked hard to try and increase the number of affordable houses. Funding has been agreed to deliver affordable housing as part of the East Leeds regeneration scheme. Planning policies have been strengthened to ensure that 30 per cent of all new housing developments include properties that people on lower incomes can afford. The quality of public sector housing is improving. All homes are set to meet the government's 'decent homes' standard by 2010/11. Fewer people than before are homeless in Leeds, and numbers continue to fall. Private sector tenancies are being used as an alternative to becoming homeless. The use of temporary accommodation for homeless people has fallen by 70 per cent since 2006. A sanctuary scheme is proving successful and mediation has been used in 182

cases to prevent homelessness. We will follow up progress on housing as part of next year's assessment.

Getting people into work in the poorer areas of the City is a problem. Unemployment - the number of people claiming Job Seeker's Allowance - rose by 90 per cent between May 2008 and 2009. This was higher than the rise in most of the other big cities, although more recent figures are much more encouraging. Unemployment is over 10 per cent in some inner city areas in Leeds - more than double the Leeds average. In Chapeltown, it is 17 per cent. Worklessness (the number of people either unemployed or unable to work) in some inner city areas is well over 30 per cent. Partners are doing a lot to try and help people into work. For example, the Local Employment Partnership (LEP) has seen 651 employers sign up to offer work opportunities to people in less well off communities. Partners recognise that they still need to do more to improve things.

TRANSPORT: Improve public transport services in Leeds, condition of the transport infrastructure and road safety.

Transport congestion, public transport and the condition of roads and pavements are consistently high priorities for Leeds residents. In response, partners have decided to improve transport systems and how easily people can use them, improve the condition of the streets and public transport facilities and improve safety for all users of the roads.

In 2004, one third of people thought that public transport was the most important thing for the future of Leeds. This was the top priority. Progress since then on improving the quality, use and accessibility of public transport has been relatively slow. One of the main problems is that public transport is provided by private companies and local public services have limited influence on bus and train services. Some improvements have been made. Bus shelters and train stations have been improved and bus lanes built to help buses run faster and make services more convenient. But not enough people are using buses across West Yorkshire, and passenger satisfaction with bus services in Leeds isn't getting better.

Roads and pavements in Leeds have got better. In 2007, Leeds people said that repairing roads and pavements was their top priority for improvement. Since then, the Council has increased spending on repairs and fewer people now see this as a top priority for improvement. Reducing congestion was also a big priority for Leeds people in 2007. Access to the city has been improved through new roads, such as the East Leeds Link Road and Inner Ring Road 7. More people are leaving their cars at home when they travel into Leeds in the morning peak. More people are cycling to work, with the number of cycle trips exceeding targets. But congestion remains a problem on many roads.

The Council, police and fire service are doing a lot of work to help make roads safer. Success has been mixed. Fewer people have been killed on the roads, but more have been seriously injured, especially cyclists and pedestrians and the Leeds target for reducing the number of people killed or seriously injured

in road accidents was just missed.

Leeds has identified that improved transport is key to the city's future economic success- so the Council is working with a range of partners on a new local transport plan for 2011. This will help link transport plans more closely with other work and help support a more sustainable Leeds in the future. Plans include 'New Generation Transport'. This includes a trolley-bus system which could improve public transport access for communities. In the long-term, there is some hope that 'Quality contracts' with bus operators will improve bus services, though this is a difficult challenge which has not yet been resolved anywhere in the country outside London.

CAA looks at how well local public services, working together, are meeting the needs of the people they serve. It's a joint assessment made by a group of independent watchdogs about the performance of local public services, and how likely they are to meet local priorities. From 9 December you will find the results of Comprehensive Area Assessment on the Oneplace website - <http://oneplace.direct.gov.uk/>

Alternative formats - If you require a copy of PDF documents in this site in large print, in Braille, on tape, or in a language other than English, please call: 0844 798 7070

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for an independent overview
of local public services



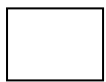
Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 16 March 2010

Subject: Provision of Dermatology Services – update

Electoral Wards Affected:



Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Purpose of this Report

- 1.1 The purpose of the report is to present the Scrutiny Board (Health) with an updated position regarding the proposed development of dermatology services within Leeds Teaching Hospitals NHS Trust (LTHT).

2.0 Background

- 2.1 At its meeting on 24 November 2009, the Board received and considered a range of information associated with proposed changes to dermatology services, particularly in terms of in-patient provision on ward 43 at Leeds General Infirmary (LGI). The Board was made aware of patient's concerns and anxieties around proposed changes to the dermatology service and the need to maintain a dedicated in-patient service for those patients suffering acute episodes that required hospital admission. Members also heard that patients and the British Association of Dermatologists (BAD) had significant concerns around the consultation process – highlighting that staff and patients needed to be engaged and consulted before any decision to changes the services currently provided on ward 43.
- 2.2 At the same meeting in November 2009, representatives from LTHT explained that ward 43 had 14 beds – 4 of which were allocated for rheumatology patients. As part of the broader changes associated with the Clinical Services Reconfiguration (CSR), it had always been proposed to move the rheumatology beds to St James's University Hospital (SJUH). Coupled with the fact that, in the future, the current ward would become isolated with no out of hours medical cover, it was considered that the dermatology ward was unsustainable as a 10 bed unit.

- 2.3 Members were advised that consideration was being given to re-providing dermatology services elsewhere within the Trust and an options appraisal was being undertaken. Members were assured by LTHT that there had always been an intention to engage and consult with staff and patients, and that further work around engaging and involving key stakeholders would be undertaken in an open and transparent manner.
- 2.4 Following consideration of the issues presented and discussed at the meeting, the Scrutiny Board raised the following concerns and agreed these should be communicated to LTHT's Chief Executive:
- The Scrutiny Board is not averse to changes in services but an emerging theme for the year to date, seemed to be around how changes are proposed and progressed.
 - The Scrutiny Board is concerned that the Chief Executive of LTHT had already indicated that ward 43 was not suitable as a ward and would be turned into office space. Despite the assurances given at the meeting, it seemed that a decision had already been taken to move services from Ward 43.
 - The Scrutiny Board is again concerned about the lack of consultation by LTHT with key stakeholders and that the Trust did not seem to have a strategy or procedure for consultation.
 - Variations to services need to be looked at in terms of the potential impact on service users and clinical need – not just in terms of the level of expenditure: The Scrutiny Board believes that the changes represented a substantial variation in service and as such should be the subject of a 12 week period of consultation, in which the Scrutiny Board should be included.
 - The Scrutiny Board agreed that this issue should come back to the Scrutiny Board to ensure that the commitments given by LTHT regarding the consultation process were taking place.
- 2.5 These matters were brought to the attention of LTHT's Chief Executive by way of a letter from the Chair of the Board on 12 January 2010. A response from LTHT was subsequently issued on 26 January 2010 and is summarised below:
- LTHT has no intention to discontinue providing dedicated Dermatology inpatient beds, the continued need for these beds and the need for skilled nursing staff is recognised. LTHT is seeking to re-provide the inpatient beds to another Ward location within the Trust.
 - A recognition that the Scrutiny Board is not adverse to changes in services and the need for LTHT to improve its communication with the Scrutiny Board regarding how changes are proposed, discussed and progressed. LTHT is committed to this improvement in communication and the agreed reintroduction of the health proposals working group, should be a fundamental part of this process.
 - At the meeting on 23 November 2009, where the Scrutiny Board visited LGI, an indication of the broad direction of travel for LTHT was given in relation to the Clinical Services Reconfiguration Programme and to the potential impact this will have on the future use of estate within LTHT. Comments made during that discussion did not mean that any definitive decision had been made regarding the future location of the Dermatology inpatient beds.

- LTHT had already indicated its intention to look at the options to re-provide the Dermatology inpatient beds on another ward within the Trust: However, no definitive plan had yet been made regarding the location of these inpatient beds.
- In relation to consultation with key stakeholders, LTHT is keen to work with patients, service users and staff on any proposed changes to service. It is unfortunate and regrettable that the proposal to re-provide the Dermatology inpatient beds resulted in such initial concern amongst patients and staff. While this was never intended there are learning points regarding how initial communication of such matters are handled in the future. However, more formal engagement with and involvement of patients has now been established. A patient panel has been set up and has so far met on two occasions. The establishment of the patient panel enables more effective and comprehensive communication to be developed and maintained between LTHT and the Dermatology patient groups.
- There is no proposal to change the level of service or support provided to this patient population, and LTHT has indicated that it is seeking to re-provide the Dermatology inpatient beds to another ward within the Trust. LTHT is working with patients and staff on the production of an options paper regarding the relocation of these inpatient beds – aiming to have this completed by the end of February 2010. Until the option paper is finalised and a preferred way forward is determined, LTHT does not agree that a significant variation to service is indicated.
- A clinical set of criteria has also been produced, led by the Dermatology Consultants which will be used as the basis for determining and assessing the future options for the Dermatology inpatient beds. A lead individual (Matron) has been identified within the Trust to work with the patient panel and the Dermatology team on the production of the options paper regarding the future location of the Dermatology inpatient beds.

3.0 Dermatology Services – proposed changes

- 3.1 At its meeting on 24 November 2009, the Board agreed to monitor progress with regard to the proposed changes to dermatology services and reconsider the issues raised at a future meeting.
- 3.2 In this regard, representatives from LTHT and the newly established patient panel (Leeds Dermatology Patients Panel (LDPP)) have been invited to attend the meeting to provide an update for the Board. Representatives from NHS Leeds, as the service commissioner, will also be in attendance.
- 3.3 At the time of writing this report, no formal written submissions had been received, however such information may be provided at the meeting

4.0 Recommendation

- 4.1 Members of Scrutiny Board are asked to consider the information presented in this report and discussed at the meeting, and determine any:
- 4.1.1 Specific action the Board may wish to take;
- 4.1.2 Recommendations the Board may wish to make;

4.1.3 Matters that require further scrutiny.

5.0 Background Papers

- Provision of Dermatology Services – Scrutiny Board (Health), 24 November 2009
- Dermatology Services (Ward 43) – letter to LTHT (12 January 2010)
- Dermatology Services (Ward 43) – letter from LTHT (26 January 2010)



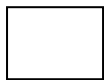
Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 16 March 2010

Subject: Renal Services in Leeds: Response to the Scrutiny Board's statement and recommendations

Electoral Wards Affected:



Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Purpose of this Report

1.1 The purpose of the report is to present the responses to statement and recommendations of the Scrutiny Board (Health) – agreed in December 2009, associated with the provision of renal services (dialysis) in Leeds, particularly in terms of provision at Leeds General Infirmary (LGI).

2.0 Background

2.1 The Scrutiny Board (Health) considered proposals to alter the planned provision of Renal services across Leeds Teaching Hospitals NHS Trust at its meeting on 28 July 2009. At that meeting the Scrutiny Board took evidence from a range of stakeholders, including the service commissioners, LTHT, Yorkshire Ambulance Service and patient representatives from the Kidney Patients Association (KPA) for LGI and St. James' University Hospital (SJUH).

2.2 Based on the Department of Health Guidance on Overview and Scrutiny for Health and the evidence presented at the meeting, the Scrutiny Board concluded that the proposed changes to renal dialysis provision represented a substantial variation to service delivery. As such, the Board recommended that a statutory period of consultation should take place prior to any decision of the (LTHT) Board. The Scrutiny Board produced a statement to this effect, which was subsequently presented to the LTHT Board meeting.

- 2.3 The Scrutiny Board highlighted a number of outstanding issues to be pursued and, at its meeting on 30 July 2009, the LTHT Board agreed to defer its decision, pending further discussions with the Scrutiny Board.
- 2.4 The outstanding issues the Scrutiny Board wished to pursue were confirmed by way of a set of supplementary questions, issued to LTHT and other key stakeholders on 6 August 2009. A response seeking to address the outstanding matters was presented and considered by the Scrutiny Board at its meeting on 24 November 2009. The draft Yorkshire and The Humber Renal Strategy (2009-2014) was also presented for consideration at that meeting. When considering the additional information, the Scrutiny Board (Health) raised a number of concerns and agreed to address these concerns to the Secretary of State for Health.
- 2.5 At its meeting on 15 December 2009, the Scrutiny Board (Health) agreed its statement '*Renal Services in Leeds*', which was subsequently issued to the Secretary of State for Health and all relevant local NHS organisations for response and/or comment. The statement was also distributed to a wide range of stakeholders, including the Chair's of all other Health Overview and Scrutiny Committees across the Yorkshire and Humber region.

3.0 Renal Services in Leeds – response to recommendations

- 3.1 Responses and comments on the Board's statement and recommendations have now been received from all relevant NHS organisations: These are presented in Appendix 1.
- 3.2 Representatives from the following NHS organisations have been invited to attend the meeting and address any further questions from the Board:
- NHS Yorkshire and the Humber;
 - NHS Leeds;
 - Yorkshire and the Humber Specialised Commissioning Group;
 - Leeds Teaching Hospitals NHS Trust.

4.0 Recommendation

- 4.1 Members of Scrutiny Board are asked to consider and amend/ agree the draft statement, as appropriate.
- 4.2 The Scrutiny Board is also asked to determine any specific action the Board may wish to take and/or any matters that may require further scrutiny.

5.0 Background Papers

- Scrutiny Board (Health) – Renal Services report – 28 July 2009
- Scrutiny Board (Health) – Renal Services report – 24 November 2009
- Scrutiny Board (Health) – Renal Services report – 15 December 2009
- Renal Services in Leeds – Scrutiny Board statement (December 2009)

SCRUTINY STATEMENT: RENAL SERVICES IN LEEDS (DECEMBER 2009)				
	Recommendation	Response	Stage	Complete
Page 73	<p>1 Leeds Teaching Hospitals NHS Trust:</p> <p>(a) Immediately re-affirms its commitment to re-provide dialysis facilities at Leeds General Infirmary; and,</p> <p>(b) Finalise plans for replacement dialysis facilities at Leeds General Infirmary and deliver these as soon as practicable, but no later than December 2010.</p>	<p><u>LTHT response</u></p> <p>The regional Specialist Commissioning Group (SCG) is currently modelling demand and the provision of services as part of its work on an overarching strategy for renal services. This work is expected to be available by the end of January 2010.</p> <p>As the Trust and commissioners are awaiting the outcome of the modelling work we believe it is proper to consider the information provided through that exercise prior to making any final decision about the future provision of dialysis stations in Leeds. Further consideration of this by the Trust Board is therefore necessarily deferred until such time as a proper response to the outcome of the strategy debate is possible.</p> <p>The Trust regrets further delay to a decision about a satellite unit at LGI but we will keep Scrutiny and interested parties advised as the situation develops.</p> <p><u>SCG comment</u></p> <p>The West Yorkshire Commissioners in conjunction with the Yorkshire and the Humber Renal Network are currently reviewing <u>all</u> dialysis provision in West Yorkshire to re-affirm the short, medium and long term requirements.</p> <p>The review will be conducted in the context of:-</p> <ul style="list-style-type: none"> • The Y&H Renal Services strategy • A severely constrained financial environment • No available NHS capital to fund new facilities <p>Consideration will also need to be given to the workforce implications of any proposals and the patient transport implications.</p> <p>The work currently in progress, reviewing dialysis provision in West Yorkshire, is based on “need”. The service plans are being developed and implemented using the most up to date information in respect of current and predicted numbers of patients, best clinical practice, availability of workforce, and availability of funding – both revenue and capital. However the plans will need to be realistic and deliverable. The limited availability of NHS capital funding is posing a significant challenge to taking forward a number of service plans including the renal services plans.</p>		

SCRUTINY STATEMENT: RENAL SERVICES IN LEEDS (DECEMBER 2009)				
	Recommendation	Response	Stage	Complete
1		<p><u>SCG comment (continued)</u></p> <p>There is an urgent need to resolve a number of short to medium term requirements as there will be a sequence of events over the next year which will impact on the services provided by the Leeds renal centre including:-</p> <ul style="list-style-type: none"> (a) Need to move the dialysis unit off the St Lukes Hospital site in Huddersfield by December 2010 (b) Need to move the dialysis unit off the Clayton Hospital site in Wakefield (c) Need to open the new dialysis unit in Pontefract (d) Need to replace the water treatment plant on the St James Hospital site <p><u>NHS Leeds comment</u></p> <p>The final outcome of the decision regarding whether or not to re-provide RRT at the LGI site has not yet been discussed at Leeds Teaching Hospitals NHS Trust Board or communicated formally to either SCG or NHS Leeds.</p> <p>NHS Leeds is committed to working with SCG, Leeds Teaching Hospitals NHS Trust, patient groups and the Leeds Overview and Scrutiny Committee (OCS) to arrive at a way forward regarding what is the most clinically and cost effective service for the dialysis population of Leeds. The NHS is facing a difficult financial future and this will also need to be considered as part of any evaluation.</p> <p>NHS Leeds fully accept that patients and scrutiny members have raised legitimate concerns and we are working with SCG and Leeds Teaching Hospitals NHS Trust to agree how these issues can be resolved in the interests of both patients and the public. In response to the concerns raised by the Kidney Patient Association (KPA) we are undertaking the following: -</p> <ul style="list-style-type: none"> 1. A clinical review of care at the Seacroft renal dialysis unit. 2. A review of data and issues raised by the KPA and other patients on the travelling times for patients to the Seacroft site. This information will be seriously considered by NHS Leeds in determining our response to any future plans for the unit. 		

SCRUTINY STATEMENT: RENAL SERVICES IN LEEDS (DECEMBER 2009)				
	Recommendation	Response	Stage	Complete
2	<p>By May 2010, the Yorkshire and the Humber Specialised Commissioning Group review its current work programme to identify those areas of service development where overview and scrutiny committees should be actively engaged, and propose an appropriate timetable of activity.</p>	<p><u>SCG response</u></p> <p>The SCG is in the process of developing its commissioning strategy for the next 3-5 years and the work programme for the next year. The SCG's Deputy Director of Commissioning is already in discussion with scrutiny officers across Yorkshire and the Humber about engagement and involvement of OSCs in specialised commissioning. It is understood that this is one of the items on the agenda for a meeting of OSC Chairs and officers taking place on 17 March 2010.</p> <p><u>NHS Leeds comment</u></p> <p>As the SCG, in some instances, acts on behalf of NHS Leeds, we would welcome any proposals to incorporate SCG activity within the work programme of Health Overview and Scrutiny Committees across the region.</p> <p><u>LTHT comment</u></p> <p>We understand the Director of the Specialist Commissioning Group has already written to the Scrutiny Board about working with Scrutiny Committees in the region to ensure an appropriate dialogue about the SCGs work programme and priorities. We look forward to working closely with the SCG and Scrutiny Board to ensure service provision meets demand and that high quality services are widely available.</p>		

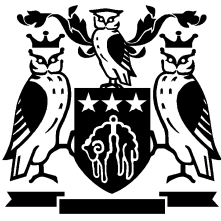
SCRUTINY STATEMENT: RENAL SERVICES IN LEEDS (DECEMBER 2009)				
	Recommendation	Response	Stage	Complete
3	<p>Following the circumstances and processes associated with the proposal not to re-provide dialysis facilities at Leeds General Infirmary, as highlighted in this report, that by June 2010, the Secretary of State for Health commissions and publishes an independent review that:</p> <p>(a) Focuses on the lessons learned and areas for improvement, which presents an appropriate action plan;</p> <p>(b) Reviews the financial planning processes and financial management arrangements of Leeds Teaching Hospitals NHS Trust;</p> <p>(c) Considers the circumstances which resulted in an increase in renal dialysis capacity at Seacroft Hospital, without the engagement of the Scrutiny Board (Health) and, seemingly, NHS Leeds;</p> <p>(d) Considers any manipulation of key information (e.g. patient survey information) which has been presented as justification for the proposals;</p> <p>(e) Considers arrangements for the production and use of patient transport data in the performance managements arrangements between all local NHS organisations, as appropriate.</p>	<p><u>Secretary of State response</u></p> <p>Reconfiguration of services is a matter for the local NHS in conjunction with relevant stakeholders. It is not appropriate for ministers of the Department [of Health] to intervene in what are local decision-making processes.</p> <p>NHS Yorkshire and the Humber have provided assurance that, in order to address the concerns, full responses from appropriate NHS organisations will be provided and that on-going communications will be effectively managed.</p> <p><u>NHS Yorkshire and the Humber response</u></p> <p>NHS Yorkshire and the Humber acknowledges the concerns raised by the Scrutiny Board and, in conjunction with SCG, NHS Leeds and LTHT, we will establish a way forward regarding the most clinically and cost effective service for the dialysis population of Leeds, recognising the sub-regional context in which this decision needs to be made. This work will take account of the Scrutiny Board's comments and observations.</p> <p><u>LTHT comment</u></p> <p>The Trust Board stands by its decision to review the original decision and believes the processes and information leading to the current situation are a matter of public record and that the issues are already well understood. We do not believe any information has been manipulated during the process. We unintentionally surveyed a larger number of people than we meant to when seeking patients' views about their preferred location for dialysis, but the findings we reported represented the outcome of the survey. They were in no way manipulated. We note the recommendation for the Secretary of State.</p>		

SCRUTINY STATEMENT: RENAL SERVICES IN LEEDS (DECEMBER 2009)				
	Recommendation	Response	Stage	Complete
4	<p>Prior to finalising the draft Yorkshire and Humber Renal Network Strategy for Renal Services (2009-2014), the Yorkshire and the Humber Specialised Commissioning Group review current consultation arrangements and, through dialogue with overview and scrutiny committees across the region, develop an extensive 12-week consultation plan.</p>	<p><u>SCG response</u></p> <p>Prior to the establishment of the Yorkshire and Humber wide renal network there were two networks in place – one covering the north of the patch, the other covering South Yorkshire, North Derbyshire and Bassetlaw. Both of these networks need strategies and delivery plans for renal services in their areas. The new Yorkshire and Humber wide renal strategy draws together and builds on the two previous strategies to establish a single strategy for the whole region. Work is continuing on developing the revised Renal Services Strategy covering the next 4 to 5 years. An early draft of the strategy was circulated in mid November with comments from all stakeholders, including all OSCs, to be received by the end of December.</p> <p>A further version of the strategy, incorporating the comments received and more detail about the work plan will be produced by the end of February, At this point there will also be a plan on further engagement with stakeholders including patients, public and OSCs.</p> <p>In addition to patient representation on all three renal local implementation groups, the Renal Network Manager is already putting in place meetings with the Kidney Patient Association groups and the North Region National Kidney Federation Advocacy Officer to enable active engagement in all these processes. We are, in conjunction with the Regional Advocacy Officer, also planning a meeting involving the KPA and senior commissioners in February/March to ensure all parties are briefed about all the issues and able to contribute to the discussions.</p> <p>The SCG approved the latest version of the Renal Strategy on 26 February 2010. It will be ratified by the PCT boards before circulation to all stakeholders.</p> <p>The SCG agreed that as the Strategy does not contain any proposals for substantial development, variation in provision of services or operation of services, that it would not require a further formal consultation. However, any changes arising as a result of the strategy will be consulted on.</p>		

SCRUTINY STATEMENT: RENAL SERVICES IN LEEDS (DECEMBER 2009)				
	Recommendation	Response	Stage	Complete
4		<p><u>NHS Leeds comment</u></p> <p>The commissioning of Renal Replacement Therapy (RRT) is the responsibility of Yorkshire and the Humber Specialised Commissioning Group (SCG) who act on our behalf. The SCG are currently reviewing provision in West Yorkshire and met on the 11 January 2010 to try and resolve both short term and medium term issues across the whole of West Yorkshire. There is a clear intention by the SCG to finalise a report by the end of February 2010.</p> <p><u>LTHT comment</u></p> <p>We support the principle of consultation and engagement involving all stakeholders affected by the renal strategy. That is why we believe it appropriate to await the publication of the strategy, which is the result of a consultative process, to determine the appropriate next steps.</p>		
	<p>In light of the issues identified and highlighted by this inquiry a review of the locally agreed protocol between the Scrutiny Board (Health) and NHS Bodies in Leeds be undertaken by June 2010.</p>	<p><u>Leeds City Council response</u></p> <p>In June 2009, the Scrutiny Board (Health) agreed a revised protocol that set out the principles and operation of health scrutiny in Leeds. This is in the process of being reviewed by officers and will be presented to the Scrutiny Board for approval in due course. It is proposed that the protocol will be kept under review by the Scrutiny Board and considered on an annual basis.</p> <p><u>NHS Leeds comment</u></p> <p>NHS Leeds welcomes any opportunity to further improve and develop the working relationship between local NHS bodies and the Scrutiny Board.</p> <p><u>LTHT comment</u></p> <p>We welcome the opportunity of reviewing the locally agreed protocol to ensure that our working arrangements support the wider objective to ensure patients are well served by the NHS and that our decisions and the services we provide are the subject of proper scrutiny.</p>		

SCRUTINY STATEMENT: RENAL SERVICES IN LEEDS (DECEMBER 2009)				
	Recommendation	Response	Stage	Complete
6	<p>That NHS Leeds, NHS Yorkshire and the Humber and the Secretary of State for Health seriously consider the content of this report, its recommendations and any subsequent responses, prior to supporting any current or future Foundation Trust application from Leeds Teaching Hospitals NHS Foundation Trust.</p>	<p><u>Secretary of State response</u> See response to Recommendation 3.</p> <p><u>NHS Yorkshire and the Humber response</u> NHS Yorkshire and the Humber will take into account all relevant information, including those issues highlighted in the Scrutiny Board's report, when considering any future Foundation Trust application from LTHT.</p> <p><u>NHS Leeds response</u> NHS Leeds recognises the significant issues and concerns raised by the Scrutiny Board. We will continue to work with SCG and Leeds Teaching Hospitals NHS Trust to agree how these issues can be resolved in the interests of both patients and the public. NHS Leeds will consider all relevant information, including those issues highlighted in the Scrutiny Board's report, when considering any future Foundation Trust application from LTHT.</p> <p><u>LTHT comment</u> We expect our partners to take into account all relevant factors and issues in coming to any decision about their support for our application for Foundation Trust status. We expect that their decisions will reflect specific issues but equally we would expect that they will be seen in the context of the huge range of excellent services we provide. As a Trust we would intend to use Foundation Trust status and the constitutional arrangements that support it as a way of strengthening the engagement and consultation we currently undertake about our services.</p>		

SCRUTINY STATEMENT: RENAL SERVICES IN LEEDS (DECEMBER 2009)				
	Recommendation	Response	Stage	Complete
7	That this report be issued to the Secretary of State for Health seeking the appropriate action be taken to secure the immediate implementation of Recommendation 1.	<p><u>Secretary of State response</u> See response to Recommendation 3.</p> <p><u>NHS Yorkshire and the Humber response</u> See response to Recommendation 3.</p> <p>A decision regarding whether or not to re-provide kidney dialysis facilities at the LGI site is still to be concluded. NHS Yorkshire and the Humber will continue to work with all local NHS bodies to ensure that any future decision in this regard has a clear and robust rationale and takes into account the regional context in which these services are provided.</p> <p><u>LTHT comment</u> The Trust notes the recommendation for the Secretary of State for Health.</p>		



Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 16 March 2010

Subject: Updated Work Programme 2009/10

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Purpose

1.1 The purpose of this report is to present and update members on the current activity across a number of work areas and present an outline work programme. The Board is asked to consider, amend and agree its work programme, 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.

2.3 Subsequently, the outline work programme, including any emerging issues, is routinely presented to the Scrutiny Board for consideration, amendment and/or agreement: The work programme was most recently presented and agreed at the Scrutiny Board meeting held on 16 February 2010.

3.0 Work programme (2009/10)

- 3.1 A revised outline work programme is presented at Appendix 1 for consideration. A copy of the Executive Board minutes (from the meeting held on 12 February 2010) are attached at Appendix 2, for information.
- 3.2 Members will be aware that 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. As the end of the current municipal year approaches, the attached draft work programme seeks to draw the Board's current work to conclusion.
- 3.3 As such, the Scrutiny Board is asked to consider the attached outline work programme for the remainder of the year and agree / amend as appropriate.

4.0 Recommendations

- 4.1 Members are asked to consider the details presented in this report and agree / amend (as appropriate) the outline work programme presented at Appendix 1.

5.0 Background Documents

Scrutiny Board (Health) – Updated Work programme (16 February 2010)

Scrutiny Board (Health) Work Programme 2009/10

Item	Description	Notes	Type of item
Meeting date – 16 March 2010			
The local health economy	To receive a verbal report on the main issues facing the local health economy and the associated priorities.	Chief Executive of NHS Leeds to attend and present	B
Quarterly Accountability Report	To receive the joint Leeds City Council and NHS Leeds performance report for quarter 3 (2009/2010).	Previous performance report considered in September 2009	PM
Provision of dermatology services	To consider further progress in developing future plans for delivery of the service.	Previously considered in November 2009.	DP
Renal services in Leeds	To consider the responses to the Scrutiny Board's statement and specific recommendations.	Statement published – December 2009.	MSR

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

Item	Description	Notes	Type of item
Meeting date – 27 April 2010			
Quality Accounts	To consider draft quality account submissions	Added to work programme in January 2010. Scheduled in February 2010	PM
Foundation Trust Status	To consider the outcome of the recent consultation exercise, including the key messages and any emerging issues.	To include the 'next steps' and anticipated costs associated with administering any new arrangements. Added to work programme in January 2010. Scheduled in February 2010.	DP
Scrutiny Inquiry – promoting good public health	To agree the Board's final inquiry report.	Timing to be confirmed	RP
Recommendation Tracking	To monitor progress against the recommendations agreed following previous Scrutiny Board inquiries.		MSR
Annual Report	To agree the Board's contribution to the annual scrutiny report		

Key:

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

Scrutiny Board (Health)

Work Programme 2009/10

Working Groups			
Working group	Membership	Progress update	Dates
Health Proposals Working Group	<i>All Scrutiny Board members. Core membership of Cllr. Dobson and Cllr. Chapman</i>	<ul style="list-style-type: none"> • Working group re-established and terms of reference agreed. • Membership established • First meeting held on 3 December 2009 	<i>3 December 2009</i>
Supporting working age adults with severe and enduring mental health problems		<p>This inquiry is being undertaken by the Scrutiny Board (Adult Social Care) with nominated representatives from Scrutiny Board (Health)</p> <ul style="list-style-type: none"> • Working group re-established and terms of reference agreed. • Membership established • Initial meeting dates arranged 	<i>19 October 2009 15 December 2009</i>
Scrutiny Inquiry – promoting good public health	<i>All Scrutiny Board members</i>	Proposed working group to further consider alcohol related harm associated with the inquiry and identified by the Scrutiny Board.	<i>19 March 2010 (TBC)</i>

Key:

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

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

Unscheduled / Potential Items		
Item	Description	Notes
Use of 0844 Numbers at GP Surgeries	To consider the impact of the recent Government guidance on local GP practices and any implications for patients.	Various correspondence exchanged and clarification sought. The Board to maintain a watching brief and kept up-to-date with any developments
Openness in the NHS	To consider how the Department of Health guidance is interpreted and implemented locally.	An outline of the approach adopted by the local NHS Trusts requested. Responses from NHS Leeds and LPFT received. Reply from LTHT awaited.
Children's Cardiac Surgery Services	To contribute to the national review and consider any local implications.	First newsletter published (August 2009) National stakeholder event held 22 October 2009. Draft clinical standards issued for consultation. Clarification sought on local involvement and engagement activity. Local involvement likely to be after March 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 2008/09**

Unscheduled / Potential Items		
Item	Description	Notes
Children's Neurosurgery Services	To contribute to the national review and consider any local implications.	First bulletin published (September 2009) National stakeholder event held 30 November 2009. Clarification sought on local involvement and engagement activity. Local involvement likely to be after March 2010.
Narrowing the Gap	To consider the impact of the 'Narrowing the Gap' initiative, in terms of improving healthy outcomes.	Added to the work programme: December 2009
Primary Care Service Development and use of the Capital Estate	In the light of NHS Leeds' decisions to withdraw from projects in Kirkstall and Holt Park, to consider the PCT's longer-term strategy for developing services through its capital estate.	Added to the work programme: December 2009
Health Scrutiny – Department of Health Guidance	To receive and consider revised guidance associated with health scrutiny and any implications for local practice.	Guidance was due to be published in November 2009. Confirmation from the DoH that this will be delayed until after the general election. No firm publication dates are yet available.

Key:

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

Unscheduled / Potential Items		
Item	Description	Notes
Specialised commissioning arrangements	To consider the current arrangements for specialised commissioning within the region and the role of scrutiny.	The planned Department of Health (DoH) consultation on developing / strengthening Health Scrutiny may have an impact.
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 at a future meeting.
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. Responses received from LPFT in July 2009.

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
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EXECUTIVE BOARD

FRIDAY, 12TH FEBRUARY, 2010

PRESENT: Councillor A Carter in the Chair

Councillors R Brett, 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

175 Exclusion of the Public

RESOLVED – That the public be excluded from the meeting during consideration of the following parts of the agenda designated as 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 as follows:-

- (a) Appendix B to the report referred to in minute 181 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that it is not publicly available from the statutory registers of information kept in relation to certain companies and charities. It is considered that since this information has been prepared for the Council's assessment of various property transactions then it is not in the public interest to disclose this information at this point in time. Also the release of such information would or would be likely to prejudice the Council's commercial interests in relation to and undermine its attempts to acquire by agreement similar properties in the locality in that owners 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 this information will be available from the Land Registry following completion of the purchase 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 188 under the terms of Access to Information Procedure Rule 10.4(3) and appendix 2 to the same report under 10.4(3,6), and on the grounds that it contains information about the commercial position of the City Council in relation to the proposed procurement; information which would reveal action the authority proposes to take under legislation, in relation to identified sites which are subject to separate consultation in the first instance with residents and staff concerned. The public interest of maintaining the exemption outweighs the public interest in disclosing such information. Whilst it is considered that there is public interest in disclosure of this information at the earliest opportunity, it is deemed more appropriate, and consequently of greater public interest to ensure

Draft minutes to be approved at the meeting
to be held on Wednesday, 10th March, 2010

that the information is released once a decision has been made by Executive Board.

- (c) Appendix 1 to the report referred to in minute 189 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that it contains information which if disclosed to the public would, or would be likely to prejudice the commercial interests of the Council. The Appendix contains commercially sensitive information which if disclosed may prejudice the future negotiation of the contract for the project.
- (d) Appendices 1 and 2 to the report referred to in minute 185 under the terms of Access to Information Procedure Rule 10.4 (3) and on the basis that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information) which if disclosed to the public would, or would be likely to prejudice the commercial interests of that person or of the Council. The proposals have been considered in terms of the benefit that the Council would seek as part of any proposal to make its land available to facilitate any S106 requirements.
- (e) Appendices B and C to the report referred to in minute 194 under the terms of Access to Information Procedure Rule 10.4 (3) and on the grounds that they contain information that is commercially sensitive relating to the Council's ongoing waste PFI procurement and the financial and business affairs of Bidders, where the benefit of keeping the information confidential is considered greater than that of allowing public access to the information.

176 Declaration of Interests

Councillor Wakefield declared personal interests in the matters referred to in minute 179 as a school and college governor and a personal and prejudicial interest in the matters referred to in minute 185 as a consequence of a close personal association connected to Farsley Celtic.

177 Minutes

RESOLVED – That the minutes of the meeting held on 6th January 2010 be approved.

DEVELOPMENT AND REGENERATION

178 Items relating to the New Generation Transport (NGT) Scheme

RESOLVED - That consideration of the two items entered on the agenda relating to the New Generation Transport scheme be deferred to the next meeting of the Board.

CENTRAL AND CORPORATE

179 Revenue Budget 2010/2011 and Capital Programme

(A) Revenue Budget 2010/11 and Council Tax 2010/11

The Director of Resources submitted a report on the proposals for the City Council's Revenue Budget for 2010/11, on the Leeds element of the Council Tax to be levied in 2010/11 and the Council House rents for 2010/11. In presenting the report the Director indicated that the final determination in respect of the Housing Revenue Account Subsidy was at variance with the figure contained in the papers as submitted to the Board. It was proposed that the estimates for the Housing Revenue Accounts be amended for submission to Council, reflecting the final subsidy determination with a subsequent increase in the HRA reserves. It was reported that a further report will be submitted to the Board with proposals on the use of these additional resources in 2010/11.

On behalf of the Board, the Chair paid tribute to all those officers who had been involved in the preparation of the 2010/11 budget and thanked them for their efforts.

RESOLVED –

- (a) That Council be recommended to approve the Revenue Budget for 2010/11 totalling £569,295,000, as detailed and explained in the submitted report and accompanying papers, including a 2.5% increase in the Leeds element of the Council Tax, subject to appropriate amendments to the report for submission to Council to reflect the final determination in respect of the Housing Revenue Account.
- (b) That with respect to the Housing Revenue Account Council be recommended to:
 - (i) approve the budget at the average rent increase of figure of 3.1%
 - (ii) increase the charges for garage rents to £6.07 per week
 - (iii) increase service charges in line with rents (3.1%)

(B) Capital Programme Update 2009-2014

The Director of Resources submitted a report setting out the updated Capital Programme for 2009-2014. A page containing revised recommendations had been circulated to all members in advance of the meeting.

RESOLVED –

- (a) That the following be recommended to Council:
 - (i) That the capital programme, as attached to the submitted report, be approved and that the list of schemes shown at Appendix H to the report be reserved until additional resources become available;

Draft minutes to be approved at the meeting
to be held on Wednesday, 10th March, 2010

- (ii) That the Executive Board be authorised to approve in year amendments to the capital programme including transfers from and to the reserved programme in accordance with Financial Procedure Rules;
 - (iii) That the proposed Minimum Revenue Provision policies for 2010/11 as set out in 5.3 of the report and explained in Appendix G be approved;
 - (iv) That the Minimum Revenue Provision policies for 2009/10 be amended as set out in 5.3.3 of the report.
- (b) That the list of land and property sites shown in appendix F to the report be disposed of to generate capital receipts to support the capital programme
 - (c) That the Director of Resources be authorised to manage, monitor and control scheme progress and commitments to ensure that the programme is affordable.
- (C) Treasury Management Strategy 2010/2011
The Director of Resources submitted a report on the Treasury Management Policy and Strategy for 2010/11

RESOLVED –

- (a) That approval be given to the initial treasury strategy for 2010/11 as set out in Section 3.3 of the report and that the review of the 2009/10 strategy and operations set out in Sections 3.1 and 3.2 be noted.
- (b) That Council be recommended to set borrowing limits for 2009/10, 2010/11, 2011/12 and 2012/13 as set out in Section 3.4 of the report.
- (c) That Council be recommended to set treasury management indicators for 2009/10, 2010/11, 2011/12 and 2012/13 as set out in Section 3.5 of the report.
- (d) That Council be recommended to set investment limits for 2009/10, 2010/11, 2011/12 and 2012/13 as set out in Section 3.6 of the report.
- (e) That Council be recommended to adopt the revised CIPFA Treasury Management Code of Practice 2009 and revised Prudential Code.

(The matters referred to in parts A(a), A(b), B(a) (i) to (iv) and C(b) to (e) being matters reserved to Council were not eligible for Call In)

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he abstained from voting on the decisions referred to in parts (A) and (B) of this minute)

180 Financial Health Monitoring 2009/10 - Quarter Three Report

The Director of Resources submitted a report on the financial position of the authority after nine months of the financial year in respect of the revenue budget and the housing revenue account.

RESOLVED – That the projected financial position of the authority after nine months of the financial year be noted.

181 Changing the Workplace Report and Business Case

The Director of Resources submitted a report presenting the objectives and proposals for the Changing the Workplace programme, with particular focus on the delivery of phase 1 of the initiative in the city centre.

Following consideration of Appendix B to the report, designated as exempt under Access to Information Procedure Rules 10.4(3), which was considered in private at the conclusion of the meeting it was

RESOLVED –

- (a) That the programme for changing the workplace as outlined in the report be supported
- (b) That the recommendations for phase 1 as detailed in paragraph 5 of the exempt appendix, and with regard to the following matters, be approved
 - 1. The negotiation of terms for the acquisition of a building on the terms detailed in the appendix or procuring the construction of a building.
 - 2. Seeking release of freehold and leasehold properties as proposed.
 - 3. Agreement to the level of fees proposed for specialist property advice.
 - 4. Agreement to the reinvestment of the property efficiency savings plus 5% of other efficiencies to be delivered through the Changing the Workplace programme, to support delivery of the new workplaces, technology, programme resource and training for phase 1.
 - 5. Agreement that the Director of Resources bring a further report to this Board regarding a preferred option.

182 City Card

The Assistant Chief Executive (Policy, Planning and Improvement) submitted a report outlining a proposal for the introduction and implementation of the City Card scheme as part of the Council's Business Transformation

programme, as a phased development, focussing in Phase 1 on City Development.

RESOLVED – That approval be given to an injection of £692,000 into the Capital Programme, and that authority be given to incur expenditure of £1,342,000 to implement phase one of the City Card project.

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he abstained from voting on this matter pending receipt of a detailed briefing with regard to the proposals)

183 Scrutiny - Half Year Report

The Chief Democratic Services Officer submitted a report introducing the first half yearly report with respect to the operation of the Scrutiny function in Leeds.

RESOLVED – That the report be received.

DEVELOPMENT AND REGENERATION

184 Strategic Housing Land Availability Assessment 2009

The Director of City Development submitted a report summarising the key aspects of, and presenting for approval, the Leeds Strategic Housing Land Availability Assessment (SHLAA) for 2009.

In presenting the report, the Chair thanked all those officers within City Development who had been involved in the preparation of the Leeds SHLAA document for 2009.

RESOLVED – That the Leeds Strategic Housing Land Availability Assessment 2009 be approved for publication.

185 Farsley Celtic Administration

The Director of City Development submitted a report on two proposals in relation to the future use of the Farsley Celtic facility, the Council's interests in the site and the need to inform the Administrator with regard to the Council's intentions in the matter.

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 to the meeting it was

RESOLVED –

- (a) That Members being satisfied that assisting FC 2010 Limited would promote the social and environmental wellbeing of the area, assistance be offered to FC 2010 Limited as a means of supporting their proposed Creditor Voluntary Arrangement and that approval be given to the following:

- (i) The use of the Council land shown on plan 1 attached to the submitted report to support the delivery of any Section 106 Agreement required for Chartford Homes' adjacent residential development.
 - (ii) The use of the Council's land at less than best consideration, at a peppercorn, on a licence or leasehold basis, on final terms to be approved by the Chief Asset Management Officer.
 - (iii) To utilise the Council's Prudential Borrowing powers to provide a loan to FC 2010 Limited on the basis of the Heads of Terms outlined in Appendix 2 of the report, subject to the Director of Resources being satisfied with the outcome of the final due diligence undertaken and the final terms agreed.
- (b) That in the event that FC 2010 Limited's proposal is not acceptable to the Administrator, officers be authorised to pursue alternative courses of action in the terms now indicated.
 - (c) That this decision be exempt from Call In due to the matter being considered urgent, and that Call In may result in the Administrator seeking to liquidate the Football Club's assets without further delay.

(Councillor Wakefield, having declared a personal and prejudicial interest, left the meeting during the consideration of this matter)

NEIGHBOURHOODS AND HOUSING

186 Future Improvement Priorities for Private Sector Housing

The Director of Environment and Neighbourhoods submitted a report outlining the proposed future priorities for action to improve private sector housing in Leeds, including the basis upon which future investment bids and proposals would be made.

RESOLVED –

- (a) That the following proposals to be adopted as future private sector priorities for action for private sector housing in Leeds.
 - (i) Direct investment towards excess cold / fuel poverty and falls hazards
 - (ii) To progress strong partnership collaborative work with NHS Leeds, the Leeds City Region Partnership, and Government in support of the Health and Housing Agenda.
 - (iii) Exploring new and innovative ways of securing funding to support future investment plans.
 - (iv) Jointly undertake a feasibility exercise to assess the potential of introducing private finance through the use of Social Impact Bonds (SIB) with CLG.

Draft minutes to be approved at the meeting to be held on Wednesday, 10th March, 2010

- (b) That a further report be brought to the Board providing further detail on potential funding options.

187 Home Energy Conservation Act (HECA) (1995) - 13th Progress Report

The Director of Environment and Neighbourhoods submitted a report providing an update on the progress which has been made in relation to the overall energy efficiency levels of the Leeds housing stock during the period 1st April 2008 to 31st March 2009.

RESOLVED –

- (a) That content of the 13th HECA Progress Report be approved and that it be noted that the report will be released to Government Office for Yorkshire and the Humber, upon request.
- (b) That an annual report, on the same basis as this report, continues to be brought to this Board.

188 Round 6 Housing PFI Project: Lifetime Neighbourhoods for Leeds

The Director of Environment and Neighbourhoods and the Director of Adult Social Services submitted a joint report setting out a proposal for improvements to older people's housing as a result of the Council's successful Expression of Interest for Round 6 of the national Housing PFI programme.

Following consideration of Appendix 1 to the report, designated as exempt under Access to Information Procedure Rule 10.4(3) and appendix 2 to the report designated as exempt under Access to Information Procedure Rule 10.4 (3) and (6), which were considered in private at the conclusion of the meeting it was

RESOLVED –

- (a) That approval be given to the scope of the project as follows:
- 700 new build accommodation of extra care or lifetime homes aimed primarily at older people, 300 units of extra care; 400 lifetime homes.
 - mostly 2 bedroom units (flats and houses) with a small number of 3 bed houses (2 or 3 per site) where site size allows;
 - a 25 year long HRA Scheme, with a five year construction period;
 - Lifetime Homes standard for all properties. Code for Sustainable Homes Level 4/BREEAM Very Good as a minimum;
 - design, build and facilities management including repairs, lifecycle improvements, housing management, communal service management (for extra care), and leasehold management (if applicable); and
 - 10 sites in 10 locations.
- (b) That the sites listed in the table of exempt Appendix 2a to the report be included in the project.

- (c) That approval be given to an anticipated City Council financial contribution as detailed within section 2 (iii) of exempt Appendix 1 to the report
- (d) That the Outline Business Case be completed and submitted, following approval by the Director of Environment and Neighbourhoods under delegated authority, on the basis of the details set out above.
- (e) That approval be given for a period of statutory consultation to commence with immediate effect to be undertaken as set out in recommendation (i) of exempt Appendix 2a to the report.
- (f) That, having regard to the scope and context of this project and reasons set out in the report, support be given to the principle of replacing sheltered housing as set out in recommendation (ii) of exempt Appendix 2A to the report and that the Chief Housing Officer be authorised to take the final decision on whether the sheltered housing should be replaced as proposed following any relevant formal consultation. Further, that any consequential decisions about suspension of lettings, re-housing and demolition should also be taken by the Chief Housing Officer at the appropriate time under delegated authority.
- (g) That a progress report be brought to this Board in June 2010.
- (h) That the project be allocated to the Housing PFI Project Board for project governance proposals

ADULT HEALTH AND SOCIAL CARE

189 Holt Park Wellbeing Centre - Affordability Position

The Director of Adult Social Services and Director of City Development submitted a joint report on the revised affordability position for the Holt Park Wellbeing Centre project.

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

RESOLVED –

- (a) That approval be given to the revised estimated affordability implications and sensitivity analysis over the life of the proposed PFI Contract for the Holt Park Wellbeing centre, summarised in table 1 of the exempt appendix to the report
- (b) That the detailed information contained in the exempt appendix with regard to recalculation of PFI credit and reassessment of the affordability position be noted and that the revised affordability position, as contained in paragraph 3.6 of the appendix, be approved.

- (c) That officers be authorised to issue the City Council's affordability thresholds relating to the PFI project to the LEP and to Environments for Learning.

CHILDREN'S SERVICES

190 The Ofsted and Care Quality Commission Inspection of Safeguarding and Looked After Children's Services in Leeds

The Interim Director of Children's Services submitted a report providing details of the outcomes from the recent announced Ofsted inspection of safeguarding and looked after children's services in Leeds.

RESOLVED – That the findings of the announced inspection of safeguarding and looked after children's services and how these fit into the wider improvement work currently taking place be noted.

191 Scrutiny Board (Children's Services) Inquiry into Safeguarding - Interim Report: Director of Children's Services Response

The Interim Director of Children's Services submitted a report presenting a response to the Scrutiny Board (Children's Services) interim report regarding the Safeguarding of Children. The Chair of the Scrutiny Board (Children's Services) attended the meeting and presented the interim report of the Board.

RESOLVED – That the recommendation of the Children's Services Scrutiny Board Inquiry into Safeguarding-Interim Report be noted and that the response set out by the Interim Director of Children's Services in Paragraphs 3.2 to 3.7 of the submitted report be approved as an appropriate response to the recommendation.

192 Outcome of Consultation on the Expansion of Primary Provision for September 2010

Further to minute 103 of the meeting held on 14th October 2009 the Chief Executive of Education Leeds submitted a report detailing the outcomes arising from the statutory public consultation process undertaken with respect to the prescribed alterations to:

- permanently expand the 17 primary schools identified in paragraph 2.3 of the report
- add community specialist provision for up to 14 pupils with complex medical physical needs at New Bewerley Primary School
- add community specialist provision for up to 14 pupils with complex medical physical needs at Whitkirk Primary School.

RESOLVED –

- (a) That the outcome of statutory public consultation on the prescribed alterations be noted
- (b) That approval be given for the publication of a statutory notice in respect of the proposals

- (c) That it be noted that a report detailing the response to the statutory notice will be brought to this Board for determination.

193 Outcome of Consultations on the Expansion of Primary Provision at Gildersome Primary School in 2011 and at Richmond Hill Primary School in 2012

Further to minutes 104 of the meeting held on 14th October 2009 and 120 of the meeting held on 4th November 2009 the Chief Executive of Education Leeds submitted a report detailing the outcomes from the statutory public consultation exercise undertaken with respect to Richmond Hill Primary School and Gildersome Primary School.

RESOLVED –

- (a) That the outcome of statutory public consultation on the prescribed alterations to permanently expand Gildersome and Richmond Hill Primary Schools be noted.
- (b) That approval be given for the publication of a statutory notice proposing:
 - (i) the expansion of Gildersome Primary School to a new capacity of 420 pupils from September 2011, with an admission limit of 60 pupils
 - (ii) the expansion of Richmond Hill Primary School to a new capacity of 630 pupils from September 2012, with an admission limit of 90 pupils.
- (c) That it be noted that a report detailing the response to the statutory notice will be brought back to this Board in the Summer of 2010 for a final decision.

ENVIRONMENTAL SERVICES

194 Waste Solution for Leeds - Residual Waste Treatment PFI Project - Results of Detailed Solutions Stage

The Director of Environment and Neighbourhoods submitted a report presenting the outcomes arising from the evaluation of bids at the Detailed Solutions stage of the procurement process. The report also provided an update on the progress of the Residual Waste Treatment PFI Project since the report which was considered by the Board in November 2008 (minute 136).

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

RESOLVED –

- (a) That approval be given to the exclusion of the residual waste transfer station from the scope of the Residual Waste Treatment PFI project
- (b) That approval be given to the proposal not to develop a dedicated residual waste transfer station, with the result that all residual waste for treatment under the PFI contract will be delivered directly to the main residual waste treatment facility once the operational phase of the PFI contract commences
- (c) That the Board notes the continued requirement for the provision at Evanston Avenue of a household waste sorting site (HWSS) and the existing level of waste transfer capacity for a range of materials, and the intention to bring a further report to this Board on the proposed city-wide HWSS strategy, which will expand on the strategy for redevelopment of the Evanston Avenue site
- (d) That the programme going forward to complete the Residual Waste procurement and to award the contract be noted
- (e) That the communications strategy going forward be noted
- (f) That the Board notes the affordability issues detailed in the exempt section of the submitted report and approves that the Price Ceiling will be calculated based upon the methodology set out in Appendix B paragraphs 1.6 and 1.7 until the selection of Preferred Bidder.

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

DATE OF PUBLICATION: 16th February 2010
LAST DATE FOR CALL IN: 23rd February 2010

(Scrutiny Support will notify Directors of any items Called In by 12.00 noon on Wednesday 24th February 2010)

EXECUTIVE BOARD

FRIDAY, 12TH FEBRUARY, 2010

PRESENT: Councillor A Carter in the Chair

Councillors R Brett, 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

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RESOLVED – That the public be excluded from the meeting during consideration of the following parts of the agenda designated as 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 as follows:-

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that the information is released once a decision has been made by Executive Board.

- (c) Appendix 1 to the report referred to in minute 189 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that it contains information which if disclosed to the public would, or would be likely to prejudice the commercial interests of the Council. The Appendix contains commercially sensitive information which if disclosed may prejudice the future negotiation of the contract for the project.
- (d) Appendices 1 and 2 to the report referred to in minute 185 under the terms of Access to Information Procedure Rule 10.4 (3) and on the basis that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information) which if disclosed to the public would, or would be likely to prejudice the commercial interests of that person or of the Council. The proposals have been considered in terms of the benefit that the Council would seek as part of any proposal to make its land available to facilitate any S106 requirements.
- (e) Appendices B and C to the report referred to in minute 194 under the terms of Access to Information Procedure Rule 10.4 (3) and on the grounds that they contain information that is commercially sensitive relating to the Council's ongoing waste PFI procurement and the financial and business affairs of Bidders, where the benefit of keeping the information confidential is considered greater than that of allowing public access to the information.

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177 Minutes

RESOLVED – That the minutes of the meeting held on 6th January 2010 be approved.

DEVELOPMENT AND REGENERATION

178 Items relating to the New Generation Transport (NGT) Scheme

RESOLVED - That consideration of the two items entered on the agenda relating to the New Generation Transport scheme be deferred to the next meeting of the Board.

CENTRAL AND CORPORATE

179 Revenue Budget 2010/2011 and Capital Programme

(A) Revenue Budget 2010/11 and Council Tax 2010/11

The Director of Resources submitted a report on the proposals for the City Council's Revenue Budget for 2010/11, on the Leeds element of the Council Tax to be levied in 2010/11 and the Council House rents for 2010/11. In presenting the report the Director indicated that the final determination in respect of the Housing Revenue Account Subsidy was at variance with the figure contained in the papers as submitted to the Board. It was proposed that the estimates for the Housing Revenue Accounts be amended for submission to Council, reflecting the final subsidy determination with a subsequent increase in the HRA reserves. It was reported that a further report will be submitted to the Board with proposals on the use of these additional resources in 2010/11.

On behalf of the Board, the Chair paid tribute to all those officers who had been involved in the preparation of the 2010/11 budget and thanked them for their efforts.

RESOLVED –

- (a) That Council be recommended to approve the Revenue Budget for 2010/11 totalling £569,295,000, as detailed and explained in the submitted report and accompanying papers, including a 2.5% increase in the Leeds element of the Council Tax, subject to appropriate amendments to the report for submission to Council to reflect the final determination in respect of the Housing Revenue Account.
- (b) That with respect to the Housing Revenue Account Council be recommended to:
 - (i) approve the budget at the average rent increase of figure of 3.1%
 - (ii) increase the charges for garage rents to £6.07 per week
 - (iii) increase service charges in line with rents (3.1%)

(B) Capital Programme Update 2009-2014

The Director of Resources submitted a report setting out the updated Capital Programme for 2009-2014. A page containing revised recommendations had been circulated to all members in advance of the meeting.

RESOLVED –

- (a) That the following be recommended to Council:
 - (i) That the capital programme, as attached to the submitted report, be approved and that the list of schemes shown at Appendix H to the report be reserved until additional resources become available;

Draft minutes to be approved at the meeting
to be held on Wednesday, 10th March, 2010

- (ii) That the Executive Board be authorised to approve in year amendments to the capital programme including transfers from and to the reserved programme in accordance with Financial Procedure Rules;
 - (iii) That the proposed Minimum Revenue Provision policies for 2010/11 as set out in 5.3 of the report and explained in Appendix G be approved;
 - (iv) That the Minimum Revenue Provision policies for 2009/10 be amended as set out in 5.3.3 of the report.
- (b) That the list of land and property sites shown in appendix F to the report be disposed of to generate capital receipts to support the capital programme
 - (c) That the Director of Resources be authorised to manage, monitor and control scheme progress and commitments to ensure that the programme is affordable.
- (C) Treasury Management Strategy 2010/2011
The Director of Resources submitted a report on the Treasury Management Policy and Strategy for 2010/11

RESOLVED –

- (a) That approval be given to the initial treasury strategy for 2010/11 as set out in Section 3.3 of the report and that the review of the 2009/10 strategy and operations set out in Sections 3.1 and 3.2 be noted.
- (b) That Council be recommended to set borrowing limits for 2009/10, 2010/11, 2011/12 and 2012/13 as set out in Section 3.4 of the report.
- (c) That Council be recommended to set treasury management indicators for 2009/10, 2010/11, 2011/12 and 2012/13 as set out in Section 3.5 of the report.
- (d) That Council be recommended to set investment limits for 2009/10, 2010/11, 2011/12 and 2012/13 as set out in Section 3.6 of the report.
- (e) That Council be recommended to adopt the revised CIPFA Treasury Management Code of Practice 2009 and revised Prudential Code.

(The matters referred to in parts A(a), A(b), B(a) (i) to (iv) and C(b) to (e) being matters reserved to Council were not eligible for Call In)

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he abstained from voting on the decisions referred to in parts (A) and (B) of this minute)

180 Financial Health Monitoring 2009/10 - Quarter Three Report

The Director of Resources submitted a report on the financial position of the authority after nine months of the financial year in respect of the revenue budget and the housing revenue account.

RESOLVED – That the projected financial position of the authority after nine months of the financial year be noted.

181 Changing the Workplace Report and Business Case

The Director of Resources submitted a report presenting the objectives and proposals for the Changing the Workplace programme, with particular focus on the delivery of phase 1 of the initiative in the city centre.

Following consideration of Appendix B to the report, designated as exempt under Access to Information Procedure Rules 10.4(3), which was considered in private at the conclusion of the meeting it was

RESOLVED –

- (a) That the programme for changing the workplace as outlined in the report be supported
- (b) That the recommendations for phase 1 as detailed in paragraph 5 of the exempt appendix, and with regard to the following matters, be approved
 - 1. The negotiation of terms for the acquisition of a building on the terms detailed in the appendix or procuring the construction of a building.
 - 2. Seeking release of freehold and leasehold properties as proposed.
 - 3. Agreement to the level of fees proposed for specialist property advice.
 - 4. Agreement to the reinvestment of the property efficiency savings plus 5% of other efficiencies to be delivered through the Changing the Workplace programme, to support delivery of the new workplaces, technology, programme resource and training for phase 1.
 - 5. Agreement that the Director of Resources bring a further report to this Board regarding a preferred option.

182 City Card

The Assistant Chief Executive (Policy, Planning and Improvement) submitted a report outlining a proposal for the introduction and implementation of the City Card scheme as part of the Council's Business Transformation

programme, as a phased development, focussing in Phase 1 on City Development.

RESOLVED – That approval be given to an injection of £692,000 into the Capital Programme, and that authority be given to incur expenditure of £1,342,000 to implement phase one of the City Card project.

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he abstained from voting on this matter pending receipt of a detailed briefing with regard to the proposals)

183 Scrutiny - Half Year Report

The Chief Democratic Services Officer submitted a report introducing the first half yearly report with respect to the operation of the Scrutiny function in Leeds.

RESOLVED – That the report be received.

DEVELOPMENT AND REGENERATION

184 Strategic Housing Land Availability Assessment 2009

The Director of City Development submitted a report summarising the key aspects of, and presenting for approval, the Leeds Strategic Housing Land Availability Assessment (SHLAA) for 2009.

In presenting the report, the Chair thanked all those officers within City Development who had been involved in the preparation of the Leeds SHLAA document for 2009.

RESOLVED – That the Leeds Strategic Housing Land Availability Assessment 2009 be approved for publication.

185 Farsley Celtic Administration

The Director of City Development submitted a report on two proposals in relation to the future use of the Farsley Celtic facility, the Council's interests in the site and the need to inform the Administrator with regard to the Council's intentions in the matter.

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 to the meeting it was

RESOLVED –

- (a) That Members being satisfied that assisting FC 2010 Limited would promote the social and environmental wellbeing of the area, assistance be offered to FC 2010 Limited as a means of supporting their proposed Creditor Voluntary Arrangement and that approval be given to the following:

- (i) The use of the Council land shown on plan 1 attached to the submitted report to support the delivery of any Section 106 Agreement required for Chartford Homes' adjacent residential development.
 - (ii) The use of the Council's land at less than best consideration, at a peppercorn, on a licence or leasehold basis, on final terms to be approved by the Chief Asset Management Officer.
 - (iii) To utilise the Council's Prudential Borrowing powers to provide a loan to FC 2010 Limited on the basis of the Heads of Terms outlined in Appendix 2 of the report, subject to the Director of Resources being satisfied with the outcome of the final due diligence undertaken and the final terms agreed.
- (b) That in the event that FC 2010 Limited's proposal is not acceptable to the Administrator, officers be authorised to pursue alternative courses of action in the terms now indicated.
 - (c) That this decision be exempt from Call In due to the matter being considered urgent, and that Call In may result in the Administrator seeking to liquidate the Football Club's assets without further delay.

(Councillor Wakefield, having declared a personal and prejudicial interest, left the meeting during the consideration of this matter)

NEIGHBOURHOODS AND HOUSING

186 Future Improvement Priorities for Private Sector Housing

The Director of Environment and Neighbourhoods submitted a report outlining the proposed future priorities for action to improve private sector housing in Leeds, including the basis upon which future investment bids and proposals would be made.

RESOLVED –

- (a) That the following proposals to be adopted as future private sector priorities for action for private sector housing in Leeds.
 - (i) Direct investment towards excess cold / fuel poverty and falls hazards
 - (ii) To progress strong partnership collaborative work with NHS Leeds, the Leeds City Region Partnership, and Government in support of the Health and Housing Agenda.
 - (iii) Exploring new and innovative ways of securing funding to support future investment plans.
 - (iv) Jointly undertake a feasibility exercise to assess the potential of introducing private finance through the use of Social Impact Bonds (SIB) with CLG.

Draft minutes to be approved at the meeting to be held on Wednesday, 10th March, 2010

- (b) That a further report be brought to the Board providing further detail on potential funding options.

187 Home Energy Conservation Act (HECA) (1995) - 13th Progress Report

The Director of Environment and Neighbourhoods submitted a report providing an update on the progress which has been made in relation to the overall energy efficiency levels of the Leeds housing stock during the period 1st April 2008 to 31st March 2009.

RESOLVED –

- (a) That content of the 13th HECA Progress Report be approved and that it be noted that the report will be released to Government Office for Yorkshire and the Humber, upon request.
- (b) That an annual report, on the same basis as this report, continues to be brought to this Board.

188 Round 6 Housing PFI Project: Lifetime Neighbourhoods for Leeds

The Director of Environment and Neighbourhoods and the Director of Adult Social Services submitted a joint report setting out a proposal for improvements to older people's housing as a result of the Council's successful Expression of Interest for Round 6 of the national Housing PFI programme.

Following consideration of Appendix 1 to the report, designated as exempt under Access to Information Procedure Rule 10.4(3) and appendix 2 to the report designated as exempt under Access to Information Procedure Rule 10.4 (3) and (6), which were considered in private at the conclusion of the meeting it was

RESOLVED –

- (a) That approval be given to the scope of the project as follows:
- 700 new build accommodation of extra care or lifetime homes aimed primarily at older people, 300 units of extra care; 400 lifetime homes.
 - mostly 2 bedroom units (flats and houses) with a small number of 3 bed houses (2 or 3 per site) where site size allows;
 - a 25 year long HRA Scheme, with a five year construction period;
 - Lifetime Homes standard for all properties. Code for Sustainable Homes Level 4/BREEAM Very Good as a minimum;
 - design, build and facilities management including repairs, lifecycle improvements, housing management, communal service management (for extra care), and leasehold management (if applicable); and
 - 10 sites in 10 locations.
- (b) That the sites listed in the table of exempt Appendix 2a to the report be included in the project.

- (c) That approval be given to an anticipated City Council financial contribution as detailed within section 2 (iii) of exempt Appendix 1 to the report
- (d) That the Outline Business Case be completed and submitted, following approval by the Director of Environment and Neighbourhoods under delegated authority, on the basis of the details set out above.
- (e) That approval be given for a period of statutory consultation to commence with immediate effect to be undertaken as set out in recommendation (i) of exempt Appendix 2a to the report.
- (f) That, having regard to the scope and context of this project and reasons set out in the report, support be given to the principle of replacing sheltered housing as set out in recommendation (ii) of exempt Appendix 2A to the report and that the Chief Housing Officer be authorised to take the final decision on whether the sheltered housing should be replaced as proposed following any relevant formal consultation. Further, that any consequential decisions about suspension of lettings, re-housing and demolition should also be taken by the Chief Housing Officer at the appropriate time under delegated authority.
- (g) That a progress report be brought to this Board in June 2010.
- (h) That the project be allocated to the Housing PFI Project Board for project governance proposals

ADULT HEALTH AND SOCIAL CARE

189 Holt Park Wellbeing Centre - Affordability Position

The Director of Adult Social Services and Director of City Development submitted a joint report on the revised affordability position for the Holt Park Wellbeing Centre project.

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

RESOLVED –

- (a) That approval be given to the revised estimated affordability implications and sensitivity analysis over the life of the proposed PFI Contract for the Holt Park Wellbeing centre, summarised in table 1 of the exempt appendix to the report
- (b) That the detailed information contained in the exempt appendix with regard to recalculation of PFI credit and reassessment of the affordability position be noted and that the revised affordability position, as contained in paragraph 3.6 of the appendix, be approved.

- (c) That officers be authorised to issue the City Council's affordability thresholds relating to the PFI project to the LEP and to Environments for Learning.

CHILDREN'S SERVICES

190 The Ofsted and Care Quality Commission Inspection of Safeguarding and Looked After Children's Services in Leeds

The Interim Director of Children's Services submitted a report providing details of the outcomes from the recent announced Ofsted inspection of safeguarding and looked after children's services in Leeds.

RESOLVED – That the findings of the announced inspection of safeguarding and looked after children's services and how these fit into the wider improvement work currently taking place be noted.

191 Scrutiny Board (Children's Services) Inquiry into Safeguarding - Interim Report: Director of Children's Services Response

The Interim Director of Children's Services submitted a report presenting a response to the Scrutiny Board (Children's Services) interim report regarding the Safeguarding of Children. The Chair of the Scrutiny Board (Children's Services) attended the meeting and presented the interim report of the Board.

RESOLVED – That the recommendation of the Children's Services Scrutiny Board Inquiry into Safeguarding-Interim Report be noted and that the response set out by the Interim Director of Children's Services in Paragraphs 3.2 to 3.7 of the submitted report be approved as an appropriate response to the recommendation.

192 Outcome of Consultation on the Expansion of Primary Provision for September 2010

Further to minute 103 of the meeting held on 14th October 2009 the Chief Executive of Education Leeds submitted a report detailing the outcomes arising from the statutory public consultation process undertaken with respect to the prescribed alterations to:

- permanently expand the 17 primary schools identified in paragraph 2.3 of the report
- add community specialist provision for up to 14 pupils with complex medical physical needs at New Bewerley Primary School
- add community specialist provision for up to 14 pupils with complex medical physical needs at Whitkirk Primary School.

RESOLVED –

- (a) That the outcome of statutory public consultation on the prescribed alterations be noted
- (b) That approval be given for the publication of a statutory notice in respect of the proposals

- (c) That it be noted that a report detailing the response to the statutory notice will be brought to this Board for determination.

193 Outcome of Consultations on the Expansion of Primary Provision at Gildersome Primary School in 2011 and at Richmond Hill Primary School in 2012

Further to minutes 104 of the meeting held on 14th October 2009 and 120 of the meeting held on 4th November 2009 the Chief Executive of Education Leeds submitted a report detailing the outcomes from the statutory public consultation exercise undertaken with respect to Richmond Hill Primary School and Gildersome Primary School.

RESOLVED –

- (a) That the outcome of statutory public consultation on the prescribed alterations to permanently expand Gildersome and Richmond Hill Primary Schools be noted.
- (b) That approval be given for the publication of a statutory notice proposing:
- (i) the expansion of Gildersome Primary School to a new capacity of 420 pupils from September 2011, with an admission limit of 60 pupils
 - (ii) the expansion of Richmond Hill Primary School to a new capacity of 630 pupils from September 2012, with an admission limit of 90 pupils.
- (c) That it be noted that a report detailing the response to the statutory notice will be brought back to this Board in the Summer of 2010 for a final decision.

ENVIRONMENTAL SERVICES

194 Waste Solution for Leeds - Residual Waste Treatment PFI Project - Results of Detailed Solutions Stage

The Director of Environment and Neighbourhoods submitted a report presenting the outcomes arising from the evaluation of bids at the Detailed Solutions stage of the procurement process. The report also provided an update on the progress of the Residual Waste Treatment PFI Project since the report which was considered by the Board in November 2008 (minute 136).

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

RESOLVED –

- (a) That approval be given to the exclusion of the residual waste transfer station from the scope of the Residual Waste Treatment PFI project
- (b) That approval be given to the proposal not to develop a dedicated residual waste transfer station, with the result that all residual waste for treatment under the PFI contract will be delivered directly to the main residual waste treatment facility once the operational phase of the PFI contract commences
- (c) That the Board notes the continued requirement for the provision at Evanston Avenue of a household waste sorting site (HWSS) and the existing level of waste transfer capacity for a range of materials, and the intention to bring a further report to this Board on the proposed city-wide HWSS strategy, which will expand on the strategy for redevelopment of the Evanston Avenue site
- (d) That the programme going forward to complete the Residual Waste procurement and to award the contract be noted
- (e) That the communications strategy going forward be noted
- (f) That the Board notes the affordability issues detailed in the exempt section of the submitted report and approves that the Price Ceiling will be calculated based upon the methodology set out in Appendix B paragraphs 1.6 and 1.7 until the selection of Preferred Bidder.

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

DATE OF PUBLICATION: 16th February 2010
LAST DATE FOR CALL IN: 23rd February 2010

(Scrutiny Support will notify Directors of any items Called In by 12.00 noon on Wednesday 24th February 2010)