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Leeds CITY COUNCIL

SCRUTINY BOARD (HEALTH)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 21st December, 2010 at 2.00 pm

(A pre-meeting will be held for ALL Members of the Board at 1.30 pm)

MEMBERSHIP

Councillors

S Armitage	-	Cross Gates and Whinmoor;
M Dobson (Chair)	-	Garforth and Swillington;
P Ewens	-	Hyde Park and Woodhouse;
P Harrand	-	Alwoodley;
A Hussain	-	Gipton and Harehills;
J Illingworth	-	Kirkstall;
G Kirkland	-	Otley and Yeadon;
G Latty	-	Guiseley and Rawdon;
J Matthews	-	Headingley;
E Taylor	-	Chapel Allerton;

Co-opted Members (Non-Voting)

Arthur Giles - Leeds LINk
Emma Stewart - Leeds LINk

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

Agenda compiled by:
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A G E N D A

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

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATIONS OF INTEREST** To declare any personal / prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.	
5			**APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES** To receive any apologies for absence and notification of substitutes.	
6			**MINUTES OF THE PREVIOUS MEETING** To confirm as a correct record the minutes of the meeting held on 23rd November 2010.	1 - 8
7			**HEALTH PERFORMANCE REPORT QUARTER 2 - 2010/11** To consider a joint report of Leeds City Council and NHS Leeds on Quarter 2 action trackers summarising progress against the joint Leeds Strategic Plan (LSP) improvement priorities relevant to the Health Scrutiny Board for 2010/11 as well as key NHS Leeds priorities.	9 - 32
8			**RECOMMENDATION TRACKING** To consider a report of the Head of Scrutiny and Member Development providing the Board with a progress update on the Board's previous scrutiny inquiries and recommendations.	33 - 36

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			**HEALTH SERVICE DIRECT DISCHARGE** To consider a report of the Head of Scrutiny and Member Development on the Health Service Direct Discharge.	37 - 46
10			**EQUITY AND EXCELLENCE: LIBERATING THE NHS - UPDATE** To consider a report of the Head of Scrutiny and Member Development providing a further update around the Government's overall vision for the future of the NHS.	47 - 56
11			**CHILDREN'S CARDIAC SURGERY SERVICES - NATIONAL REVIEW** To consider a report of the Head of Scrutiny and Member Development on the Children's Cardiac Surgery Services.	57 - 68
12			**UPDATED WORK PROGRAMME 2010/11** To receive and consider a report from the Head of Scrutiny and Member Development outlining the Scrutiny Board's work programme for the remainder of the current municipal year.	69 - 80
13			**DATE AND TIME OF NEXT MEETING** To note that the next meeting of the Scrutiny Board will be held on Tuesday 25th January 2011 at 10.00am (Pre meeting for Board Members at 9.30am)	

SCRUTINY BOARD (HEALTH)

TUESDAY, 23RD NOVEMBER, 2010

PRESENT: Councillor M Dobson in the Chair

Councillors S Armitage, P Ewens, P Harrand, A Hussain, J Illingworth, G Kirkland and G Latty

CO-OPTEES:
Mr Arthur Giles (Leeds Local Involvement Network)
Ms E Stewart (Leeds Local Involvement Network)

45 Chair's Opening Remarks

The Chair welcomed everyone to the November meeting of the Scrutiny Board (Health). In particular, he also welcomed Councillor G Latty who had replaced Councillor M Lobley on the Board.

46 Late Items

The Chair agreed to accept the following documents as supplementary information (Agenda Item 7)(Minute 52 refers):

- Letter from UNISON
- NHS Leeds briefing note on Transforming Community Services
- List of NHS Leeds Community Healthcare services

The documents were not available at the time of the agenda despatch, but were made available on the Council's Internet site following the Board meeting.

47 Declarations of Interest

Councillor J Illingworth declared a personal interest in his capacity as having a small involvement in relation to the teaching budget (Agenda Item 8) (Minute 53 refers).

48 Apologies for Absence and Notification of Substitutes

An apology for absence was submitted on behalf of Councillor E Taylor.

49 Minutes of the Previous Meeting

RESOLVED – That the minutes of the meeting held on 26th October 2010 be confirmed as a correct record.

50 Matters Arising from the Minutes

a) Provision of Dermatology Services - Update (Minute 40 refers)
Councillor G Kirkland referred to a recent Board Members visit to the new in-patient Dermatology Ward at Chapel Allerton Hospital. He briefly outlined the following matters with regards to the new ward:

- subject to the alterations outlined during the visit, the ward appeared adequate for delivering in-patient dermatology services
- access difficulties from patients living in North West Outer Leeds and limited car parking provision on site, which are likely to be exacerbated with the transfer of out-patient facilities and increased number of appointments
- some noise nuisance caused by the MR machine
- access to other specialisms for in-patient dermatology patients

Following a brief discussion, the Chair, on behalf of the Board, agreed to write to the Leeds Teaching Hospital NHS Trust (LTHT) raising the above issues and to seek reassurances around the continued engagement and involvement of the Leeds Dermatology prior to the Board re-visiting this issue in January 2011.

51 Updated Work Programme 2010/11

The Head of Scrutiny and Member Development submitted a report outlining the Scrutiny Board's work programme for the remainder of the current municipal year.

Appended to the report were copies of the following documents for the information/comment of the meeting:

- Scrutiny Board (Health) – Outline Work Programme 2010/11 (Appendix 1 refers)
- Review of Children's Heart Surgery Services in England: an update (Appendix 2 refers)
- Executive Board Minutes of a meeting held 3rd November 2010 (Appendix 3 refers)

The Board's Principal Scrutiny Adviser presented the key issues highlighted in the report and addressed specific points of clarification identified by the Scrutiny Board.

At the request of the Chair, Councillor J Illingworth raised a number of issues and concerns around the importance of health issues for planning policy and development control. Making specific reference to the recent Leeds Girl's High School planning application, suggesting that the outcome from the planning application/ appeal process could become a test case that significantly influences how the Council improves health outcomes in the most disadvantaged areas of Leeds.

The Board's Principal Scrutiny Adviser responded and stated that, whilst there was a legitimate role for Scrutiny to examine how the City Council measures the impact of its policies and actions on health, current legislation dictated that Scrutiny Boards cannot scrutinise individual decisions of Plans Panels.

He made reference to the Scrutiny Board's inquiry published in May 2010, which examined the role of the Council and it's partners in promoting good

public health. In that report, specific reference was made to the Council's planning policy/ framework and its impact on health, resulting in specific recommendations in this area being put forward. At the December Board meeting, Members would be monitoring progress around the implementation of all the recommendations detailed in the report and clearly, this would provide the opportunity for Board Members to examine progress in this area in more detail.

Following a brief discussion, the Board agreed to discuss this issue further under the 'Recommendation Tracking' item at the next meeting to be held on 21st December 2010.

RESOLVED-

a) That the contents of the report and appendices be noted.
b) That approval be given to the outline work programme in accordance with the report now submitted.
c) That the Board's work programme be updated as follows:
    - Children's Cardiac Surgery Services – National Review (December 2010)
    - Health and Wellbeing Plan (January 2011)
d) That in relation to the referral of the issue regarding Health Service Direct Discharge into Residential Care by the Scrutiny Board (Adult Social Care) at their meeting held on 10th November 2010, the Board's Principal Scrutiny Adviser be requested to incorporate this issue within the Board's quarterly performance report.

52 Leeds Community Health Care

The Head of Scrutiny and Member Development submitted a report updating the meeting regarding developments towards delivering a future organisational structure for Leeds Community Health Care.

Appended to the report were copies of the following documents for the information/comment of the meeting:

- UNISON Leeds Community Health deputation to Council – September 2010
- Deputation to Council – UNISON Leeds Community Health regarding NHS Leeds and Social Enterprise – Report of the Director of Adult Social Services – Executive Board – 3rd November 2010
- Leeds Community Health Services: Foundation Trust Status - Letter addressed to Linda Pollard, Chair, NHS Leeds dated 22nd October 2010

In addition to the above documents, further supplementary information was circulated to assist the Board in their deliberations (Minute 46 refers).

The following representatives from NHS Leeds, Leeds City Council and UNISON were in attendance to present the key issues highlighted in the report and to address any specific questions identified by the Scrutiny Board:

- Matt Ward (Associate Director of Commissioning) – NHS Leeds
- Neil Ferguson (Provider Development Manager) – NHS Yorkshire & the Humber
- John England (Deputy Director) – Leeds City Council, Adult Social Services
- Angela Gabriel, UNISON

In brief summary, the main points of discussion were:-

- Confirmation about the need to move forward, with confidence, on a process within an agreed timescale
- Clarification from a patients perspective in relation to the proposals for a Social Enterprise compared to a Foundation Trust
- Confirmation of the process involved in achieving a preferred NHS Trust model prior to becoming a Foundation Trust
- Clarification sought about the wider strategic options and service delivery
- Confirmation that patients would not be inconvenienced during the transition arrangements
- Clarification sought about how Patient and Public involvement would fit into a Foundation Trust, together with the specific role of carers/patients
- Clarification sought about the representation/configuration of the NHS Leeds Board and how equal status would be achieved
- Clarification about the appointment process for Executive/Non-Executive functions and how the Council could contribute to this process
  (In response to this specific issue, the Associate Director of Commissioning, NHS Leeds responded and agreed to supply the Board with more detail on the options/processes via the Board's Principal Scrutiny Adviser)

RESOLVED-

a) That the contents of the report and appendices be noted and;
b) That the Board notes the updated position and details of progress towards delivering a future organisational structure for Leeds Community Healthcare Services and;
c) That the Board's Principal Scrutiny Adviser be requested to draft a letter, on behalf of the Chair, to Linda Pollard, Chair, NHS Leeds, conveying the Board's support to the recent position outlined by the Leader of Leeds City Council in Leeds Community Health Services move towards achieving Community Foundation Trust status.

53 Equity and Excellence: Liberating the NHS - Local Update

Referring to Minute 29 of the meeting held on 21st September 2010, the Head of Scrutiny and Member Development submitted a report on the introduction of a range of inputs to help provide the Board with an overview of local development and progress against the proposals set out in the White Paper

'Equity and excellence: Liberating the NHS' which sets out key proposals for change and reform.

The following representatives from NHS Leeds and Leeds City Council were in attendance to present the key issues highlighted in the report and to address any specific questions identified by the Scrutiny Board:

- Philomena Corrigan (Executive Director of Strategy and Commissioning) – NHS Leeds
- John England (Deputy Director) – Leeds City Council, Adult Social Services

In brief summary, the main points highlighted and discussed were:

- The commissioning process; including, for example, how something similar to the Vascular Service Review would be implemented and the National Commissioning Board's role in the budget setting process
- Complexities around Leeds Teaching Hospital NHS Trust's funding streams, which may lead to multiple commissioning arrangements/ agreements
- GP consortia; how they would be monitored in terms of patient care and details of the number of unaligned GP practices
- Issues around ensuring equity within and between GP consortia across the City
- GPs likely to become more accountable in terms of commissioning decisions
- Acknowledgment that the White Paper proposals were likely to have a significant impact within the Council and clarification of how this impact was being communicated to officers and Councillors
- Confirmation that Elected Members would be involved within the pre/post changes
- Confirmation that the Health and Well Being Board would have a pivotal role and would need to have robust conversations with the new consortia
- The future role and importance of the City's Joint Strategic Needs Assessment, particularly in view of the Council's future role in health promotion
- The role of 'Health Watch' and how carers/people would be engaged within the future arrangements
- Clarification sought around the composition of the Officer Group assigned to address the White Paper proposals; who received papers for meetings and the need for Elected Member representation at this level
  (The Deputy Director, Adult Social Services responded and agreed to provide a detailed note on this issue for circulation to Board Members via the Principal Scrutiny Adviser)

RESOLVED-

a) That the contents of the report, including the update on local developments aimed at addressing the vision for the NHS, as detailed in the proposals set out in the recent White Paper, be received and noted and;
b) That this Board notes that a further report on the overall update on the proposed NHS reforms, alongside the governments response to the issues raised as part of the consultation process, would be submitted to the Board meeting on 25th January 2011.

54 Vascular Services Review - Consultation on Proposed Changes

The Head of Scrutiny and Member Development submitted a report presenting the Board with details of the proposed changes to Vascular Services across the Yorkshire and Humber Region, with particular reference to the likely implications for service users in Leeds.

Appended to the report were copies of the following documents for the information/comment of the meeting:

- Yorkshire and Humber Vascular Services Review – Formal Public Consultation – Letter from the Assistant Director of Commissioning – NHS Yorkshire and the Humber Specialised Commissioning Group dated 26th October 2010
- Consultation on proposals to improve vascular services in Yorkshire and the Humber

The following representatives from NHS Leeds were in attendance to present the key issues highlighted in the report and to address any specific questions identified by the Scrutiny Board:

- Philomena Corrigan (Executive Director of Strategy and Commissioning) – NHS Leeds
- Pia Clinton-Tarestad (Assistant Director of Commissioning – Specialised Services) – Yorkshire and Humber Specialised Commissioning Group

The Assistant Director of Commissioning – Specialised Services outlined the proposed services changes to Vascular Services and the potential impact on patients in Leeds. In brief summary, the main points highlighted and discussed were:

- Similar review of Vascular Services being undertaken in other regions
- The proposed service changes were supported clinically across the region
- Leeds Teaching Hospitals NHS Trust currently met the desired service standards in terms of access, medical cover and patient outcomes: As such the proposals were low risk for Leeds
- Capacity issues were perceived as minimal – up to 700 additional admissions for LTHT with steady patient numbers predicted for future years

- The review was expected to be cost neutral with no loss of services or likely disruption to the workforce arising from the proposed changes. However, there was an anticipated change in emphasis in terms of medical staff, due to less invasive surgical procedures
- Clarification about the Private Sector provision for vascular services and the number of procedures carried out in percentage terms
- Confirmation that Leeds LINk would be involved in the consultation process

RESOLVED-

a) That this Board notes the details of proposed changes to Vascular Services across the Yorkshire and Humber region, with particular reference to the likely implications for service users in Leeds and;
b) That, in consultation with the Chair, the Board's Principal Scrutiny Adviser be requested to draft a response, on behalf of the Board, conveying the Board's support to the proposals to improve vascular services in Yorkshire and the Humber.

(Councillor A Hussain left the meeting at 12.15pm during discussion of the above item)

55 Date and Time of Next Meeting

Thursday 21st December 2010 at 2.00pm (Pre-meeting for Board Members at 1.30 pm).

(The meeting concluded at 12.25 pm)

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Leeds CITY COUNCIL

Originator: Heather Pinches
Graham Brown
Tel: 22 43347/ 305 7540

Report of Leeds City Council and NHS Leeds

Meeting: Health Scrutiny Board

Date: 21st Dec 2010

Subject: Health Performance Report Quarter 2 2010/11

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

1 Executive Summary

1.1 This report presents the Quarter 2 action trackers summarising our progress against the joint Leeds Strategic Plan (LSP) improvement priorities relevant to the Health Scrutiny Board for 2010/11 as well as key NHS Leeds priorities. The joint health priorities within the LSP are reported via action trackers and these are provided by exception only ie all trackers with an overall progress rating of red regardless of the direction of travel arrow are provided along with amber trackers with a static or deteriorating direction of travel. A complete set of action trackers are published on the intranet for information. The relevant LSP performance indicators are now provided on the action trackers, however, a performance indicator report in also included with the key indicators from NHS Leeds that are not reported through the trackers. Overall, Members should note that for the LSP action trackers relevant to the Health Scrutiny Board 63% (5 out of 8) are currently assessed as green and on track.

2 Purpose of the Report

2.1 This is the 6 monthly 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

2.2 This report presents an overview of performance against the key local health priorities as relevant to the Health Scrutiny Board so that the Board may understand and challenge current performance.

3 Background Information

3.1 A number of appendices of information are provided with this report and these are summarised below:

- **Appendix 1** – summary sheet showing the overall progress rating against all *improvement priorities* relevant to the Health Scrutiny Board.
- **Appendix 2** – selected amber and red rated action trackers from the Leeds Strategic Plan priorities relevant to the Health Scrutiny Board. These trackers include a contextual update as well as key performance indicator results.
- **Appendix 3** – key performance indicators from NHS Leeds priorities which are not reported through the action trackers

4 Main Issues

4.1 As part of the LSP performance management process each strategic improvement priority is given a overall traffic light rating which denotes the progress based on all the information provided in the Action Tracker including progress against targets for all aligned performance indicators, progress in the delivery of key actions/activities and taking into account all relevant challenges and risks. This traffic light rating is assigned by the Accountable Officer and agreed with the Accountable Director. This is supplemented by a direction of travel arrow that indicates whether progress is improving, static or deteriorating.

4.2 The action trackers provided in this report (see appendix 2) are by exception only in order to focus attention on those areas where the overall progress is not currently on track ie:

- **Red Trackers** – these are defined as having significant delays or issues to address and unlikely to meet targets for key performance indicators. For this reason, all red trackers are provided with this report.
- **Amber Trackers** – these are defined as minor delays/issues which are having an impact on delivery but remedial action is underway/planned and the key performance indicator(s) results are likely to be on, or close to, target. In this case the direction of travel arrow is crucial and therefore in this report the amber trackers with a **deteriorating** or **static** direction of travel have been provided.

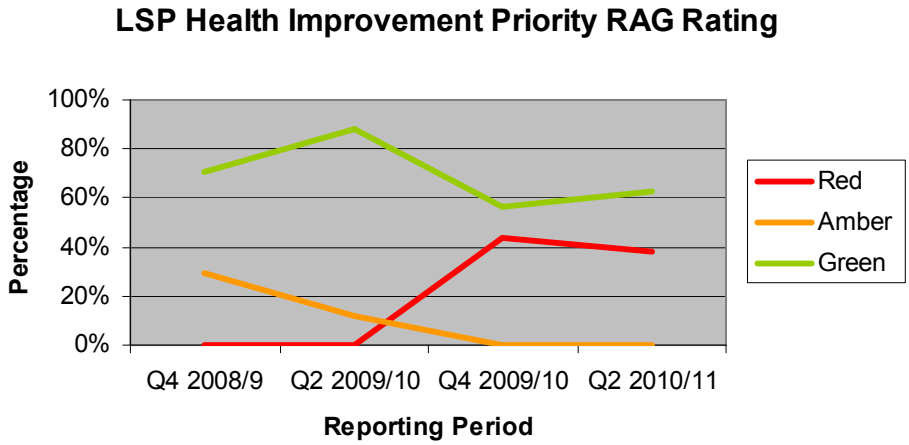
4.3 The action trackers provide a high level summary of performance against each of our joint NHS/LCC strategic improvement priority areas and as such include relevant aligned performance indicator results. Therefore a full performance indicator report is **not** provided, however, any key performance indicators from NHS Leeds priorities which are not reported through the action trackers are included in appendix 3.

Analysis of Overall Performance
Improvement Priorities

4.4 There are 6 improvement priorities from the Leeds Strategic Plan which are relevant to the Health Board which are reported over 8 action trackers - of these trackers 3 are red and 5 are green.

4.5 Members will note that at quarter 4 the improvement priority TP-2c Improving lives by reducing the harm caused by substance misuse was been split into two - with separate action trackers provided for “Drugs” and “Alcohol”. The drugs tracker was assessed as green and improving and the alcohol tracker as red and declining. The alcohol tracker has not been produced at Q2 as it was decided that this is not a specific priority within the Leeds Strategic Plan. This change has reduced the percentage of red trackers and increased the percentage of green trackers otherwise there has been no change in the overall traffic lights compared to Q4 2009/10.

% Improvement Priorities	Q4 2008/9	Q2 2009/10	Q4 2009/10	Q2 2010/11
Red	0%	0	44%	38%
Amber	29%	12%	0%	0%
Green	71%	88%	56%	63%



High Risk Priorities

4.6 A number of the action trackers are produced on a quarterly basis to enable closer monitoring of the high risk improvement priorities from the Leeds Strategic Plan. The table below shows the trackers which are relevant to the Board and how these particular trackers have progress over the past year or so.

Improvement Priority	2009/10 Q2	2009/10 Q3	2009/10 Q4	2010/11 Q1	2010/11 Q2
HW-1a Reduce premature mortality in most deprived areas	↑	↑	↓	↓	↔
HW-1d/CYPP 7 Reduce teenage conception and improve sexual health	↓	↓	↓	↔	↔

4.7 The health inequalities tracker has been given an improved direction of travel in the last 6 months due to the launch of the NHS Commissioning for Health Inequalities Plan as this is a major step forward in targeting services towards those in greatest need. In terms of teenage conception, this is a more complex picture as the data is subject to a significant time lag but despite a focus of activity from 2009 onwards the figures continue to flat line. Furthermore the Action Tracker continues to suggest that there is more to be done in terms of leadership, partnership working and resourcing.

5 Implications for Council Policy and Governance

5.1 The Leeds Strategic Plan is the agreed partnership plan for the city which sets out the priorities for delivery by the council and its partners. Effective performance management enables senior officers and Elected Members to be assured that adequate progress is being made and provides a mechanism for members to challenge performance where appropriate. NHS Leeds were also asked to identify any additional performance issues against the NHS Leeds Priorities which are not already covered in the LSP priorities to enable the Health Scrutiny Board to fulfil its role.

6 Legal and Resource Implications

6.1 The statutory requirement to have a local area agreement which was previously fulfilled by the Leeds Strategic Plan has been withdrawn. Any resource or funding issues are picked up in the individual trackers.

7 Conclusions

7.1 This report provides the Board with a high level overview of the city's performance against the key priorities relevant to the Board from the Leeds Strategic Plan as at quarter 2 2010/11. In addition it also provide a performance update against the key local priorities for NHS Leeds. This report highlights those areas where progress is not on track and Members need to satisfy themselves that these areas are being addressed appropriately.

8 Recommendation

8.1 Members are asked to consider the overall performance against the strategic priorities and where appropriate, recommend action to address the specific performance concerns raised

Health Action Tracker Summary

Appendix 1

Health and Well Being			
Code	**Improvement Priority**		**Accountable Director**
HW-1a	Reduce Premature mortality in the most deprived areas		Sandie Keene
HW-1b	Reduce the number of people who smoke		Sandie Keene
HW-1c	Reduce rate of increase in obesity and raise physical activity for all.		Sandie Keene
HW-1d	Reduce teenage conception and improve sexual health		Sandie Keene / Nigel Richardson
HW-1f	Improved psychological, mental health and learning disability services for those who need it - Adults		Sandie Keene
HW-1f	Improved psychological, mental health and learning disability services for those who need it - - Emotional Health of Children		Nigel Richardson
HW-1f	Improved psychological, mental health and learning disability services for those who need it – Services for children with disabilities		Nigel Richardson
Thriving Places			
Code	**Improvement Priority**		**Accountable Director**
TP-2c	Improving lives by reducing the harm caused by substance misuse - Drugs		Neil Evans

Key

	Significant delays or issues to address
	Minor delays or issues to address
	Progressing as expected – on schedule to complete actions & targets

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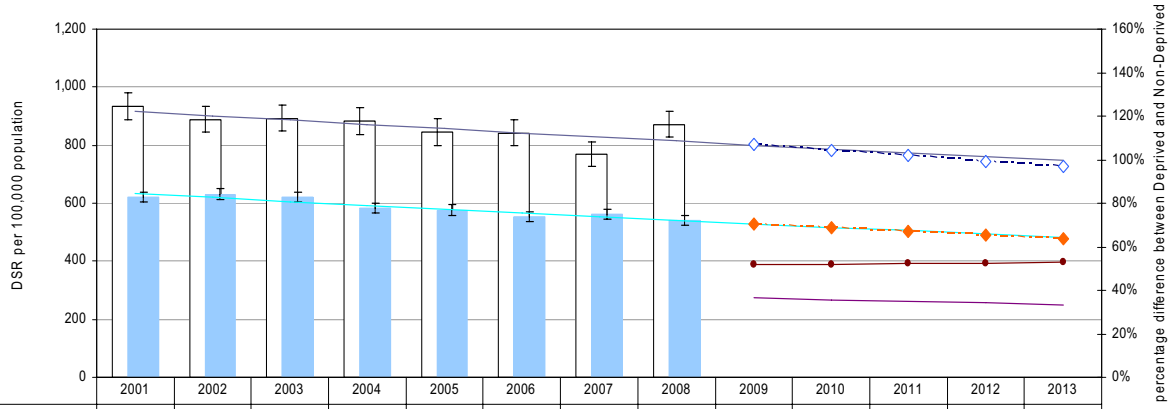
Improvement Priority – Reduce Premature Mortality in the Most Deprived Areas

Lead Officers – John England, Brenda Fullard

Overall Progress

Why is this a priority	In Leeds 20 % of the population live in the 10% most deprived Super Output Areas (SOAs) in England. There are health inequalities within Leeds for men and women by areas of deprivation: • There is a 10.1 year gap in life expectancy for men between City & Hunslet and Harewood (71.6 years:81.7years) • There is a 9.6 year gap in life expectancy for women between City & Hunslet and Adel/Wharfedale (76.1year:85.7years

Leeds Deprived and Non-deprived Gap in Mortality Rates - All Persons



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Deprived Leeds actual	934	889	893	881	844	842	768	871					
Non-Deprived Leeds actual	621	631	621	583	577	553	563	541					
Deprived Leeds trend line	917	902	886	871	857	842	828	814	800	786	773	760	747
Non-Deprived Leeds trend line	634	619	605	592	579	566	553	541	529	517	505	494	483
Deprived Leeds -0.50% yr on yr improvement on trend									801	782	764	745	728
Non-Deprived Leeds -0.25% yr on yr improvement on trend									527	514	501	489	477
gap									274	268	263	256	251
gap as percentage difference									52%	52%	52%	52%	53%

year

sources: YHPHO, NHS Leeds and LAA trajectory submissions

Overall progress to date and outcomes achieved April 2010 to September 2010

Summary

The premature mortality data has a two year time lag, new figures will be available in January 2011 and this will go a long way to identifying if the activities currently being undertaken are at the right scale and intensity needed to impact on this issue. The impact of lifestyle changes such as increased physical activity and healthy eating are unlikely to have an immediate impact on the current overall premature mortality results however progress can be measured by looking at the results on the reduction in the number of people who smoke or cancer related deaths etc. This issue is being tackled through a range of actions on a number of fronts to improve health and tackle health inequalities and on a number of occasions services are tailored to meet local priorities, for example clusters of smoking related or cancer related deaths. There are also many other lifestyle and income related issues which can have a significant impact on people's health and there needs to be greater understanding of the impact services have on health and improved partnership working. Work is currently taking place in partnership with LCC and health to make progress on these issues.

The NHS Leeds Executive Management Team have recently agreed the NHS Commissioning for Health Inequalities Plan and this is a major step forward in targeting services towards those in greatest need.

Achievements since the last report

- **Leeds Strategy** – a framework for developing a detailed Health and Wellbeing strategy as a key priority area within the Leeds Strategic Plan has been completed
- **Obesity and Alcohol treatment services:** Health commissioning Priorities Plans agreed in October 2010 . First quarter performance report due in January 2011
- **Joint workforce development programme** A framework has been developed at the Health Improvement Board to increase the number of Health Champions and LCC/ NHS staff skilled to address the reduction of health inequalities through their individual work objectives.
- **NHS Health Checks** – between July 2009 June 2010 14,886 were undertaken. Number of people identified as new Hypertensives:1,630, New Diabetics: 346 new CKD:182, Impaired Glucose Tolerance: 108, impaired Fasting Glucose:69
- **Healthy Living Services -** A programme approach has commenced to develop and sustain behaviour change interventions across a large audience, on an 'industrial' scale and initially targeting the Cardiology Department at Leeds Teaching Hospital Trust and 6 practices within the 10% most deprived areas. Projects within the programme include: rapid appraisal of the effectiveness of stop smoking and weight management services; increase capacity and skills of front line workers to deliver brief advice and interventions; and develop, manage

Improvement Priority – Reduce Premature Mortality in the Most Deprived Areas

Lead Officers – John England, Brenda Fullard

and promote a comprehensive Leeds data base of services and facilities.

- **Under age sales of alcohol and tobacco-** West Yorkshire Trading Standards in partnership with NHS Leeds one year project to reduce illegal sales of substances to those under age in Armley and Middleton commenced June 2010
- **Reducing Excess Winter deaths** – A project is in progress to identify high risk populations from the Adult Social Care register and GP practice profiles to enable all vulnerable people on the register to be pro-actively and systematically offered, and supported to take up, a suite of interventions prior to the onset of Winter 2010
- **Infant Mortality** – The 2 Demonstration Sites (Chapeltown and Beeston Hill) continue to implement an intensive programme of interventions. Evaluation of their impact is being undertaken and will be complete by January 2011. Initiatives to improve the accessibility of maternity services to women continue. The asylum seeker maternity pathway is now completed and will be rolled out in early November. Monitoring data indicate that the proportion of women booking before 12 weeks continues to improve. Data concerning smoking levels in pregnancy continues to improve in quality. NICE guidance concerning obesity among pregnant women has been published. The first set of BMI data from booking is now available and a specialist dietician for maternal obesity (0.5WTE) is now in post.
- **Increasing Community Capacity -** NHS Leeds are reviewing Voluntary, Community and Faith Sector (VCFS) contracts and are committed to protecting the VCSF sector and re-commissioned to deliver work on advocacy , participation of the voluntary sector in commissioning strategic development, Health improvement and actively targeting interventions for people in specific disease groups to prevent deterioration of the condition and maintain their independence. Annual data from VCFS showed:
    - 14,071 people accessed VCFS community health provision (6,427 were new contacts);
    - 6,662 (not including children) were supported to access services/other support to address physical health issues, including registering with a GP/dentist, taking up cervical and breast screening, quit smoking support, flu and immunisation uptake
    - In the 12 months to April 10, an additional £427,000 was secured by VCFS, supported by NHS, to deliver health improvement work in deprived areas of Leeds
- **Locality based Health and Wellbeing Partnerships-** A programme to increase early diagnosis of lung cancer by increasing X-Ray case finding in inner South and East Leeds has achieved DH funding and a project plan initiated . Performance results will be collected during 2011
- **Health Promoting Hospital:** Leeds Teaching Hospital Board approved their Public health strategy and an action plan is now in pace to with agreement to introduce the first phase of this work in the Cardiac unit. Health promoting Hospital Co-ordinator post has been agreed for advert.
- **Financial Inclusion:** Review of CAB/ Welfare advice services in primary care completed. Services being reoriented to areas of deprivation. 10 out of 18 sessions provide opportunity for debt advice in areas of deprivation. 2 million pounds of unclaimed benefits claimed by patients in Leeds. (2009/2010). 2million pounds debt managed (2009/2010)
- **West Yorkshire Fire Service** has completed 16365 Home Fire Safety Checks from the 2009/10 year.
- 704 HFSC referrals were received from partner agencies for Home Fire Safety Checks during 1st April – 30th September 2010, of which 174 were classed as high risk requiring further intervention from the Station Manager and High Risk Team. The Community Safety Team have also made 406 referrals through the Hotspots scheme for pensions and energy advice

Challenges and Risks

- **NHS Health Check and Healthy Living Services -** Given the financial climate a 'no increase' or a reduction in investment could lead to lower levels of clinical engagement, lower uptake in key communities and inability to produce local and national monitoring requirements
- The change process resulting from the White paper 'Liberating the NHS' and the forthcoming white paper on public health is likely to affect both the content and future timescales of commissioning and health improvement plans
- Increasing the integration of health improvement and reducing health inequalities across plans and objectives across all Directorates of LCC
- **Infant Mortality -** The rising birth rate in Leeds, together with the changing ethnic profile of the child bearing population and the impact of recession on economic wellbeing (32% of Leeds births take place within SOAs which fall into the 10% most deprived nationally), are all likely to impact on infant mortality rates.

There is still a lot of work to undertake to ensure links between partners are embedded into normal working practice to enable better sharing of information and support to be provided to those who are at more risk. Individuals that are dieing in fires are generally known to other agencies, therefore the process for involving other agencies when dealing with vulnerable individuals needs to improve.

Council / Partnership Groups			
Approved by *(Accountable Officer)*	**John England**	**Date**	**20.10.2010**
Approved by *(Accountable Director)*		**Date**	

Improvement Priority – Reduce Premature Mortality in the Most Deprived Areas

Lead Officers – John England, Brenda Fullard

Key Actions for the next 6 months October 2010 to March 2011			
Action	**Lead Officer**	**Milestone**	**Timescale**
Health and wellbeing priorities plan will be completed using a framework developed and based in the recommendations set out in the 2010 national strategic review of health inequalities: Fair Society, healthy Lives (Marmot review) plus the actions from the NHS commissioning for reducing health inequalities plan	John England/Brenda Fullard	Secure joint ownership of a revised Health and Wellbeing Partnership action plan with short to medium term objectives agreed	January 2011
Joint workforce development programme	Brenda Fullard/John England	Agreed and project plan in place to increase in the number of LCC and NHS Leeds staff skilled to address the reduction of health inequalities through their individual work. Three Health Innovation events completed.	February 2011
Infant mortality: Combined antenatal Down's Syndrome screening to commence in December 2010. Implementation of the breastfeeding strategy, "Food for Life" is ongoing. A social marketing campaign promoting breastfeeding is being taken forward in South Leeds: now at implementation stage. A city-wide breastfeeding welcome here scheme has been commissioned. A social marketing campaign concerning co-sleeping is planned for January/February 2011. A training programme, commissioned from the University of Bradford, for front line staff aiming to enhance their understanding of cousin marriage, is being rolled out in October and November..	Sharon Yellin	Further reduction of infant mortality in demonstration sites	January 2011
Health and Wellbeing Locality Partnership Action Plans	John England/Brenda Fullard	Action plans implemented and monitored	January 2011
To inform the new **Housing Strategy for Leeds,** a piece of work was commissioned by Leeds City Council from Sheffield Hallam University to understand the impact of poor housing on health in Leeds and estimate the future cost of housing related ill health. Unfortunately the research has fallen further behind schedule and the report is expected in November 2010.		Recommendations of this work included in the Leeds Strategy subject to consultation and investment	October 2010
Building on the outcomes of the regional workshop held in February 2010, develop and agree a joint approach to improve health and **reduce health inequalities through spatial planning**			

Improvement Priority – Reduce Premature Mortality in the Most Deprived Areas

Lead Officers – John England, Brenda Fullard

	Increase in number of people reducing lifestyle risk through NHS Health Check and Healthy Living Services.	Christine Farrar	Joint approach to improve health and reduce health inequalities through spatial planning agreed	December 2010
	Reduce under age sales of alcohol and tobacco in Armley and Middleton	Lucy Jackson/Ruth Middleton/ Brenda Fullard	Rapid appraisal of healthy living services completed, brief intervention capacity building programme commenced and healthy living database completed.	January 2011
	Implement NHS Leeds and LCC joint programme of work to reduce excess winter deaths, including reducing fuel poverty,	Tony Downham/Heather Thomson	Initial results to be reported	January 2011
	Agree the LTHT health promoting hospital plan and recruit a programme manger with the aim of implementing and measuring action to reduce lifestyle risk in patients, visitors and staff	Dawn Bailey// John England Phil Ayers/Dawn Bailey	Increase in the number of at risk people identified and offered intervention programme 1. Health promotion Hospital project manager recruited 2. Working example in cardiology commenced 3. Benchmarked against HPH standards in best hospitals with a view to proposal to join network to Board	January 2011 March 2011
	Identification of patients who are re-admitted to hospital due to alcohol over 3 times annually by GP practice in WNW Leeds. To ensure that they are given support in their community and referred to treatment services	Tim Taylor	Targeting practices in 10% most deprived SOAs. Number of patients with > 3 attendances reduced over 12 months	Jan 2011
	Early identification of dementia patients and slowing onset of condition in primary care in WNW Leeds. Building capacity for dementia services in areas of greatest need through health and wellbeing centres and libraries	Tim Taylor	Numbers of referrals to dementia services from primary care	Jan 2011
	Joining up GP approaches in WNW Leeds to excess winter death for older people (flu vaccination, falls prevention, medicine management) with social care interventions (telecare, benefits advice and fuel poverty)	Tim Taylor	Numbers of people dying from excess winter death	Jan to March 2011

Improvement Priority – Reduce Premature Mortality in the Most Deprived Areas

Lead Officers – John England, Brenda Fullard

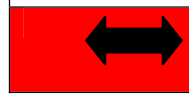
	To arrange and deliver in conjunction with the Local Government Improvement and Development up to 3 innovations days across Leeds, for a range of council staff and partners. The aim will be to explore new/different ways of working on the health inequalities agenda.	John England/ Steve Clough	To develop an innovative programme(s) by February 2011	February 2011

Performance Indicators										
Performance indicators aligned to the Improvement Priority										
Reference	**Title**	**Owner**	**Frequency & Measure**	**Rise or Fall**	**Baseline**	**2009/10 Result**	**2010/11 Target**	**Q2 Result**	**Predicted Full Year Result**	**Data Quality**
NI 120	All age all cause mortality rate (per 100,000 population)	PCT	Annually Number	Fall		Not Available	Not Set	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)	Not Available	472	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)	Not Available	616	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)	Not Available	679	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)	Not Available	946	Annually Reported		No Concerns with Data
NI 121	Mortality rate form circulatory diseases at ages under 75 (per 100,000 population)	PCT	Annually Number	Fall	145.0 (1995-97 average)	Not Available	69.3	Annually Reported		No Concerns with Data
NI 122	Mortality from all cancers at ages under 75	PCT	Annually Number	Fall	119	Not Available	116	Annually Reported		No Concerns with Data

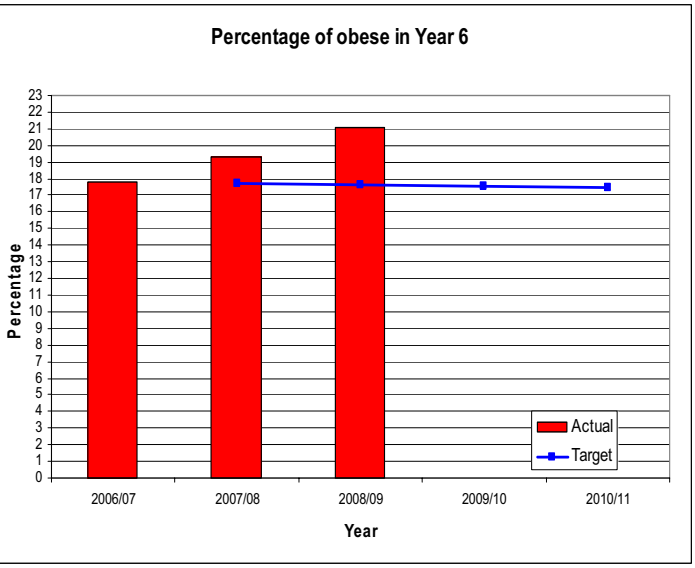
Improvement Priority – Reduce the rate of increase in obesity and raise physical activity for all

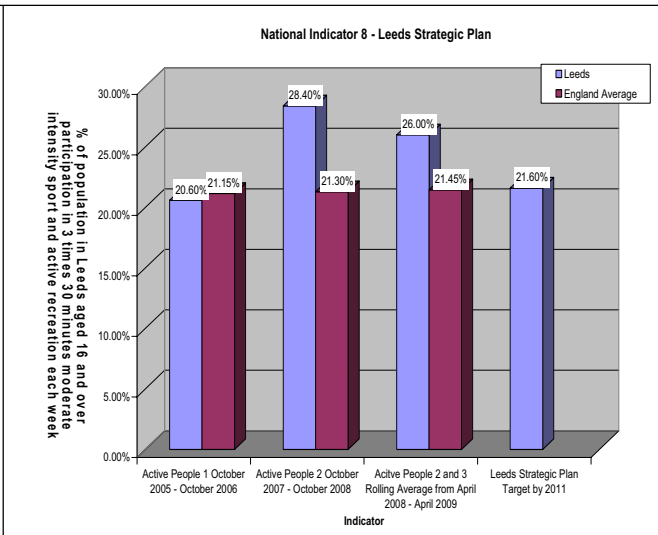
Lead Officer – John England, Brenda Fullard

Overall Progress



Why is this a priority	Obesity is on the increase and is associated with many illnesses, and is directly related to increased mortality and shortened life expectancy. It leads to higher risks of diabetes, hypertension, breathlessness, coronary heart disease, osteoarthritis in the knees, complications in pregnancy and impaired fertility and a range of cancers. It also has an impact on wellbeing, educational and economic attainment.





Overall progress to date and outcomes achieved April 2010- September 2010

Overall Summary

Services have been redesigned and programmes and initiatives are in place to work with families, children and young people to provide solution focused support to help them achieve a healthy weight. Based on this data from the Health survey for England 2003 we can conservatively estimate that for the population of Leeds approximately 152,084 people would be expected to be obese (BMI of 30kg/m2 or more). This figure is not weighted for deprivation but it should be noted men and women from unskilled manual groups are 4 times more likely to be obese than professional groups.

Achievements

- The 'Chapel Allerton and Beyond' Walking Group has formed as a result of health walks training in July 2010. 2 further volunteers from this group are attending the next training in October.

- Work to improve children's nutrition through increasing uptake of free school meals has resulted in nine frontline workers and eight catering staff being trained around the Free School Meals Toolkit. These staff are now working to increase take up in eligible families and to improve the quality of school meals

- The city wide Breastfeeding (BF) Action Plan has been agreed. A BF Support Service is now operational with new mothers being offered additional support to continue to BF on discharge from hospital. 423 women received a telephone call in July. 63 of who received a visit within 48 hours of being discharged form hospital. In addition 20 women received 1-2-1 support of the wards at SJUH. Early qualitative reports from the women are very positive.
- The BF social marketing campaign based in the south of the city is now in the implementation stage: including work with local young women to establish a local young parents group.
- Leeds data for 09-10 has been uploaded to National Child Measurement Programme data base. Coverage rates were below national target of 85%at 69% due to capacity issues within school health services .The school nursing service specification has been revised and a contingency plan has been developed which will support the service to achieve this Commission for Quality and Innovation target in the coming year . Training has been delivered to school nursing staff to enable them to best implement the programme and respond to parental concerns.
- Health, Exercise, and Nutrition for the Really Young (HENRY) 22 centres have now taken part in the training. 28 Children's Centres staff have now attended Group Facilitation Skills training and 3 Lets Get Healthy with HENRY parents groups have been run. A further 6 have been booked.
- Change4Life events continue, as part of a broader communication strategy, to be held for the NHS Leeds and LCC workforce to raise awareness of key messages. These have evaluated well with many colleagues making pledges to make a change. Future events and articles, to support colleagues fulfil their pledges, are planned in response to pledges made.
- Change4Life themed fun days have been held at Primary Schools in Middleton and Harehills areas .They are proving very successful and have allowed for robust piloting and evaluation of the toolkit that supports the event. 15 schools/community groups have run events engaging over 2500 people from disadvantaged communities in health

education and behaviour change. Some toolkits are available now and the plan is to make more available, to allow use by all schools enabling them 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 to enable them to achieve the change4life behaviours. The 13 group sessions that have been offered have been very popular. Take-up of the individual family sessions has been slower in these 'hard-to-reach' communities, however 11 families in Harehills and 6 families in Middleton are being supported however the growing demand for 1 to 1 support in Harehills has led to the provider applying for further funding from DH to increase capacity.
- NHS Leeds continues to commission the Watch It Weight Management Service to provide 8 clinics in 10% most deprived SOAs. The parent focused programme to enable families with obese 5 -11 year olds to achieve a healthy weight, has been successfully piloted and an evaluation report completed.
- NHS Leeds continues to commission Leeds Community Health Care to provide adult weight management service which is now focusing the majority of specialist intensive service provision within the most deprived areas of the city, where research would suggest obesity prevalence is higher than the citywide average. NHS Leeds continues to review the access of services and success rates. Increasing awareness and systematic referral into this service is part of the Healthy Living Interventions programme being implemented as part of NHS Leeds operational plan.
- A Ministry of Food Centre opened in Leeds City markets in partnership with NHS Leeds, LCC, Zest Health for Life and Jamie Oliver LTD. 171 people are either attending or have completed a 10 week course since opening. The project is now running at capacity with a waiting list for some slots. Excellent feedback has been received from a variety of intervals and organisations.
- Progressing with a joint NHS Leeds and LCC Sport and Recreation programme to offer heavily discounted access to leisure services via Leeds card for people identified at high risk of CVD via NHS Health check and is on track to be available for practices to offer to identified patients in January 2011.
- A part of the healthy living interventions programme a central database with information regarding all healthy living services and opportunities across Leeds is being developed. This will be held in one central point which is accessible to patients, public can health professionals and branded change4life.
- Undertaken a review of good practice regarding planning and environmental controls regarding hot food takeaways as requested by Healthy Scrutiny Board to inform possible future actions in Leeds.
- Work to improve children's nutrition through increasing uptake of free school meals has resulted in nine frontline workers and eight catering staff being trained around Free School Meals Toolkit. These staff are now working to increase take up in eligible families and to improve the quality of school meals.
- The West North West Partnership have mapped the healthy lifestyle interventions for healthy eating and physical activity provided by statutory, voluntary and private sectors for four area committees. This information is being linked to the cardio-vascular NHS Health checks being offered to people between 40-74 in the 10% most deprived SOAs
- Leisure Centres - Leeds City Council opened two new leisure centres at Armley & Morley, increasing the level of junior and adult swims and visits to council pools and leisure centres compared to last year. Power Leagues plc has opened an additional 5-a-side centre in Leeds, increasing capacity and forcing down prices.
- Leeds Core Cycle Network (LCCN) – The Middleton – City Centre route was opened in Sept and a second route has been completed between Kirkstall Brewery Halls of Residence and the Civic Quarter University Campuses. This route is due to be officially opened in Oct. Construction on three others has commenced, for opening this financial year, with contributions from external funders. Partnership working between LCC, Sustrans and the Universities continues. The number of cycles hired out has grown from 200 in 2008 to 370 in 2010 however the scheme is due to finish in 2012 and no funding has been identified.

Challenges/Risks

- To increase the priority given to obesity and increasing physical activity against context of structural reorganisation and cost improvements.
- Capacity of Children's Centres to deliver HENRY given likely reduction in LCC resources
- Lack of strategic support for agenda due to ongoing structural re-organisation within both NHS and LCC
- Significant reduction in investment available to enable commissioning of physical activity for inactive children living in deprived Leeds.
- The high level of investment in the promotion of unhealthy foods by the food industry
- The availability of bariatric surgery is unlikely to meet demand.
- Lack of specific National targets to tackle adult obesity
- Changes in levels and sources of funding for Change4Life campaign nationally
- Leisure Centres – The impact of the abolition of the national 'Free Swimming' initiative from 31 July 2010 - which led to a 44% increase in junior swimming in Leeds - will need to be assessed. The results of the Active People Survey for Leeds will also need to be analysed further. Leeds fell back from huge improvement in 2008 (this may be sampling variation) although Leeds score is still well above both the national average and other– Leeds Core Cycle Network - Whilst designs have been progressed for other LCCN routes, implementation of these in future years is stalled by lack of funding.

Improvement Priority – Reduce the rate of increase in obesity and raise physical activity for all

Lead Officer – John England, Brenda Fullard

Council / Partnership Groups			
Approved by *(Accountable Officer)*	**John England**	**Date**	**20.10.2010**
Approved by *(Accountable Director)*		**Date**	

Improvement Priority – Reduce the rate of increase in obesity and raise physical activity for all

Lead Officer – John England, Brenda Fullard

Key actions for the next 6 months October 2010 to March 2011				
	Action	**Lead Officer**	**Milestone**	**Timescale**
	Establish citywide Joint Healthy Weight Board to review current strategy and determine priorities for future action in Leeds	Brenda Fullard	On hold due to organisational change anticipated in White paper (due Dec 2010) NHS Leeds has Obesity commissioning plan	On hold
	Establish Leeds Childhood Obesity Task Group to support implementation of Leeds Childhood Obesity Action Plan 2010-2013.	Janice Burberry	First meeting to be held November 2010. Quarterly thereafter.	April 2011
	Deliver actions from Leeds breastfeeding Action Plan	Sarah Erskine	Key deliverables in 2010/11 include improve data monitoring, strategic promotion of 'Food for Life', procure city-wide promotional/ social change intervention	April 2011
	Peer support:. Training courses underway in Beeston/Middleton, Bramley and Little London. Re-fresh training underway in East Leeds. Contract with NCT includes training and support for 1 year.	Sarah Erskine	30-45 peer mentors trained	December 2010
	Procure city wide breast feeding welcome here scheme	Sarah Erskine	Contract will be awarded by end 2010	December 2010
	HENRY	Jackie Moores	Further 6 centres trained and 2 further group facilitation courses run.	March 31 2011
	A review of VCFS commissioning will continue to enable cost improvements to be identified while maintaining delivery of regular physical activity opportunities to inactive children and young people, from deprived communities.	Jan Burkhardt	Commission, monitor and evaluate children and young people's active4life programme 2010/11	September 2010
	A review of the Watch It Commissioning will be undertaken to enable further roll out of parent focused 5-11 years treatment services within current resources.	Janice Burberry	Revised SLA negotiated	April 2011
	Agreement on priority areas for action between health and planning following Reuniting health and planning event	Brenda Fullard NHS Leeds/ Christine Farrar/ Leeds Initiative	Briefing paper with recommendations from national good practice has been developed. Agreement on priorities to be taken forward by DPH and Chief planner. Progress report to Scrutiny Board due Jan 2011	January 2011
	Increase the number of people participating in sport and regular physical activity in deprived areas	Mark Allman LCC/ Brenda Fullard	See NI 8 performance indicator	Ongoing
	Implement the U travel action plan	Tim Parry LCC Sustrans		

Improvement Priority – Reduce the rate of increase in obesity and raise physical activity for all

Lead Officer – John England, Brenda Fullard

	Implement school meals and packed lunch strategies	Rosie Molinari Education Leeds	Piloting training programme for extended services as champions for Free School Meals Increase in uptake of School meals and FSM embedded in Enhanced Healthy Schools model.	Ongoing
	Pilot Healthy Food Mark Standard	Lisa Mallinson LCC/ Kay Lawton LHTH	Has been discontinued at National level as Food Standards Agency has been disbanded. Further programmes may form part of new Nutrition responsibilities for DH	On hold
	To evaluate and further develop change 4 life campaign	Alison Cater (NHS Leeds) Mark Allman (LCC)	Local change4life database and website currently in development.	January 2011
	VCFS agencies commissioned to develop physical activity and food access. Cooking/ healthy eating opportunities within and community development approach	NHS Leeds Staying healthy ICT/ John England LCC?	Zest Health for Life commissioned to deliver ministry of food Currently reviewing cooking skills and physical activity programmes commissioned from VCFS with a view to increasing quality and value for money.	Ongoing
	Change4life health promotion in most deprived 10% SOAs in WNW Leeds. Children deliver healthy eating messages to parents	Sue Mulligan	Schools identified and programme delivered Autumn 2010	Autumn 2010
	Work to reduce the (-16.59) physical activity participation gap between disabled individuals and the rest of Leeds has led to a multi agency tasking group being convened.	Liz Bailey	Leeds Card Extra application process being amended to enable currently excluded carers to apply	Feb 2011

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 57	Children and Young People's participation in high-quality PE and sport	Children and Younger People	Annually %	Rise	74% (2007/08 academic year)	81% (2008/09 academic year)	82%	Annually reported		No Concerns with data
NI 55a	Coverage - Obesity in primary school age children in Reception	Leeds PCT	Annual %	Rise	92%	93%	92%	Annually reported		No Concerns with Data Quality
NI 55b	Prevelance - Obesity in primary school age children in Reception	Leeds PCT	Annual %	Fall	9.30%	10.30%	10.00%	Annually reported		No Concerns with Data Quality

Improvement Priority – Reduce the rate of increase in obesity and raise physical activity for all

Lead Officer – John England, Brenda Fullard

NI 56a	Coverage - Obesity in primary school age children in Year 6	Leeds PCT	Annual %	Rise	98%	93%	98%	Annually reported	No Concerns with Data Quality
NI 56b	Prevelance - Obesity in primary school age children in Year 6	Leeds PCT	Annual %	Fall	17.80%	20.90%	17.67%	Annually reported	No Concerns with Data Quality

HW-1d/CYPP 7 - Reducing teenage conception

Lead Officer – Sarah Sinclair

Overall Progress
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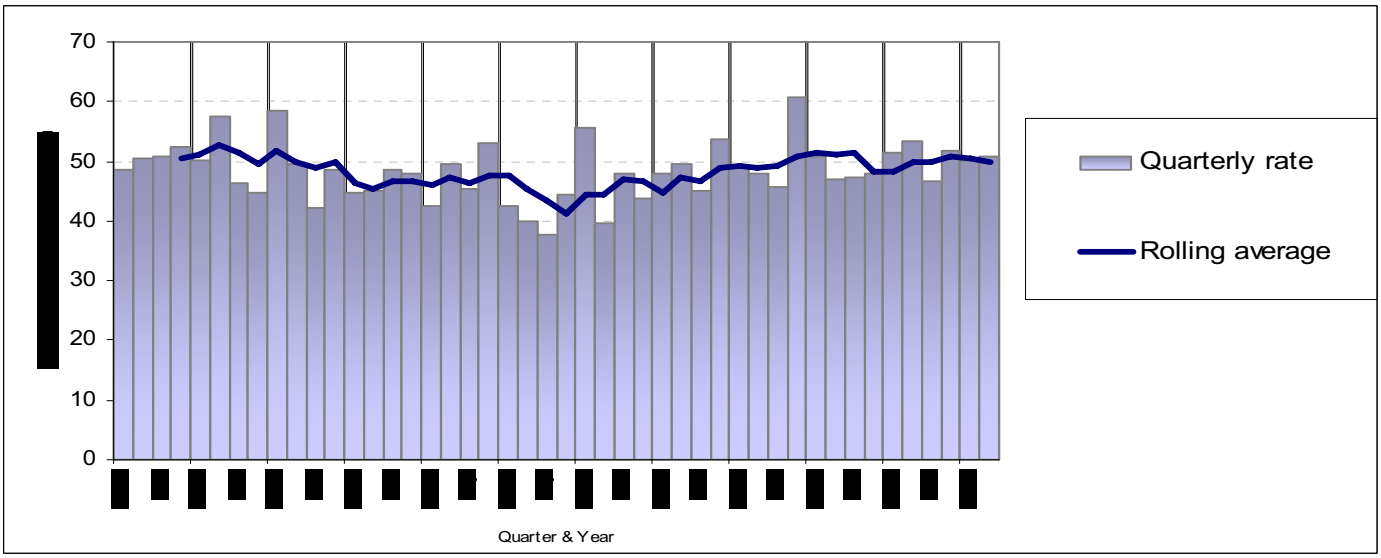
Why is this a priority	Evidence shows that having children at a young age can damage young women's health and wellbeing and severely limit their education and career prospects. Long term studies show that children born to teenagers are more likely to experience a range of negative outcomes in later life and are up to 3 times more likely to become teenage parents themselves. Teenage parents are shown to be high users of services compared to other parents and are therefore a significantly higher cost to communities in comparison to those who become parents in later life.



Overall progress to date and outcomes achieved – Quarter 1 2010-11

Overall Summary

The latest available position for June 2009 shows a modest reduction in rates from 50.8 to 49.8 (rate per 1000 15-17 year old young women) as demonstrated by the graph above. Our performance is measured nationally against Office of National Statistics (ONS) conception rates for 15 -17 year old young women. There is a 14 month time delay in the data due to the nature of the information being collected and the significant number of suppliers of data. New data on under 18 conceptions rates from ONS will be available for Q3 2009 23rd November 2010 and for the whole of 2009 in February 2011.

Our overall position is that Leeds is not moving in the right direction quickly enough. External support and review from the National Support Team suggests Leeds is the using the right strategy. We therefore must question whether we are utilising all our resources across the local authority (including those outside children's services) and in our partners in sufficient volume to change the direction of travel.

Activity achievements since the last quarter

Strategic

- Councillor Judith Blake has been inducted as the lead member for Children's Service's. The Teenage Pregnancy Co-ordinator has met with both Councillor Blake and Councillor Jane Dowson (Executive Member for Learning) to ensure teenage pregnancy remains high on the agenda.
- Elected members have been identified as local champions for the newly-identified West hotspot. Councillor Mick Coulson (Outer West) and Councillor Alison Lowe (Inner West).
- Family support and youth work commissioning specifications have been agreed to ensure reducing teenage conception is a priority for these services.

Data

- Young people who conceive now have information collated locally to ensure that services act more swiftly to target their services and improve their quality. Work is underway to ensure teenage parents are given the choice to share earlier the information they give to their midwife to ensure postnatal support is in place.

Work within education settings

- 97% of schools in Leeds have Healthy Schools Status which ensures that each school has a statutory

HW-1d/CYPP 7 - Reducing teenage conception

Lead Officer – Sarah Sinclair

Sex and Relationships Education (SRE) policy in place.

- All schools have been provided with information on the route for young people to access contraceptive services located either on site or at a local venue.
- Work with Leeds City College to develop training around SRE provision for college support staff is underway.

Sexual Health Services

- Sexual health services are operating effectively in FE colleges which serve high risk populations for teenage conception.
- 38 pharmacy sites in Leeds now offer emergency hormonal contraception (EHC) to young people.
- 90 practices have signed up to the delivery of the Local Enhanced Service (LES) specification for Long-Acting Reversible Contraception (LARC) in primary care. They provide a combination or either implant only, IUD only or both.
- Leedssexualhealth.com website received a total of 49,000 visits to the site in 2009/10 indicating it is a well utilised service.
- Young people who conceive now have the choice to self refer for a termination without consulting their GP.

Workforce Development

- 47 facilitators have been trained to deliver the recommended early intervention parenting programme to reduce teenage conceptions.
- Work is underway to increase the confidence, knowledge and skills of City College FE staff to signpost effectively and deliver quality SRE.
- There has been a 50% increase on last year in the uptake of training for social care staff for work with young people on sex and relationship issues.

Work with parents and carers

- 16 parents from the teenage pregnancy priority areas have completed the recommended early intervention parenting programme to reduce teenage conception.
- Young fathers have suggested ways services can improve following a ‘mystery shopping’ project.

Targeted Work

- Postal area hotspots in the West locality have been identified by local data analysis. A meeting has been set up with councillors and local partners. Following this meeting agreement has been reached to develop a local action plan and a practitioners event to agree accountabilities.

Risks and Challenges

- Leeds continues to be at a disadvantage if its senior leaders do not systematically approach joint working to address teenage pregnancy. Core Cities who have achieved significant reduction demonstrate joint ownership and action on this priority at the Chief Executive level both within the Local Authority and PCT.
- There is a risk that a misunderstanding occurs that teenage conception reduction is achievable without significant joint systemic approaches across all local authority departments.
- Membership of the Teenage Pregnancy and Parenthood Partnership may not be at a sufficiently senior level to drive change and attendance is not consistent.
- There is a risk that services do not consider teenage pregnancy and parenthood as a priority and therefore there is insufficient progress in addressing the wide range of causative factors.
- There is a risk that universal settings do not implement consistent high quality SRE and promote access to sexual health services, especially to vulnerable groups at high risk of teenage conceptions, eg, pupils with Special Educational Needs
- Leeds has a lower investment in community based health services which young people can access for their sexual health needs than other leading Core Cities. The challenge will be whether we can meet the demand for service use with the likely reduced investment levels in this area.
- The risk that family support and parenting services not consistently prioritising the needs of teenage parents across the city leaves some of the most vulnerable young parents without the support they need
- A challenge for parenting support is to support families sufficiently to reduce risk taking behaviours
- Reducing resources and competing service change may challenge further improvement in services.

HW-1d/CYPP 7 - Reducing teenage conception

Lead Officer – Sarah Sinclair

Budget pressure In addition to an existing 10% reduction target, a 25% in-year reduction of the Area Based Grant which supports teenage pregnancy will risk overall progress of the work programme. Impacts are likely to be felt through reduced programme support and/or the support given to service users. All the challenges and risks identified above are being considered by the Teenage Pregnancy Board with mitigating actions included in the action plan.

Council / Partnership Groups			
Approved by *(Accountable Officer)*	Paul Bollom/ Sarah Sinclair	**Date**	29/10/10
Approved by *(Accountable Director)*	Nigel Richardson	**Date**	10/11/10

HW-1d/CYPP 7 - Reducing teenage conception

Lead Officer – Sarah Sinclair

Key actions for the next 6 months					
	Action	**Lead Officer**	**Milestone**	**Timescale**	**Date Action Last Reviewed**
1	A leadership review of teenage conception to be undertaken through a summit of senior leaders of the authority, health services, elected members and parliamentary representation.	Paul Bollom	Date originally arranged for summit was August 2010. New date to be organised now that the new Director of Children's Services is in post.	December 2010	9 August 2010
2	Research on effective sexual health services in schools (HYPS) requires they take place more than once a week in any one school and are delivered in partnership between the school, school health and youth services.	Vicky Womack	• Report writing group formed - completed • Report presented to TPPPB (June 2010)] • Revision to School Nursing Contract with PCT in light of report – completed • Agreement with CSLT on youth work and education support for HYPS services – November 2010.	November 2010 (revised)	9 August 2010
3	Effective cities in reducing teenage conception require all services in contact with young people to be young person friendly and able to support young people confidently in their sexual health needs. All CaSH, Genitourinary Medicine (GUM) and the Termination of Pregnancy (TOP) providers will be 'You're Welcome' accredited. Target set for GP practices in high rate localities	Vicky Womack	• A target set for GP practices in high rate areas to complete 'You're Welcome' accreditation. (July 2010) – milestone revised Sept 2010. Expressions of interest received from four GP practices in July 2010.	November 2011	9 August 2010
4	Effective services for young fathers are not evidenced in Leeds. We undertake to research the current service offer and the needs of young fathers and ensure services are in place for these parents.	Jenny Midwinter	• Interim findings to be provided to TPPPB, June 2010. Milestone revised final report to be presented to TPPPB December 2010 (Revised) • Family Support and Parenting Unit issue guidance of working with young fathers - completed • Family Support and Parenting Commissioning Plan to reflect outcomes of report in addressing needs of young fathers. (September 2010) – revised to November 2010	October 2010	9 August 2010
5	Develop action plan for identified hot pockets in West Leeds (noted in previous action tracker – locality work already underway to address hotspots in Inner East and Inner South Leeds)	Paul Bollom	• To instigate working group for Inner West area focused on local hotspot rates suggesting joint local actions. • To arrange joint event for local practitioners to identify joint actions • To formulate local action plan with local accountability	Completed October 2010 (revised) Jan 2011 Feb 2011	9 August 2010

HW-1d/CYPP 7 - Reducing teenage conception

Lead Officer – Sarah Sinclair

Key actions for the next 6 months					
	Action	**Lead Officer**	**Milestone**	**Timescale**	**Date Action Last Reviewed**
6	To review all expenditure across partners of TP related services and make recommendations to improve efficiency and effectiveness and look for opportunities to combine program with other appropriate expenditure.	Paul Bollom	• Recommendations to make savings to be shared with deputy director of commissioning and TPPPB	October 2010	New Action

Performance Indicators										
Performance indicators aligned to the Improvement Priority										
Reference	**Title**	**Owner**	**Frequency & Measure**	**Rise or Fall**	**Baseline**	**2009/10 Result**	**2010/11 Target**	**Q2 2010/11 result**	**Predicted Year End Result**	**Data Quality**
NI 112	Under 18 conception rate per 1000 girls ages 15-17	PCT	Annual	Fall	50.4	50.6 conceptions per 1000 (691) (2008)	TBD	The 2009 figures are released in February 2011		No Concerns
NI 113	Prevalence of Chlamydia in under 25 year olds measured through number of the resident population aged 15 -24 accepting a test/screen for chlamydia	PCT	Quarterly number	Rise	n/a	32,025	49,106	14,565	No year end prediction is available	No Concerns

Health Performance Indicators Quarter 1 2010-11

	PI Type	Ref	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Quarter 2	Predicted Year End Result	Direction of Travel	Data Quality
1	National Indicator	NI 53A	Coverage of breast-feeding at 6-8 wks from birth (Breastfeeding coverage)	NHS Leeds	Quarterly %	Rise	89.0%	90.9%	95.0%	96.9%	95.0%	↑	No Concerns with data
	There is no reason to suggest that this target will not be achieved												
2	National Indicator	NI 53B	Prevalence of breast-feeding at 6-8 wks from birth (Breastfeeding	NHS Leeds	Quarterly %	Rise	41.0%	40.8%	44.0%	49.0%	44.0%	↑	No Concerns with data
	There is no reason to suggest that this target will not be achieved												
3	PCT Vital Signs	VSA01	Incidence of MRSA - number of cases	PCT	Quarterly Number	Fall	n/a	n/a	34	7	34	N/A	No Concerns with data
	This target is a major challenge, but at present the PCT is remaining within the maximum trajectory												
4	PCT Vital Signs	VSA03	Incidence of C difficile - number of cases	PCT	Quarterly Number	Fall	870	425	579	92	579	N/A	No Concerns with data
	Delivery is well within trajectory												
5	PCT Vital Signs	VSA13	% patients waiting no more than 62 days from referral to treatment for cancer	PCT	Quarterly %	Rise	n/a	84.78%	85.00%	80.40%	85.00%	↓	No Concerns with data
	The 62 day urgent referral to treatment indicator has not been met. A continuous focus on all factors affecting performance in this area to get down to the minimum breaches per month, to hit the target. There continue to be challenges in some areas, which are managed through a monthly root cause analysis process and action plans. Some issues remain with external late referrals of patients from other trusts into LTHT. The plan is to ensure that the target is delivered from Q3.												
6	PCT Vital Signs	VSA12	Cancer: 31 day wait standard - diagnosis to treatment and subsequent surgery	PCT	Quarterly %	Rise	n/a	96.99%/ 89.93%	96.0%/ 94.0%	96.5%/ 91.5%	96.0%/ 94.0%	↓ ↑	No Concerns with data
	The 31 day subsequent surgery indicator is below target. Key problem areas have been identified. Skin performance, for example, should improve with a one-stop service from mid-Sep, allowing referrals to be sent earlier to surgery. The Urology situation is already improving but is linked to robot and theatre capacity.												
7	PCT Vital Signs	VSA12	Cancer; 31 day wait standard - subsequent drug and radiotherapy	PCT	Quarterly %	Rise	n/a	99.53%/ 90.40%	98.00%/ 94.00%	99.8%/ 96.9%	98.0%/ 94.0%	↑ ↑	No Concerns with data
	These targets are generally being achieved.												
8	PCT Vital Signs	VSB 10	% Children who completed immunisation by recommended ages	PCT	Quarterly %	Rise	n/a	n/a	95.0%	91.40%	95.0%	N/A	No Concerns with data
	Performance continues below trajectory (expressed as an overall figure, covering a range of sub-targets), though performance is steadily improving												

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Leeds CITY COUNCIL

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 21 December 2010

Subject: Recommendation Tracking

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

1.0 Purpose

1.1 The purpose of this report is to provide a progress update on the Board's previous scrutiny inquiries and recommendations.

2.0 Background

2.1 In December 2006, the Overview and Scrutiny Committee agreed to adopt a new, more formal system of recommendation tracking, to ensure that scrutiny recommendations were more rigorously followed through.

2.2 As a result, each Scrutiny Board now receives regular reports on its recommendations from previous inquiries which have not yet been completed. This allows the Scrutiny Board to monitor progress and identify completed recommendations; those progressing to plan; and those where there is either an obstacle or progress is not adequate. The Scrutiny Board will then be able to take further action as appropriate.

2.3 A standard set of criteria has been produced, to enable the board to assess progress. These are presented in the form of a flow chart at Appendix 1. The questions should help the Scrutiny Board to determine whether a recommendation has been completed and identify any further action required.

3.0 Recommendation tracking

3.1 Progress updates for the following scrutiny inquiries are presented for consideration of the Board:

- Promoting Good Public Health: The role of the Council and its partners (Appendix 2)
- Kirkstall Joint Service Centre (Appendix 3)

3.2 For each outstanding recommendation, a progress update is provided. In some cases there may be several updates, as the Scrutiny Board monitors progress over a period of time.

3.3 The Scrutiny Board is asked to:

- Consider the updates provided;
- Determine whether or not progress is satisfactory;
- Determine whether or not any additional work in required.

3.4 In deciding whether to undertake any further work, members will need to consider and balance other aspects of the Board's work programme.

3.5 In accordance with the wishes of the Board, relevant officers have been invited to attend this meeting to discuss the progress made against those recommendations outlined in the Board's Promoting Good Public Health inquiry report. However, where an appropriate officer is not in attendance, a full written response will be requested in relation to any issues raised by the Scrutiny Board.

4.0 Recommendations

4.1 Members are asked to consider the progress updates provided against the Scrutiny Board's previous recommendations not yet completed (outlined in Appendices 2 and 3), and:

4.1.1 Identify and agree those recommendations which no longer require monitoring;

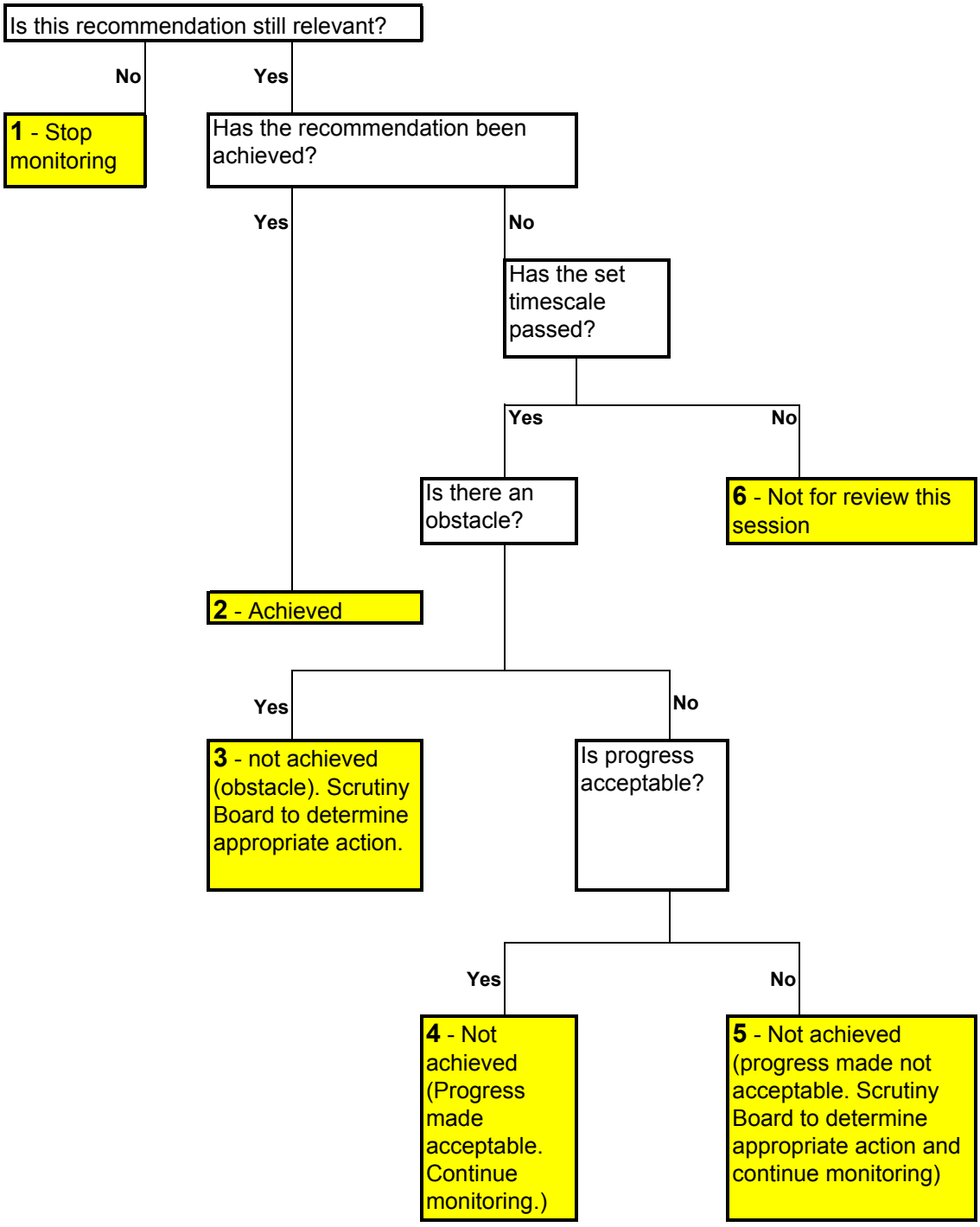
4.1.2 Identify any recommendations where progress is unsatisfactory and determine any action the Scrutiny Board may wish to take.

5.0 Background Papers

- Kirkstall Joint Service Centre – Scrutiny Board Statement (April 2010)
- Promoting Good Public Health: The role of the Council and its Partners

APPENDIX 1

Recommendation tracking flowchart and classifications: Questions to be Considered by Scrutiny Boards



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Leeds CITY COUNCIL

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 21 December 2010

Subject: Health Service Direct Discharge

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

1.0 Purpose

1.1 The purpose of this report is to present the Health Service Direct Discharge issue referred to the Board by the Adult Social Care Scrutiny Board in November 2010. The Board is asked to consider the attached report and identify any specific issues that require further scrutiny and/or any additional actions that the Board may wish to take.

2.0 Background

2.1 As previously reported, the Adult Social Care Scrutiny Board considered the issues of Health Service Direct Discharge into Residential Care settings at its meeting on 10 November 2010: The associated report of the Director of Adult Social Services is attached at Appendix 1.

2.2 During discussion at the Adult Social Care Scrutiny Board meeting, the following issues were highlighted:

- The often complex nature of these discharges – often involving a number of different professional organisations.
- There had been a rise in the number of hospital admissions and there were associated issues as a result: The report outlined alternative options that could be developed, including areas of joint work between the Council and Health Service providers.
- The possibility of joint night services between Social Services and Health Service partners – this could provide other support services to prevent some hospital admissions

- The use of transition beds – this could make use of void beds within existing residential care provision to allow discharge and prevent admission to hospital.

2.3 The Adult Social Care Scrutiny Board resolved to refer this matter to the Scrutiny Board (Health) for further consideration/monitoring.

3.0 Recommendations

3.1 The Health Scrutiny Board is asked to consider the attached report and identify any specific issues that require further scrutiny and/or any additional actions that the Board may wish to take.

4.0 Background Documents

None

Leeds CITY COUNCIL

Agenda Item 8

Originator: Kim Adams

Tel: 07891 271396

Report of the Director of Adult Social Services

Scrutiny Inquiry into Residential Care

Date: 10 November 2010

Subject: Health Service Direct Discharge into Residential Care.

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

Executive Summary

Discharge from hospital directly into residential and nursing home placements is a trend which has increased since April 2009 This trend has added to the in year budgetary pressures for Adult Social Care (ASC) and impacts on individuals who, with reablement and alternative community support could have been supported to maintain independence within their own homes and communities.
ASC is working closely with the NHS to reform the health and social care system to create a culture where people are supported to maintain their independence and to maximize use of reablement and assistive technologies.
In the short term both social care and health recognise the need for immediate actions. The Unplanned Care Board(a joint ASC/NHS forum) have been tasked to lead on this and have put in place an action plan which addresses issues in the system with actions targeted around both hospital avoidance and discharge.

1.0 Purpose Of This Report

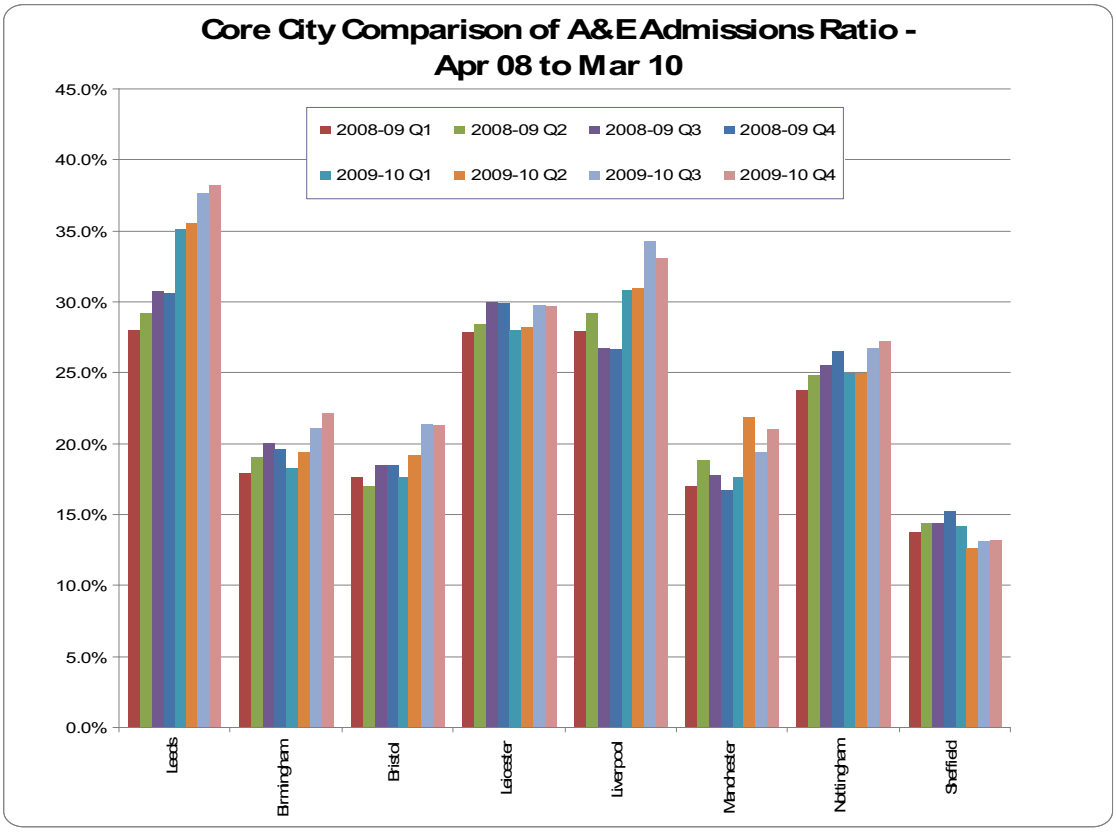
1.1 The Scrutiny Board enquiry ,as a result of its investigation into Residential Care, has requested a specific report on "Health Service - Direct discharge into residential care without a further period of recovery of assessment. Budget impact and proposals to restore good practice". Rather than incorporate this into the current enquiry a separate report has been commissioned on this particular issue and is provided here for the November Board meeting

1.2 The purpose of this report is to give Adult Social Care Scrutiny Board information on the work currently being undertaken around hospital avoidance and discharge pathways.

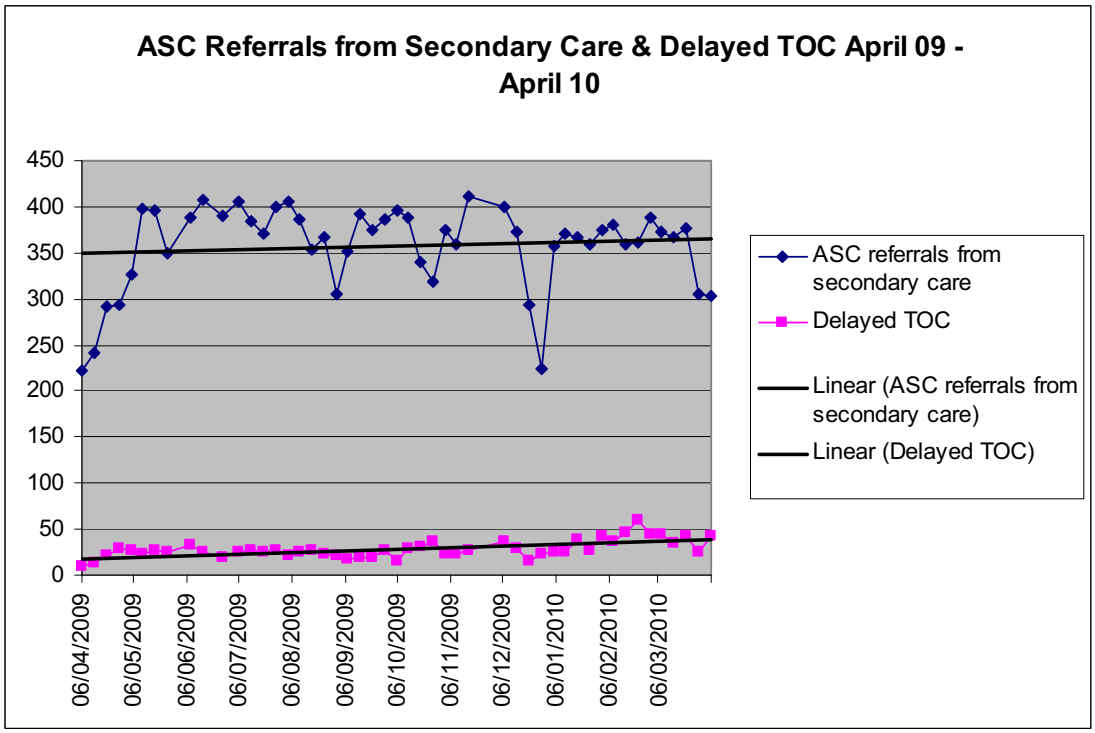
1.3 The report discusses the role of the Intermediate Tier Programme Board in driving this agenda forwards and highlights some of the initiatives that are being actioned.

2.0 Background Information

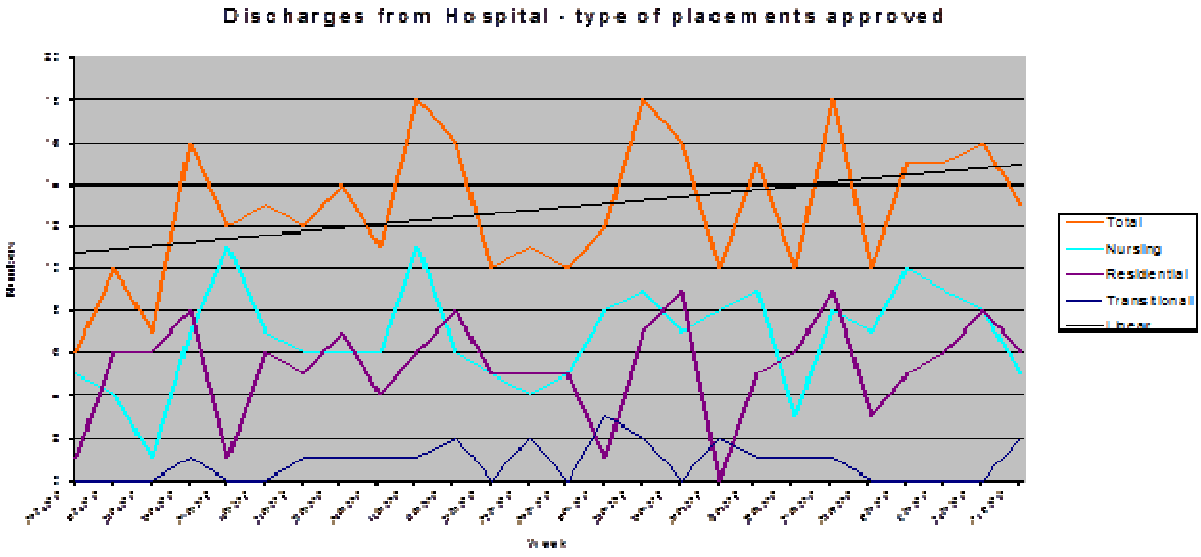
2.1 A trend in increasing hospital admissions has been identified in Leeds. This is impacting on both Health and Social Care Services. A core city comparison of A&E admissions ratios from April 08 – Mar 10 shows that Leeds Teaching Hospitals NHS Trust (LTHT) is an outlier.



2.2 Over the time period April 09 to April 10 Adult Social Care referrals from secondary health services show an increasing trend. The percentage of referrals from secondary care to ASC were 33.6% of all referrals to ASC in Q4 0809. This increased to 38.9% of all referrals to ASC in Q1 0910 and remains a consistently higher percentage to date.



2.3 The graph below shows the trend in residential placements direct from hospital. The placements are split between residential, nursing and transitional beds.



2.4 To successfully tackle the rise in admissions to hospital and the impact that has on both services and service users a multi-agency partnership approach is required. The NHS Leeds Community Services Commissioning Strategy 2009-2013 identifies the Intermediate Tier Pathway as a priority for transformation. It describes a vision where all adults are given an opportunity for recovery, reablement and rehabilitation before decisions are made to meet long term care needs, with services focused on earlier preventative interventions to support independence, health and wellbeing. For some people, this will mean being enabled to self care, and for others sustained support to manage their long term health and social care needs.

2.5 Intermediate care has an important function in meeting the health and social care needs of individuals to prevent unnecessary admission, expedite appropriate hospital discharge and avoid premature admission to care homes.

2.6 In March 2010 the Intermediate Tier Programme Board was established following a recommendation from the Joint Strategic Commissioning Board. The Intermediate Tier Board is jointly chaired by NHS Leeds and Adult Social Care and has representation from all partner organisations in the Leeds health and social care system. The Board's vision for the future is to enable people, regardless of age, with complex health and social care needs, including those with mental health needs, to be cared for closer to home avoiding the need for unplanned hospital attendances and admissions and reducing the need for long-term admission to residential or care homes.

2.7 There are a number of workstreams sitting under the Intermediate Tier Programme Board including a workstream on Tackling Delays which is led by the Unplanned Care Board. The Unplanned Care Board has put together an action plan to unpick and address discharge issues.

3.0 Main Issues

3.1 As indicated in 2.2 and 2.3 the number of referrals from secondary health services into social care are increasing and at the same time there is an upwards trend in residential placements direct from hospital. Looking at the whole system there is also an increase in admissions to hospital and this trend is growing in the older age groups and particularly pronounced in the over 85s age group – a group which is relatively low in numbers but impacts significantly on ASC services.

3.2 For some of these individuals a placement direct from hospital to residential or nursing care may be entirely appropriate. It may reflect degeneration in physical fitness and episodes in hospital increasing in frequency and the individual may no longer be in a position to maintain their independence. For others a period of reablement followed by appropriate ongoing support, if needed, may prevent admission to long term residential care.

3.3 Both Health and Social Care are committed to transforming services to create a culture where people are supported to maintain their independence where possible. 2.4 describes the vision for transforming the intermediate tier pathway, this sits alongside the transformation work being undertaken by ASC in implementing Putting People First. In the long term the transformation of health and social care services will alter the way services are provided and people's expectations in terms of support. This is being progressed in parallel with short term actions to impact on budgetary pressures in the interim.

3.4 In putting together an action plan on tackling delays in discharge from hospital and ensuring that where possible people are supported to maintain their independence the Unplanned Care Board are targeting actions at key points in the pathway. This begins with initiatives to keep people out of hospital. There are a number of actions aimed at hospital avoidance – if people are not admitted into hospital in the first instance then they are not debilitated by hospitalisation. For those who have been admitted there are a number of actions being progressed to ensure that partner organisations work together to minimise duplication and to ensure that appropriate supports are available to people to get them back into the community. One of the key strands of this action plan is the rollout of reablement services within the hospital pathway. This is currently being piloted.

3.5 **Reablement.** The whole systems approach Leeds ASC has adopted to develop the Leeds Reablement Service has been specifically designed to remove service bottlenecks and blockages and hence minimise service delays following hospital discharges and other points of entry into service. Part of this work is to ensure that the right resources are in place throughout the reablement process. This is in terms of the development of the new homecare reablement service, which is being sized based on projected service demand for this and coming years; and also in terms of ensuring other existing teams involved in reablement (e.g. Hospital Social Work teams and Initial Response Teams) are adequately resourced to handle reablement case loads.

3.6 Reablement works to the existing hospital discharge protocol and timeframes, so service users are placed back in the community within 72 hours of hospital discharge. To ensure hospital discharges are not delayed, service users are assessed for reablement in hospital prior to discharge, to ascertain the reablement outcomes that will go into individual plans. The CSS SkILs (Skills for Independent Living) service is a new 7 day a week service being developed for all service users in the community, whether following hospital discharge or as community customers, so service users discharged from hospital on a weekend will receive service without interruption or delayed discharge. To ensure individual plans reflect service users' local environments, reablement plans are reviewed within one first week of hospital discharge when the service user is back in a community setting.

3.7 Sitting alongside Reablement services are the intermediate care services provided in the community by the NHS. ASC have been working with health colleagues to ensure that as Reablement services are developed the opportunity to link with intermediate care is considered. Both services aim to ensure the timely transfer of care from hospital to the most suitable community setting. Leeds' ASC officers have worked closely with NHS Leeds and NHS Community Services colleagues to map the interface into ASC for hospital discharges, to ensure a smooth transition from hospital into the community. The hospital discharge pathway into reablement has been mapped and agreed, and a draft set of entry requirements for both the Reablement Service and the Intermediate Care Team have been drawn up, clearly delineating referral types and exclusions from both services.

3.8 This partnership approach is also being applied with LTHT. Hospital OTs are being utilised in the reablement service to ensure that customers who enter the reablement service via hospital discharge receive a functional assessment prior to discharge. A functional assessment is where the assessor engages the customer in actual tasks for example, mobility, daily living skills, domestic, work or leisure activities, which the assessor observes and analyses to determine the limiting factors and opportunities for improved performance. Where there is a need for a functional assessment and a hospital OT is unavailable, a community OT from the Council's Disability Services Team will provide one. The functional assessment is a key part of the reablement process, allowing outcomes based assessments and full reablement plans to be completed, clearly highlighting both what reablement customers can, can't and would like to do following a period of reablement, then setting reablement outcomes accordingly.

3.9 The Intermediate Tier Programme Board has identified the need to explore the interface between Reablement Teams and Intermediate Care Teams (ICTs), and possible integration between them, as a priority workstream for the programme. The intention is that this could lead to wider integration between health and social care services at locality level. A Project Group has been established to take forward the following actions:

- Work on the respective pathways for reablement and intermediate care, ensuring clarity regarding getting people into the right service and how people could transfer between the two services
- Development of common assessment tools for use by OTs in Reablement Teams and therapists in ICTs
- Development of common outcome measures
- Establishing channels of communication between the two services to enable each to know whether the other is already involved with a particular client
- Establishing co-location and alignment of teams where possible, linked to the development of Neighbourhood Health Teams focused around GP practice populations
- In the medium term, to consider possible integration of support workers across health and social care

3.10 **Use of transition beds.** Adult Social Care is also reviewing its use of transition beds. Within LCC residential services where we have voids it is proposed these can be used to facilitate discharge from hospital by being used as transitional beds. This is a best value approach as it makes good use of empty beds but also avoids the need to pay for transition beds in private accommodation.

3.11 The challenge in using beds in this way is that service users are in a residential setting and may quickly lose their independence skills and become resistant to returning home when everyone around them is permanently resident. This is particularly so for relatives and family who naturally want to avoid risk and see residential care as safer option. ASC are currently exploring the viability of grouping voids together to create transitional units with a reablement culture where the culture is to enable rather than "do for" residents thus ensuring independent living skills are not quickly lost.

3.12 **Exploration of a joint night service with health.** In considering the services which would need to be in place to give a GP assurance that they do not need to admit to hospital, or to expedite discharge; the potential availability of night support has been raised. Adult Social Care, NHS Leeds and NHS Leeds Community Services are currently in discussion on the viability of a joint night support service. This would be targeted at hospital avoidance and assistance with hospital discharge by providing service users with access to support 24/7. The feasibility for this needs careful consideration to ensure there is a need for this type of service, that it could achieve its objectives and that it offers value for money.

3.13 **Changing expectations and behaviours.** An important piece of work is to change the culture within the system – in GPs surgeries and community healthcare and in hospitals. NHS Leeds are progressing work with GPs and Community Matrons firstly to raise awareness of alternatives to hospital admission and secondly to look at developing a single point of access to these services so busy health staff do not need to go through a list of community options to find the appropriate one for their patient

3.14 Work also needs to take place to change the culture in hospitals. There needs to be a move away from a culture where hospital staff assume a residential placement is most appropriate without consideration of reablement and other alternatives like Assistive technology options. If service users and their families are given to believe that they need a residential placement then it is much harder to give the individual or carer the confidence that the service user will, following a period of reablement, be in a position to continue living in the community.

4.0 Implications For Council Policy And Governance

4.1 Leeds City Council needs to continue working in close partnership with health taking a whole system approach to tackling trends on hospital admission and discharge direct to residential care. Where there are opportunities to work innovatively in partnership to address these issues we need to consider how we can make this happen.

5.0 Legal And Resource Implications

5.1 A whole system approach to tackling this problem is vital as changes in one part of the health and social care system made in isolation can impact negatively elsewhere and prove costly to partners. The intermediate tier programme board has put in place measures to ensure that the true cost to the whole system is captured and understood.

6.0 Conclusions

6.1 A trend in increased admissions to residential care direct from hospital has been identified and a number of initiatives are being put in place and actioned to reverse this trend. In the medium term health and social care are working together to undertake a whole system transformation to develop a culture and services which promote independence and support people to live in the community. In the short term the multi agency unplanned care board have in place an action plan to tackle pressures and take practical measures now.

7.0 Recommendations

7.1 Scrutiny Inquiry are asked to note that there is a multi agency system wide approach to tackling the trend in increased admissions to hospital and its impact on services, including admissions to residential care. A number of short, medium and long term actions are in progress to tackle this and progress is being monitored and reviewed by the Intermediate Tier Review Board which is jointly chaired by ASC and NHS Leeds

Background Documents referred to in this report

NHS Leeds Community Services Commissioning Strategy 2009-2013

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Leeds CITY COUNCIL

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 21 December 2010

Subject: Equity and Excellence: Liberating the NHS – update

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

1.0 Purpose

1.1 The purpose of this report is to provide a further update around the Government's overall vision for the future of the NHS – initially presented in the White Paper, '*Equity and excellence: Liberating the NHS'* – by introducing some additional inputs around what is currently understood of the proposals and likely implications.

1.2 It also introduces '*Healthy Lives, Healthy People: our strategy for public health in England'*, the most recent consultation paper published by the Government, which details proposed changes to the delivery of public health across England.

2.0 Background

2.1 In early July 2010, the new Government published its overall vision for the future of the NHS via its White Paper, '*Equity and excellence: Liberating the NHS'* – which set out key proposals for change and reform. In mid-July 2010, under the umbrella of the White Paper the Government also published a suite of supporting consultation papers setting out more specific and detailed proposals. With an October 2010 closing date for responses on the proposals, the government response to these various consultations has not yet been published.

2.2 Nonetheless, in October 2010, the following consultations were also published as part of the Government's overall vision for the NHS and delivery of health care reform:

- *An information revolution: a consultation on proposals (18 October 2010)* – one of a series of consultation documents published subsequently to the White Paper Equity and Excellence: Liberating the NHS. It is part of the Government's

agenda to create a revolution for patients - "putting patients first" - giving people more information and control and greater choice about their care. The information revolution is about transforming the way information is accessed, collected, analysed and used by the NHS and adult social care services so that people are at the heart of such services: Consultation closing date – 14 January 2011.

- *Greater choice and control: consultation on proposals (18 October 2010)* – the Government's White Paper, Equity and Excellence: Liberating the NHS sets out proposals which envisage a presumption of greater choice and control over care and treatment, choice of treatment and healthcare provider becoming the reality in the vast majority of NHS-funded services by no later than 2013/14. This paper explains the proposals in more detail and seeks the views of patients, the wider public, healthcare professionals and the NHS: Consultation closing date – 14 January 2011.

2.3 The Board was first made aware of the NHS change and reform proposals at its meeting in July 2010 – which were subsequently considered in more detail at the Board's September meeting. The outcome of this discussion resulted in the submission of a consultation response on the proposals, which particularly focused on the issues outlined in the local democratic legitimacy in health consultation paper.

3.0 Liberating the NHS proposals and implications.

3.1 Since the initial publication of the Government's vision for NHS reform, the Board has continued to seek opinion of a range of interested parties around how the proposed changes could impact on the local health economy and delivery of services. This has included:

- NHS Leeds;
- Leeds Teaching Hospitals NHS Trust;
- Leeds Partnerships NHS Foundation Trust;
- Leeds City Council, Adult Social Services Directorate;
- Leeds Local Medical Committee;
- Leeds GP consortia representatives.

3.2 As the Government's vision for NHS reform continues to be developed, it should be highlighted that a further White Paper – Healthy Lives, Healthy People: Our strategy for public health in England – was published on 30 November 2010. This expands on the Government's previously outlined proposals around public health responsibilities.

3.3 A briefing note on the Public Health White Paper is attached at Appendix 1 for the Board's information. It should be noted that arrangements are being made for the Joint Director of Public Health to attend the January 2011 Board meeting, to outline and discuss the proposals in more detail.

3.4 Nonetheless, in order to help the Board maintain a broad overview of the Government's proposals and the likely implications for the Council, the following stakeholders have been invited to attend the Board:

- Councillor Lucinda Yeadon – Executive Board Member for Adult Health and Social Care;
- The National Institute for Clinical Excellence (NICE).

4.0 Recommendations

4.1 Members are asked to:

4.1.1 Consider and note the details presented in this report and those discussed at the meeting; and,

4.1.2 Identify any specific matters that require further scrutiny and/or are to be included on the Board's future work programme.

5.0 Background Documents

- Equity and excellence: Liberating the NHS – July 2010
- Healthy Lives, Healthy People: Our strategy for public health in England – 30 November 2010

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HEALTHY LIVES, HEALTHY PEOPLE – THE PUBLIC HEALTH WHITE PAPER

Leeds CITY COUNCIL

Scrutiny Unit Briefing Note – Scrutiny Board (Health)

Purpose

1. To provide an outline of the most recent NHS reforms set out in the White Paper of public health – *Healthy Lives, Healthy People: our strategy for public health in England* and consider the proposals in the context of the previous health White Paper – *Equity and Excellence: Liberating the NHS* and supporting suite of consultation documents.

Background

2. In July 2010, the Government set out its vision and radical reforms for the NHS through its White Paper – *Equity and Excellence: Liberating the NHS* and supporting suite of consultation documents. The proposals include a significantly enhanced role for local councils in assessing local needs, promoting integration and partnership working, and supporting joint commissioning and pooled budget arrangements. It also proposed a transfer of public health and health promotion responsibilities to local councils.

3. The White Paper – *Healthy Lives, Healthy People: Our strategy for public health in England (30 November 2010)* – expands on the Government's previously outlined proposals around public health responsibilities, which are summarised in more detail below.

Main considerations

Overview

4. The White Paper outlines the government's vision for pubic health being a higher priority area with dedicated resources. It complements another consultation document: *A Vision for Adult Social Care: Capable Communities and Active Citizens,* which emphasises more personalised and preventative services and also forms the government's substantive response to the Marmot Review, outlining a commitment to:

   - protecting the population from serious health threats;
   - helping people live longer, healthier and more fulfilling lives; and,
   - improving the health of the poorest, fastest.

5. In this regard the Government is seeking to build on evidenced base approaches to improving health, with a proposed focus on improving health through the life course, as follows:

   - Starting well – giving children the best start in life
   - Developing well – delivering better outcomes for children and young people
   - Living well – encompassing all of the factors that contribute to heath such as housing, transport, planning and the natural environment
   - Working well – promoting work as providers of good physical and mental health
   - Ageing well – helping people to live longer, more active and healthier

6. The White Paper also proposes a new approach to public health that will aim to address the root causes of poor health and wellbeing, based on being:

   - **Responsive** – owned by communities and shaped by their needs
   - **Resourced** – with ring-fenced funding and incentives to improve
   - **Rigorous** – professionally-led and focused on evidence; efficient and effective
   - **Resilient** – strengthening protection against current and future threats to health

7. The White Paper comments on the achievements of public health services and outlines the overall health inequalities agenda alongside some of the specific current-day public health challenges, including;

   - Maternal health;
   - Children's health and development;
   - Better physical and mental health; and,
   - An increase in emphasis on preventing ill health (preventative services).

8. There is a clear intention for councils to regain a leading role in improving, promoting and protecting the health of local communities. From April 2013, it is proposed that upper-tier and unitary local authorities will have enhanced freedoms and responsibilities to improve the health and wellbeing of communities and reduce health inequalities.

9. Furthermore, aspects of the White Paper suggest an increased emphasis on localism – acknowledging the breath of local government activity that can have a direct influence on public health outcomes. This includes a commitment from the Home Office to overhaul the Licensing Act 2003, to give local authorities and the police stronger powers to remove and refuse licenses.

Partnership Working and Accountability

10. The White Paper builds on the previous proposals to establish statutory local Health and Wellbeing Boards – stating that, subject to Parliament, Health and Wellbeing Boards will be statutory in all upper-tier authorities, with a proposed minimum membership of:

    - Elected representatives
    - GP Consortia
    - Director of Public Health
    - Director of Adult Social Services
    - Director of Children's Services
    - Local HealthWatch; and,
    - NHS Commissioning Board (participation where appropriate).

11. Local Health and Wellbeing Boards are clearly seen as the main vehicles to bring together key elected representatives with NHS, public health and social care leaders: With the main purposes of such Boards being to:

    - Establish a shared local view about the needs of communities; and,
    - Support joint commissioning of NHS, social care and public health services to meet such need.

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12. Health and Wellbeing Boards will be responsible for making arrangements for the production of the local Joint Strategic Needs Assessment (JSNA) – with GP consortia and local authorities (including Directors of Public Health) each having equal and explicit obligations for its preparation.

13. As such, and in line with the Government's previous proposals outlining the vision and reforms for the NHS, it appears highly probable that Leeds City Council will be required to establish a local Health and Wellbeing Board. It is likely that this will be required to be established in shadow form for April 2011.

14. In addition, local authorities will be free to take joint approaches to public health where it is believed to offer the best approach to tackle health improvement challenges. Consequently, consideration of appropriate regional and sub-regional arrangements may also be necessary.

15. Nonetheless, it will be important for the Council to be fully accountable to its local population for its record on health improvement and health inequalities. The full and proper involvement of locally elected members will be a key aspect in this regard and it will also be important for all staff working in its public health function, including the Director of Public Health (DPH), to be properly and fully accountable to the Council. As such, the transfer of public health responsibilities and staff to the Council is likely to create a number of complex employment issues, which will need to be managed effectively.

16. However, the full impact of the NHS reforms and the Council's enhanced role on current local partnership arrangements are yet to be finally confirmed and, therefore, the practical implications will need to be worked through. Key considerations associated with the new Health and Wellbeing Board are likely to include:

    - How the new arrangements will complement / replace current partnership arrangements;
    - Support and governance arrangements; and,
    - Decision-making processes.

    Some consideration of the above is outlined in the Executive Board report – xxxx – due to be considered on 15 December 2010.

    National Public Health Service

17. A new national integrated public health service, Public Health England (PHE), is also proposed. The purpose of this service will be to ensure excellence, expertise and responsiveness – particularly around emergency preparedness and health protection, bringing together what is described as a 'fragmented system'. However, it is also unclear how the centralisation of functions into PHE supports the otherwise localist vision of the White Paper.

    Budget allocation

18. The overall Public Health ring-fence budget is suggested to be in the region of £4 billion, however this estimate will be revised as the detailed design of PHE develops and more information is gathered around existing services and spend. Nonetheless, it is unclear how much of the ring-fenced budget will support the work of PHE and how much of that will filter down to local authorities for delivery of this important agenda for which they are going to be held responsible.

19. PHE will be responsible for allocating ring-fenced budgets to upper-tier and unitary authorities, weighted for inequalities and asking the NHS Commissioning Board to commission specific services and elements of GP contract. PHE will also commission or provide services directly – such as national purchasing of vaccines.

20. Within the overall public health budget, a new health premium is also proposed, which will form part of the local public health budget for health improvement. Initially targeted towards areas with the worst health outcomes and most need, the Council will receive an incentive payment (or premium) that will depend on the progress made in improving the health of the local population.

21. Further specific details around public health funding and the outcomes framework are due out before the end of 2010, however it is already clear that to support this enhanced role, it will be vitally important that councils have sufficient financial and human resources, along with the freedom and flexibilities to determine how they are deployed locally.

Summary and conclusion

22. While the most recent White Paper is wide-ranging in its proposals, further details on a number of issues are still outstanding. Without these details it remains difficult to have a completely clear picture of the proposed new public health landscape and the role of the Council within it. The outstanding details include:

- the outcomes framework for public health (covering 5 broad domains of public health);
- more precise details of public health funding; and
- 10 further consultation documents on specific aspects of health improvement and health protection.

23. That said, the details in the White Paper add to what has previously been proposed in terms of NHS reforms. As such, it is perhaps worthwhile to consider and restate some of the identified key milestones:

Key date		**Reform**
During 2011	–	Establish Public Health England (in shadow form) within DH
April 2011	–	Arrangements in place to support Health and Wellbeing boards (in shadow form).
	–	Begin transformation of patient Local Involvement Networks into local HealthWatch
	–	Begin to establish GP commissioning consortia in shadow form
	–	Re-focused carers' strategy
October 2011	–	White Paper on sustainable funding and legislative framework for social care
April 2012	–	new statutory functions of local authorities come into effect: Health and Wellbeing Boards in place
	–	Public Health England in place

Key date		Reform
April 2012	–	local health improvement led by Directors of Public Health in local councils: Ring-fenced budget in place
	–	NHS Commissioning Board fully established
	–	Formally establish GP commissioning consortia
	–	HealthWatch launched (nationally)
Autumn 2012	–	NHS Commissioning Board makes allocations to GP consortia for 2013/14
2012/13	–	Shadow public health grant allocations to local government
April 2013	–	Strategic Health Authorities (SHAs) abolished
	–	Primary Care Trusts (PCTs) abolished
	–	GP consortia take full responsibility for commissioning
	–	Upper-tier and unitary local authorities to have enhanced freedoms and responsibilities to improve the health and wellbeing of communities and reduce health inequalities
2013/14	–	Complete transition of all NHS trusts to Foundation Trust status

24. The above timeline outlines some of the major NHS reforms and provides an indication of some of the significant challenges likely to affect the Council and its partners across the local health economy. As such, local councillors are likely to want to know, and arrangements will need to be put into place to advise, how members will influence:

- the local transition to the new arrangements?
- appropriate outcome measures for commissioners and providers?
- how well GP Commissioners evaluate whether the services they commission meet local needs and change services that don't meet needs?
- the effectiveness of Health and Wellbeing Boards as co-ordinators of healthcare, social care and health improvement?
- the NHS Commissioning Board, especially around regional and specialist services?
- the development and support of an effective local Healthwatch?
- key relationships: For example, between the Council and the Care Quality Commission and between local Healthwatch and national Healthwatch?
- the experience of patients and carers and the quality and safety of services?
- the influence local people have to develop options for changes to services?
- the process for assessing service reconfigurations?

25. The risks associated with the proposed changes to the health landscape, could be described or summarised by two extremes:

(a) that the Council fails to address / take account of its new responsibilities; or,

(b) the new health responsibilities dominate the Council agenda at the detriment to other areas.

26. While it has recently been reported that the anticipated draft Health and Social Care Bill has been delayed until January 2011, striking the balance between these two extremes will be a key aspect during the transitional period. Nonetheless, it is clear that, whatever the final proposals, greater local public accountability will be a significant feature. As such, continuing to build on existing relationships and developing new ones will be essential – in particular the relationship between locally elected members and the emerging local GP consortia.

Steven Courtney
Principle Scrutiny Adviser

December 2010

Leeds CITY COUNCIL

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 21 December 2010

Subject: Children's Cardiac Surgery Services – National Review

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

1.0 Purpose

1.1 The purpose of this report is to:

1.1.1 Seek the Board's view on the likely significance of the proposals / recommendations arising from the national review of Children's Cardiac Surgery Services; and,

1.1.2 Seek the Board's nomination(s) for representatives to serve on a Joint Regional Health Overview and Scrutiny Committee, as appropriate.

2.0 Background

2.1 As part of the Safe and Sustainable review programme, members of the Scrutiny Board (Health) were formally made aware of the review of Children's Cardiac Surgery Services across England in September 2009. Since that time, the Board has received a number of updates outlining progress of the review and key milestones.

2.2 Previously, the Board has been advised that at the outset of the review, 11 centres across England were providing Children's Cardiac Surgery Services, with around 3,800 procedures being undertaken each year. Throughout the review process, the Board has been reminded that one of the issues being considered centred around a higher number of surgical procedures being carried out in larger, but a smaller number of centres.

2.3 Currently, Leeds Teaching Hospitals NHS Trust is the only provider of such surgical services in the Yorkshire and Humber region.

2.4 The last update provided to the Board (November 2010) advised that there had been a delay in the review process, with proposals / recommendations arising from the review expected to be published in January 2011. This will be followed by a 3-month period of public consultation.

3.0 Heath Scrutiny and Service Reconfiguration

3.1 Health Scrutiny Powers around service reconfiguration are focused on the impact of any proposed change / development, and the robustness of any associated consultation arrangements.

3.2 The Department of Health Guidance on Health Scrutiny (published in July 2003) provides assistance to Health Overview and Scrutiny Committees (HOSCs) by setting out some guiding principles when considering the nature of proposed service changes and/or developments.

3.3 The guidance states that, in considering whether proposals are substantial, consideration should be given to the general impact of any change on patients, carers and the public who use or have the potential to use a service. Specifically, it is suggested that the following should be taken into account:

- **Changes in accessibility of services** – both reductions and increases on a particular site.

- **Impact of proposal on the wider community** – including the economic impact and other issues, such as transport and regeneration.

- **Patients affected** – changes may affect the whole population or a small group (patients accessing a specialised service). If change affects a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.

- **Methods of service delivery** – altering the way a service is delivered may be a substantial change.

<u>Delegation of health scrutiny function and joint committees</u>

3.4 The regulations governing Health Scrutiny also allow local authorities to delegate their overview and scrutiny functions to another local authority. This can occur where one authority believes that another authority would be better placed to consider a particular local priority, and the latter agrees to exercise the function.

3.5 The regulations also allow two or more local authorities to appoint joint committees to exercise the scrutiny function of those participating authorities, where deemed appropriate.

3.6 Furthermore, the regulations also allows the Secretary of State (for Health) to make directions to local authorities to establish joint committees. Such direction is likely to be made when requiring the establishment of a joint committee to consider (and respond to consultation on) any substantial service variation or development, where those services are provided to areas that span more than one overview and scrutiny committee

3.7 To help HOSCs from across the Yorkshire and Humber region respond to issues associated with such matters, a protocol for Joint Health Scrutiny was drafted and is attached at Appendix 1: At the time of writing this report, all but one authority from across the Yorkshire and Humber region have formally adopted the protocol as a basis for undertaking joint health scrutiny. In Leeds, the protocol was formally adopted in November 2009, replacing the previous protocol established for West Yorkshire authorities.

4.0 Arrangements for regional joint health scrutiny

4.1 As described above, a joint protocol has largely been agreed, which puts in place arrangements to establish a regional joint health scrutiny committee, where/when required. This includes issues associated with the size of a joint committee (determined by the number of participating authorities), establishing the terms of reference and matters relating to chairing and supporting any joint committee. Such matters are clearly identified in the attached protocol.

4.2 Assuming that forming a joint committee is required and/or established, in line with the attached protocol it should be noted that Leeds is likely to take a leading role in supporting and administering the work of a joint committee around Children's Cardiac Surgery Services.

4.3 As such, arrangements are being made to provide a briefing session for all HOSC Chairs (or their nominee) in January 2011. In addition, draft terms of reference are also being prepared in anticipation of a joint committee being established.

5.0 Recommendations

5.1 In noting the content of this report, the Board is asked to:

5.1.1 Offer a view on the likely substantive nature of the review proposals/ recommendations; and,

5.1.2 Nominate a maximum of four members to represent the Leeds Health Scrutiny Board on a regional joint health scrutiny committee.

6.0 Background Documents

- Overview and Scrutiny of Health (Department of Health, July 2003)
- NHS Specialised Services newsletters summer 2009 – winter 2010 (available at www.specialisedservices.nhs.uk/doc/stakeholder-newsletters-cardiac)

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APPENDIX 1

PROTOCOL FOR THE YORKSHIRE AND THE HUMBER COUNCILS JOINT HEALTH SCRUTINY COMMITTEE

1.0 INTRODUCTION

1.1 This Protocol has been developed as a framework for carrying out scrutiny of regional and specialist health services that impact upon residents across Yorkshire and the Humber under powers for Local Authorities to scrutinise the NHS contained in the Health and Social Care Act 2001.

1.2 The Health and Social Care Act 2001 strengthens arrangements for public and patient involvement in the NHS. Sections 7 to 10 of the Act provide for local authority Overview and Scrutiny Committees to scrutinise the NHS and represent local views on the development of local health services, whilst section 242 of the National Health Service Act 2006 (formally section 11 of the Health and Social Care Act 2001), places a duty on NHS organisations to make arrangements to involve and consult patients and the public in service planning and operation, and in the development of proposals for changes. Section 242 has subsequently been amended by the Local Government and Public Involvement in Health Act 2007. NHS organisations are now required to make arrangements so that users of services are involved in the planning and development of these services.

1.3 The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 provide for local NHS bodies to consult the Overview and Scrutiny Committee where the NHS body has under consideration any proposal for a substantial development of the health service or for a substantial variation in the provision of such a service in the local authority's area.

1.4 The Directions also state that when a local NHS body consults with more than one Overview and Scrutiny Committee on any such proposal, the local authorities of those Overview and Scrutiny Committees shall appoint a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Joint Overview and Scrutiny Committee may:-

(a) Make comments on the proposal consulted on to the local NHS body;

(b) Require the local NHS body to provide information about the proposal;

(c) Require an officer of the local NHS body to attend before it to answer such questions as appear to it to be necessary for the discharge of its functions in connection with the consultation.

1.5 Notwithstanding these arrangements, individual authorities may wish to comment on proposals by NHS bodies under the broader duties imposed on NHS Bodies by Section 242 of the National Health Service Act 2006.

1.6 This protocol has been developed and agreed by all the local authorities with responsibility for health scrutiny in the Yorkshire and the Humber region (Bradford, Calderdale, Kirklees, Leeds, Wakefield, York, North Lincolnshire, Barnsley, Doncaster, Rotherham, Sheffield, East Riding, North Yorkshire, North East Lincolnshire and Hull) as a framework for carrying out joint scrutiny of health in the region in response to a statutory consultation by an NHS body.

2.0 COVERAGE

2.1 Whilst this protocol deals with arrangements within the boundary of Yorkshire and the Humber, it is recognised that there may be occasions when consultations may affect adjoining regions. Arrangements to deal with such circumstances would have to be determined and agreed separately, as and when appropriate.

3.0 PRINCIPLES FOR JOINT HEALTH SCRUTINY

3.1 The basis of joint health scrutiny will be co-operation and partnership with a mutual understanding of the following aims:

- To improve the health of local people and to tackle health inequalities
- Ensuring that people's views and wishes about health and health services are identified and integrated into plans, services and commissioning that achieve local health improvement.
- Scrutinising whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community.

3.2 The Local Authorities and NHS bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their Codes of Conduct. Personal and prejudicial interest will be declared in all cases, in accordance with the Code of Conduct.

3.3 The scrutiny process will be open and transparent in accordance with the Local Government Act 1972 and the Freedom of Information Act 2000 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be considered in private.

3.4 Different approaches to scrutiny reviews may be taken in each case. The Joint Health Scrutiny Committee will seek to act as inclusively as possible and will take evidence from a wide range of opinion including patients, carers, the voluntary sector, NHS regulatory bodies and staff associations. Attempts will be made to ascertain the views of hard to reach groups, young people and the general public.

4.0 SUBSTANTIAL VARIATION AND SUBSTANTIAL DEVELOPMENT

4.1 When a NHS body is considering proposals to vary or develop health services, those authorities whose residents are affected must be given the chance to decide whether they consider the proposals to be substantial to their communities. Those that do consider the proposals to be substantial must be formally consulted and must form a Joint Health Overview and Scrutiny Committee to respond to the consultation. The decision about whether proposals are substantial (and therefore whether to participate in a Joint Health Overview and Scrutiny Committee) must be taken by the Health Overview and Scrutiny Committees within the relevant authorities.

4.2 The primary focus for identifying whether a change should be considered as substantial is the impact upon patients, carers and the public who use or have the potential to use a service. This would include:-

- ***Changes in accessibility of services:*** any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location (other than to any part of same operational site).
- ***Impact of proposal on the wider community and other services:*** including economic impact, transport, regeneration (e.g. where reprovision of a hospital could involve a new road or substantial house building).
- ***Patients affected:*** changes may affect the whole population (such as changes to A&E), or a small group (patients accessing a specialised service). If changes affect a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example renal services).
- ***Methods of service delivery:*** altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.
- ***Issues likely to be considered as controversial to local people:*** (e.g. where historically services have been provided in a particular way or at a particular location.)
- ***Changes to governance:*** which affect NHS bodies' relationships with the public or local authority Overview and Scrutiny Committees (OSC's).

5.0 RESPONDING TO A STATUTORY CONSULTATION BY AN NHS BODY

5.1 Where a response to a statutory consultation is required on proposals for substantial variation or substantial development affecting two or more ocal authorities within Yorkshire and the Humber, scrutiny may be undertaken either by:-

- **Delegated Scrutiny**: The affected local authorities agree to delegate their overview and scrutiny function to a single authority which may be better placed to consider a local priority[1]; or
- **Joint Committee**: The affected local authorities establish a joint committee to determine a single response.

5.2 Accordingly, where any substantial variation or substantial development principally affects residents of a single local authority, scrutiny can be delegated to that authority. Whereas, there is a presumption of wider regional variations or developments are dealt with by a Joint Health Scrutiny Committee.

6.0 DELEGATED SCRUTINY

6.1 Regulations enable a local authority to arrange for its overview and scrutiny functions to be undertaken by a committee from another local authority. Delegation may occur where a local authority believes that another may be better placed to consider a particular local priority and, importantly, the latter agrees to exercise that function. For instance, it might be more appropriate to delegate scrutiny where an NHS body provides a service across two local authority areas but the large majority of those using or affected by the service are in one of those authority areas.

Delegated Powers

6.2 When and where such delegation takes place, the full powers of overview and scrutiny of health shall be given to the delegated committee, but only in relation to the specific delegated function (i.e. a particular inquiry or consultation).

Terms of Reference

6.3 In such circumstances and in accordance with Department of Health guidance, clear terms of reference, clarity about the scope and methods of scrutiny to be used must be determined between the affected local authorities. Formal terms of reference should be drafted and formally agreed by the respective Overview and Scrutiny Committees of the affected local authorities and subsequently shared with the relevant NHS bodies.

6.4 In the context of a proposal for a substantial development or variation to services, where the review of any consultation has been delegated, the power of referral to the Secretary of State where such a proposal is contested is also delegated. The delegating local authority is no longer able to influence the content or outcome of the review[2].

6.5 The delegated authority (the authority undertaking the consultation exercise) will be responsible for conducting scrutiny in accordance with

[1] Overview and Scrutiny of Health - Guidance. Department of Health, July 2003. P21, para 7.1
[2] Overview and Scrutiny of Health - Guidance. Department of Health, July 2003. P21, para 7.4

its own set procedures and will be expected to regularly communicate with the delegating authority(ies).

7.0 JOINT HEALTH SCRUTINY COMMITTEE

7.1 Where a wider, joint approach is required to a consultation by an NHS body, a separate Joint Health Scrutiny Committee will be established for each consultation.

Membership of a Joint Health Scrutiny Committee

7.2 Under the Local Government Act 2000 provisions, Overview and Scrutiny Committees must generally reflect the make up of full Council. Consequently, when establishing a Joint Health Scrutiny Committee, each participating local authority should ensure that those Councillors it nominates reflects its own political balance. However, the political balance requirements may be waived but only with the agreement of all the participating local authorities[3].

7.3 In accordance with the above, a Joint Committee will be composed of Councillors drawn from Yorkshire and the Humber local authorities in the following terms:-

- where 9 or more Yorkshire and the Humber local authorities participate in a Joint Health Scrutiny Committee – the Chair (or Chair's representative) of each participating authority's Overview and Scrutiny Committee responsible for health will become a member of the Joint Health Scrutiny Committee;
- where 4 to 8 local authorities participate - then each participating authority will nominate 2 Councillors; or
- where 3 or less local authorities participate - then each participating authority will nominate 4 Councillors.

7.4 Each local authority should make a decision as to whether it should seek approval from its respective full Council or Executive to delegate authority to its relevant Overview and Scrutiny Committee (responsible for health) or another appropriate body to nominate Councillors on a proportional basis to a Joint Health Scrutiny Committee.

7.5 From time to time and where appropriate, the Joint Health Scrutiny Committee may appoint non-voting co-optees for the duration of a consultation. In these circumstances, one or more co-optees could be drawn from local patient, community and voluntary sector organisations affected by substantial change or variation.

Choice of Lead Authority and Chair

7.6 Where a Joint Health Scrutiny Committee (as defined by the Health and Social Care Act 2001) is required to consider a substantial development of the health service or a substantial variation, one of the

[3] Overview and Scrutiny of Health - Guidance. Department of Health, July 2003. P22, para 8.6

affected local authorities would take the lead in terms of organising and Chairing the joint committee.

7.7 Selection of a lead authority, should where possible, be chosen by mutual agreement by the local authorities involved and take into account both capacity to service a Joint Health Scrutiny Committee and available resources. Additionally, the following criteria should guide determination of the Lead Authority:

- The local authority within whose area local communities will be most affected; or if that is evenly spread;
- The local authority within whose area the service being changed is based; or if that is evenly spread;
- The local authority within whose area the health agency leading the consultation is based.

Operating Procedures

7.8 The Joint Health Scrutiny Committee will conduct its business in accordance with the Overview and Scrutiny Committee Procedure Rules of the Lead Authority.

7.9 The Lead Authority will service and administer the scrutiny exercise and liaise with the other affected local authorities.

7.10 The Lead Authority will draw up a draft terms of reference and timetable for the scrutiny exercise, for approval by the Joint Health Scrutiny Committee at its first meeting. The Lead Authority will also have responsibility for arranging meetings, co-ordinating papers in respect of its agenda and drafting the final report.

Meetings of the Joint Health Scrutiny Committee

7.11 At the first meeting of any new inquiry, the Joint Health Scrutiny Committee will determine:

- Terms of reference of the inquiry;
- Number of sessions required;
- Timetable of meetings & venue.

Reports of the Joint Health Scrutiny Committee

7.12 At the conclusion of an Inquiry the Joint Health Scrutiny Committee shall produce a written report and recommendations which shall include:

- an explanation of the matter reviewed or scrutinised
- a summary of the evidence considered
- a list of the participants involved in the review or scrutiny; and
- any recommendations on the matter reviewed or scrutinised.

7.13 Reports shall be agreed by a majority of members of the Joint Health Scrutiny Committee.

7.14 Reports shall be sent to all relevant local authorities, to NHS Yorkshire and the Humber and the relevant health agencies, along with any other bodies determined by the Joint Health Scrutiny Committee and Lead Authority.

7.15 The Joint Health Scrutiny Committee shall request a response to its report and recommendations from the NHS body or bodies receiving the report within 28 working days.

7.16 The Joint Health Scrutiny Committee may, on receipt of the NHS body's response to its recommendations report to the Secretary of State on the grounds that it is not satisfied:

- with the content of the consultation; or
- that the proposal is in the interests of the health service in the area.

7.17 In circumstances where an NHS Body has failed to consult over substantial variation or development, or where consultation arrangements are inadequate or insufficient time provided, then the affected local authority or authorities may decide to make appropriate representations to the NHS Body concerned.

Minority reports

7.18 Where a member of a Joint Health Scrutiny Committee does not agree with the content of the Committee's report, they may produce a report setting out their findings and recommendations and such a report will form an Appendix to the Joint Health Scrutiny Committee's report.

8.0 DISCRETIONARY JOINT WORKING

8.1 Guidance issued by the Department of Health[4] states '*that the role of* (scrutiny*) committees is to take an overview of health services and planning within the locality and then to scrutinise priority areas to identify whether they meet local needs effectively.* This suggests a more proactive role for overview across Yorkshire and the Humber. It is also recognised that individual local authority scrutiny committees may wish to engage with and scrutinise regional NHS/health bodies or look at broader regional health issues.

8.2 In these circumstances, or where a health scrutiny review is initiated that affects more than one authority, then it may be appropriate and more effective for local authorities in Yorkshire and the Humber to agree on an ad-hoc basis, joint arrangements based on this protocol to undertake such work.

8.3 To enable Yorkshire and the Humber local authorities to explore potential opportunities for future joint working, all local authorities should:

[4] Overview and Scrutiny of Health - Guidance, July 2003

- share work programmes of their respective scrutiny committees (health);
- arrange for appropriate officers to meet and liaise on a regular basis; and,
- where appropriate, facilitate member level meetings across Yorkshire and the Humber.

Leeds CITY COUNCIL

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 21 December 2010

Subject: Updated Work Programme 2010/11

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

1.0 Purpose

1.1 The purpose of this report is to present 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 meetings on 25 June 2010 and 27 July 2010, 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 – Chair and Chief Executive
- Leeds Teaching Hospitals NHS Trust (LTHT) – Chair and Chief Executive
- Leeds Partnerships Foundation Trust (LPFT) – Chair and Chief Executive
- Leeds Director of Pubic Health

2.2 At those meetings a number of potential work areas were identified by members of the Board and were subsequently confirmed in an outline work programme. However, members will be aware that the 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.

2.3 As such, and as in previous years, the work programme, including any emerging issues, will continue to be 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 23 November 2010, and an updated version is now presented at Appendix 1 for consideration.

3.0 Update on specific work areas and associated activity

3.1 This section of the report seeks to provide a more detailed update on specific activities and elements of the Board's work programme.

NHS White Paper – *Equity and Excellence: Liberating the NHS*

3.2 A separate White Paper around Public Health was published on 30 November 2010 and an outline briefing note is included elsewhere on the agenda. It is proposed that the Joint Director of Public Health attends the Board meeting in January 2011 to outline the proposals and likely implications in more detail.

Health service Developments Working Group

3.3 The next meeting of the working group is scheduled to take place on 14 December 2010. A summary of the outcome of discussions will be presented to the Board at the meeting (on 21 December 2010).

4.0 Work programme (2009/10)

4.1 Members will be aware that the Scrutiny Board's work programme should be regarded as a 'live' document, which may evolve and change to reflect any in-year change in priorities and/or emerging issues. As such, in the context of the information presented in this report and discussed at the meeting, the Scrutiny Board is asked to consider the current work programme (Appendix 1) and agree / amend as appropriate.

5.0 Recommendations

5.1 Members are asked to note the details presented in this report and to agree / amend the current work programme, as appropriate.

6.0 Background Documents

- Scrutiny Board (Health) – Work programme (June 2010)
- Scrutiny Board (Health) – Work programme (November 2010)

APPENDIX 1

Scrutiny Board (Health)
Work Programme 2010 /11

Item	Description	Notes	Type of item
Meeting date – December 2010			
Equity and Excellence: Liberating the NHS	To consider an overall update on the proposed NHS reforms.	Part of the Board's ongoing consideration of the proposed NHS reforms.	B
Quarterly Accountability Reports	To receive quarter 2 performance reports.		PM
Health Service Direct Discharge into Residential Care	To consider the report and issues raised at the Adult Social Care Scrutiny Board in November 2010.	Added to work programme in November 2010.	PM
Recommendation Tracking	To monitor progress against the recommendations agreed following previous Scrutiny Board inquiries.	To include any detailed responses in relation to the previous scrutiny inquiries around: • Kirkstall Joint Service Centre; and, • Promoting good public health.	MSR
Children's Cardiac Surgery Services – National Review	To consider the Board's involvement in proposed arrangements for joint regional scrutiny of proposals / recommendations arising from the national review of services	Precise publication date of the recommendations is to be confirmed.	RFS

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

APPENDIX 1

Scrutiny Board (Health)
Work Programme 2010 /11

Meeting date – January 2011			
Equity and Excellence: Liberating the NHS	To consider an overall update on the proposed NHS reforms, alongside the government's response to the issues raised as part of the consultation process.	Subject to publication of the government's response.	B
Public Heath consultation / proposals	To consider government proposals regarding the delivery of Public Health Services.	White Paper published	B
Economic & Social Cost of Alcohol in Leeds	To consider the research report aimed at estimating the economic and social costs of alcohol-related harm in Leeds.	Research undertaken / report produced by Liverpool John Moores University	B
Healthier Communities	To consider the outcome of the recent peer review and the associated actions/ improvement plan.	Process for publication to be confirmed. Member of the peer review team to be invited to present the report (TBC).	PM
Meeting date – February 2011			
Equity and Excellence: Liberating the NHS	To consider an overall update on the proposed NHS reforms.	Part of the Board's ongoing consideration of the proposed NHS reforms.	B
Sexual Health Strategy	To consider the Sexual Health Strategy for Leeds.		B

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
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APPENDIX 1

Scrutiny Board (Health)
Work Programme 2010 /11

Meeting date – March 2011			
Health Priorities	To consider draft health priorities for Leeds		DP
Quality Accounts	To consider draft quality account submissions for 2010/11		PM
Quarterly Accountability Reports	To receive quarter 3 performance reports		PM
Recommendation Tracking	To monitor progress against the recommendations agreed following previous Scrutiny Board inquiries.		MSR
Meeting date – April 2011			
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)
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APPENDIX 1

Scrutiny Board (Health)
Work Programme 2010 /11

Working Groups			
Working group	**Membership**	**Progress update**	**Dates**
Health Service Developments Working Group	All Board members (subject to availability)	• Working Group established in July 2010 • Working group meeting held on 14 September 2010 • Next meeting scheduled for 14 December 2010	14 Sept. 2010 Feb. 2011 April 2011
Liberating the NHS Working Group	Open to all members of the Board, but with core membership of: • Cllr. Dobson • Cllr. Harrand • A. Giles	• Established in July 2010 to consider the proposals contained in the White Paper 'Equality and excellence: Liberating the NHS', alongside the subsequent and supporting consultation documents. • Meeting with Leeds Local Medical Committee held on 8 October 2010.	*TBC*

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
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Scrutiny Board (Health)
Work Programme 2008/09

Unscheduled / Potential Items		
Item	**Description**	**Notes**
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, but no formal consideration of issue in 2009/10. Highlighted as an area to consider in July 2010.
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. Local (regional) involvement event to be held on 17 June 2010. Briefing note produced by National Specialised Commissioning Team (NSCT) published in August 2010. Discussions around forming a series of joint health scrutiny committee to consider the proposals are on-going.

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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.	**Carried over from 2009/10.** First bulletin published (September 2009) National stakeholder event held 30 November 2009. Newsletter issued in April 2010. Local involvement likely to be towards the end of 2010.
Foundation Trust Status	To consider LTHT's progress against its aspiration of attaining Foundation Trust status.	**Carried over from 2009/10.** Initial and subsequently revised proposals considered in 2009/10. Details regarding anticipated changes in costs to support proposed new governance arrangements requested in May 2010
Primary Care Service Development and use of the Capital Estate	To consider the NHS Leeds' longer-term strategy for developing/ delivering services through its capital estate.	**Added to the work programme in December 2009**, but no formal consideration of issue in 2009/10. It may be more appropriate to consider this matter across the whole local health economy.

Key:			
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Scrutiny Board (Health)
Work Programme 2008/09

Unscheduled / Potential Items		
Item	**Description**	**Notes**
Health Scrutiny – Department of Health Guidance	To receive and consider revised guidance associated with health scrutiny and any implications for local practice.	**Carried over from 2009/10.** Revised guidance was due to be published in November 2009, but was subsequently delayed until after the general election. No firm publication date is yet available and may be superseded by the details and any subsequent legislation and regulations arising from the White Paper – Equity and Excellence: Liberating the NHS
Specialised commissioning arrangements	To consider the current arrangements for specialised commissioning within the region and the role of scrutiny.	**Carried over from 2009/10.** No formal consideration of issue in 2009/10. Regional work with other local authorities is on-going. The next regional member network meeting is to be confirmed.
Openness in the NHS	To consider how the Department of Health guidance is interpreted and implemented locally.	**Carried over from 2009/10.** No formal consideration of the issue in 2009/10 and may be better linked with any detailed consideration of the White Paper – Equity and Excellence: Liberating the NHS

Key:			
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Scrutiny Board (Health)
Work Programme 2008/09

Unscheduled / Potential Items		
Item	**Description**	**Notes**
Dermatology Services	To consider proposals for the delivery of dermatology services.	Follow up to the issues considered in 2009/10. **Added to work programme in July 2010.**
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	Identified as potential issue for 2009/10 but insufficient capacity to consider the issue. **Highlighted as a potential area for scrutiny by the Executive Board member in June 2010.**
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. No formal consideration of issue in 2009/10. **Carried over from 2009/10.**

Key:			
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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.	**Carried over from 2009/10.** Various correspondence exchanged and clarification sought. The Board to maintain a watching brief and kept up-to-date with any developments. No formal consideration of issue in 2009/10.

Key:			
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