

Community Development – Report published July 2007: Last update received March 2009 (considered in April 2009)

	Recommendation	Where we are up to	Stage	Complete
2	We recommend that the Local Strategic Partnership proactively challenges the level of commitment and investment made from all partners towards community development and develops an action plan aimed at further embedding community development values and principles across the partnership.	<p><u>March 2008 position</u> The Leeds Initiative Programme Manager for Harmonious Communities started in post in January 2008 and is discussing with organisations and different departments about her future work programme. This will include addressing the embedding of community development values and principles across the partnership.</p> <p><u>March 2009 position</u> The Leeds Initiative is setting up a new Harmonious Communities strategy and development group with a workshop on 11th February 2009.</p> <p>The community development issues will be discussed as part of the broader work on community engagement and empowerment. At the present time, this is being considered by several different individuals, departments and groups and we want to bring this together and be clear about how we want to take it forward in partnership. The White Paper <i>Communities in Control</i> (CLG 2008) supports work to enhance community development skills among a range of frontline professionals and the increased focus on community engagement and empowerment.</p> <p>In terms of investment, the VCF sector partnership group has taken this forward as part of the response to the research commissioned by Leeds Initiative on the sustainability of the VCF sector in Leeds. This group has a resources task group which is working on this. The current economic situation is having a detrimental effect on funding and resources are reduced. Funding for a post based within Leeds Voice was identified by the Resources Group to work with commissioners and VCF sector on future commissioning and delivery.</p> <p>The new Health and Wellbeing Plan identifies engagement and community development as a specific strand and the PCT is making explicit and specific the community development contribution expected of each VCF sector partner it funds during this commissioning period (for SLA's April 09 up to 3 years)</p>		

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		<p><u>July 2009 update</u></p> <p>The VCFS Partnership Group chaired by Sandie Keene was established by the Narrowing the Gap Board to deliver against the LAA National Indicator 7 – a environment for a thriving third sector. It has established task groups to look at both resourcing issues and community engagement. The resources task group has established the Supporting Commissioning Links scheme and commissioned Leeds Voice and Renew to work in partnership with service managers to deliver a 2 year programme to enable and support third sector organisations to access opportunities to deliver public sector commissioned services and activities.</p> <p>The VCFS Partnership Group has agreed terms of reference for a community engagement task group that will meet at the end of August to undertake the work identified by the City and Regional Partnerships Scrutiny Board. It will identify opportunities and initiatives that will further improve and enhance links with local VCFS organisations to support the delivery of the Area Committee’s work in localities and will map the available resource and expertise within the sector to improve the targeting and engagement of "hard to reach" groups. It will also seek to map the existing strategic groups with a ‘community engagement’ remit groups and their activities to avoid duplication and silo approaches and develop and recommend more sustainable ways of working.</p> <p>The Leeds Initiative Harmonious Communities partnership has held its first meeting and agreed to meet with the community engagement subgroup of the VCF sector Partnership.</p> <p>NHS Leeds has made explicit a number of community development outcomes within CVFS SLA’s. These include: Increased number of people participating in or engaging with local community activities; Increase in the size and range of social networks for local people; Equality of access to services for all local</p>		

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		<p>people; Increased levels of satisfaction of service users with the delivery and outcomes of the service; Increased levels of involvement of service users in the design, delivery, management, review and development of services; Improvement in productive and co-operative working with other partners – indicators for this outcome include ‘Input to Local Forum/planning sessions’ and ‘Input to Local Delivery Plans (Area Committee, through Area Management)’</p> <p>These outcomes have been commissioned from approx 20 agencies. The agencies all work in neighbourhoods in worst 10% nationally (using IMD) and with specific vulnerable groups eg gypsies and travellers, South Asian communities, women fleeing violence.</p>		
4	<p>That the Healthy Leeds Partnership champions the Leeds Community Health Development Network (CHDN) and ensures that it provides opportunities for community development projects to share best practice, celebrate achievements and actively encourage joint working initiatives across the city.</p> <p>The Network should also develop a themed training programme based on the needs of community development workers and encourage broader education and understanding of community development across the city.</p>	<p><u>March 2008 position</u> The Healthy Leeds Partnership values the Community Development Network and, in relation to the new partnership arrangements, is examining where it would need to be placed to have the most influence.</p> <p>The Community Health Development Network has identified the need to develop training as part of its future work programme. The future of the CHDN is integral to the development of accredited training for current CD workers as well as the development of induction plans for new workers. The majority of CD work is delivered by CVFS partners, and the aim is to improve the skills and competence of those workers. This development work needs to be supported through the CHDN, which would ensure local staff became competent using the National Competency Standards for CD.</p> <p><u>March 2009 position</u> The new partnership structures for health and wellbeing came into place last year with a smaller Joint Strategic Commissioning Board as well as the Healthy Leeds Partnership. Workshops in March are looking to develop the locality partnerships.</p>		

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		<p>Community health development relates most to the Promoting Health and Wellbeing Commissioning Sub-group and they are leading on developing a partnership strategy and joint commissioning issues.</p> <p>A celebration event is planned for 18th March on the healthy living grants which support the activities of many community and voluntary sector groups.</p> <p>The Community Health Development Network is still meeting and focussing on key training issues.</p> <p><u>July 2009 update</u></p> <p>Healthy Leeds partners are not currently visibly championing the Network and, apart from NHS Leeds's contribution, there has been no funding or other resources from partners to support the work. The network has been supported and continued by funding from within Public Health, NHS Leeds, and the commitment of the Task Group, which includes staff from NHS Leeds, VCF sector and Healthy Leeds.</p> <p>In terms of training, Leeds University is taking forward a needs analysis relating to CD; and we have identified and are publicising courses available through local providers. Training offered through the Network failed to attract staff to attend and would have had difficulties accrediting learning in a useful way. Leeds is extremely well provided with opportunities for training at the University of Leeds, Leeds Metropolitan University and Bradford College; commissioners need to ensure agencies are funded with sufficient allowance for staff development within Full Cost Recovery Service Level Agreement's, rather than expecting VCF sector partners to meet the need for training themselves.</p>		
5	That the Healthy Leeds Partnership carries out an evaluation of the Community Health Development	<p><u>March 2008 position</u></p> <p>The current and potential contribution of the network is recognised at senior level by the Chief Executive of the PCT and the Director of Adult Social</p>		

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	<p>Network during its first year and explores joint funding opportunities to maintain the sustainability of the Network in the long term. The results of this evaluation will be reported back to the Scrutiny Board in April 2008.</p>	<p>Services. In the previous response we agreed that evaluation of the Community Health Development Network was important but that it would be too early to do this after its first year. We can give the Scrutiny Board an update on its first year's activity and we are exploring mechanisms to do an independent evaluation at a later date.</p> <p>A meeting of key officers and Community Health Development Network representatives was convened in January to address the sustainability of the Network. From this a small task group, involving the PCT, voluntary sector and the Leeds Initiative was set up to develop a proposal to secure resources to continue to develop and maintain the Network. The PCT has secured £25K funding for a part time post to support the CHDN and work on the delivery of the recommendations. In the meantime Leeds VOICE is providing interim support for the network.</p> <p><u>March 2009 position</u></p> <p>The part-time development post started in May 2008 but there have been problems with continuity. The independent evaluation of the Community Health Development Network is being carried out by Steve Skinner Associates. It started in September/October 2008 and the final report is due in March 09. A meeting of the task group will discuss this and make recommendations on the next steps.</p> <p><u>July 2009 update</u></p> <p>An independent evaluation was undertaken in 08/09 on the delivery of the Community Health Development Network, including work on training. As a result of this evaluation, the Task Group met in April and recommended two main activities for 09/10:</p> <ul style="list-style-type: none"> • the delivery of a CHDN leadership programme, to strengthen 		

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		<p>partnership and leadership for CHD work in Leeds – this is being delivered October 09 to March 10, externally facilitated and will be internally evaluated.</p> <ul style="list-style-type: none"> the delivery of two events for CHDN frontline staff which are being planned and co-ordinated by staff from NHS Leeds, Touchstone and Health for All. Leeds Voice is the commissioned agency to administer these activities. <p>Investment in the Network from NHS Leeds has been reduced from 08/09 levels, from 40k to 25k, but a Service Level Agreement has been agreed with Voice for 3 years to for this investment to continue at this level. There is still no joint funding for this work.</p>		

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1	<p>That :</p> <ul style="list-style-type: none"> • a thematic group be developed for health and wellbeing, including adult social care, in each of the three new areas • the thematic groups work with the area committees to discuss and agree the nature and regularity of their dialogue in the future 	<p><u>September 2008 position</u></p> <p>Response from Leeds Primary Care Trust (PCT) The Primary Care Trust (PCT) and Adult Social Care support this recommendation and are working together to identify the most effective way to ensure implementation on a sustainable basis. This work includes gaining a better understanding of how other large urban areas work on a locality basis. A visit to Nottingham is planned for September 2008. The PCT and Adult Social Care recognise the need for dedicated officer time for each of the three new areas. This will ensure effective coordination and link the health and wellbeing programme to the officer coordination groups, area committees, local neighbourhoods and the Healthy Leeds Partnership. Proposals are being developed and will be presented to the Scrutiny Board by the year end.</p> <p>Response from Adult Social Services Area Management is represented on the Council's Strategic Leadership Team for Health and Wellbeing - providing a direct link between citywide and area concerns. Development of a locality focus for health and wellbeing is included in the draft Adult Social Care service plan, as are plans to increase capacity to enable improved co-ordination around Health and Wellbeing for area committees and the development of local thematic groups.</p> <p><u>March 2009 position</u></p> <p>Response from NHS Leeds The Public Health team at NHS Leeds is working closely with the Leeds Initiative to develop local partnership working arrangements to deliver the health and wellbeing improvement priorities in the Leeds Strategic Plan and to improve the links between the local and the city wide work. Workshops will take place during March in three areas of the city with a range of local stakeholders from different agencies in order to shape future local partnership arrangements. These will be informed by the emerging Leeds Health and Wellbeing Plan 2009-12. Plans are in place to appoint to three Locality Health and Wellbeing posts in order to support these arrangements. Work is also progressing to co-ordinate the PCTs response to locality partnerships and to develop a PCT governance framework in relation to external partnerships.</p> <p>introduction of these partnerships they will be supported in part by the joint funded appointment of three Locality Enablers for Health and Wellbeing.</p>		

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		<p>Response from Adult Social Services Area Managers have been consulted about how best the forthcoming Health and Wellbeing Theme Plan can link to areas and inform local planning. Three introductory area workshops are being held in mid March 2009 focusing on each area, including a discussion of how best to set up a locality thematic group / partnership for health and wellbeing. It is proposed that with the</p> <p><u>July 2009 update</u></p> <p>NHS Leeds and Adult Social Care have been working with the Leeds Initiative to progress the development of a thematic group for health and wellbeing, including adult social care, in each of the three areas.</p> <p>Workshops were held at the end of March 2009 to engage a wide range of stakeholders in shaping the development of locality health and wellbeing partnerships arrangements. These were supported by local Councillors and LCC Area Managers. Approximately 50 people attended each workshop, from different sections of NHS Leeds and the Council, the Voluntary, Community and Faith Sector and Practice Based Commissioning consortia. These workshops generated enthusiasm amongst stakeholders for the development of three thematic groups and gave key pointers in relation to the types of systems and structures that stakeholders felt both help and hinder partnership working, issues to consider around health evidence, involvement, linkages, delivering improvement locally, communication, and wider influences on health.</p> <p>A paper was taken to the Healthy Leeds Joint Strategic Commissioning Board in May proposing the establishment of three locality health and wellbeing theme groups, which was endorsed.</p> <p>A planning group has since met to consolidate the outputs from the workshops and agree the key actions for taking this development forward.</p> <p>Meetings of an initial core health and wellbeing group for each of the three areas have been convened for July 2009. These core groups will consist of representatives from NHS Leeds, Adult Social Care, LCC Officers, Councillors, the VCFS, PBC, and Children’s Services.</p>		
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		<p>The purpose of the group is to inform the production of consistent Terms of Reference across the three areas through the development of detailed proposals for the purpose and functioning of the groups. These proposals will result from discussions on areas such as the overall purpose and benefits of the partnerships, what they will deliver in their first year, who needs to be involved, how the group will operate in practical terms, links to other local partnerships, communication, involvement and engagement mechanisms, and governance (including accountability structures, identification and management of risks, reporting, and performance management in relation to the Health and Wellbeing Theme Plan).</p> <p>It is envisaged that the first meetings of the full groups will take place in the early autumn. A recruitment process is in progress to appoint three jointly funded Locality Health Improvement Managers to support Locality partnership working. They will be a key link between the thematic groups and the Area Committees and will facilitate appropriate dialogue.</p>		
2	<p>That the results of the PCT's review of minor surgery in Leeds be reported to this scrutiny board at the earliest opportunity.</p>	<p><u>September 2008 position</u> The PCT has concluded a review of current minor surgery facilities in primary care which shows areas of under utilisation. The PCT has set goals for increasing this uptake. We have completed a service specification for minor surgery to further encourage the use of local facilities. Discussions are now taking place with Practice Based Commissioners about how we can work with providers to increase service options and choice for patients locally. We are also working with Leeds Teaching Hospitals NHS Trust (LTHT) to ensure that any new capacity will deliver faster access to services for patients (18 weeks).</p> <p><u>March 2009 position</u> NHS Leeds is continuing to work with PBC and commissioners about how we can work with providers to increase service options and choice for patients</p> <p><u>July 2009 update</u> NHS Leeds continues to review the provision of minor surgery in facilities across NHS Leeds.</p>		

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3	That Leeds PCT provides quarterly reports to this Board during 2008/9 regarding the development of services in the new LIFT financed health centres in Leeds.	<p><u>September 2008 position</u> Since the localisation report was published the PCT has finalised arrangements for a number of additional clinical services to be either relocated or provide clinical sessions in LIFT buildings. The PCT is keen to ensure the Scrutiny Board is kept up-to-date on these developments. Due to the length of time it takes to implement changes of this nature a further report to the Board is proposed in six months' time.</p> <p><u>March 2009 position</u> Over the last six months a number of new services have been introduced into the PCT's existing LIFT buildings. This has focussed mainly on the under-utilised space in the south of the city which has seen the National Artificial Eye Service relocate to Parkside Community Health Centre from unsuitable accommodation in Hunslet. Parkside is also being used as a team base for the newly established Family Nurse Partnership Project, which is a clinical service providing intensive support to families, and an admin base for the Referral Management Service. At Armley Moor Health Centre a new twilight community nursing service has been set up and the Looked After Children nurses' team expanded. In January, Harrogate and District Foundation Trust began providing dermatology outpatient clinics at Wetherby Health Centre.</p> <p><u>July 2009 update</u> The newly created outpatient service at Wetherby Health Centre (reported in March) has increased the range of specialities being provided; they now include paediatrics, vascular, gastroenterology and neurology. MSK and Rehabilitation Services have been able to expand their service in both East Leeds and Woodhouse Community Health Centres.</p> <p>In May the Leeds New Entrant TB Screening Service moved from Beeston Hill to larger accommodation within Parkside Community Health Centre. This move has provided the service with dedicated space enabling it to increase its clinical capacity as well as offering patients improved accessibility.</p>		

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12	<p>That progress with the development of Practice Based Commissioning in Leeds, particularly the arrangements for</p> <ul style="list-style-type: none"> management support for the PBC Forum patient and public involvement, and the continuing discussions between Health and Adult Social Care colleagues of joint opportunities presented by PBC <p>are monitored by this Scrutiny Board in 2008/9.</p>	<p><u>September 2008 position</u> Recent reconfiguration of the Practice Based Commissioning (PBC) Consortia in Leeds is outlined below:</p> <table border="1"> <thead> <tr> <th>Consortia</th> <th>No. of practices</th> <th>Population</th> </tr> </thead> <tbody> <tr> <td>H3+</td> <td>31</td> <td>276496</td> </tr> <tr> <td>Leodis Healthcare</td> <td>30</td> <td>205093</td> </tr> <tr> <td>North East Consortium</td> <td>13</td> <td>116277</td> </tr> <tr> <td>Leeds Commissioning Collaborative</td> <td>14</td> <td>49828</td> </tr> <tr> <td>The Wetherby & District Group</td> <td>5</td> <td>33155</td> </tr> <tr> <td>Church Street Group</td> <td>6</td> <td>14964</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>Unaligned Practices</td> <td>14</td> <td>98265</td> </tr> </tbody> </table> <p>The two largest consortia have fulfilled the requirements of “earned autonomy”, demonstrating that they have robust governance and risk management arrangements in place, and have achieved against previous years’ plans.</p> <p>The PBC Governance Committee has approved ambitious strategic and operational plans for five of the consortia, and it is anticipated that remaining plans will be approved in September 2008. All PBC plans demonstrate a commitment to national and local priorities, to patient and public involvement and joint working with local authority and third sector organisations.</p> <p>We anticipate that the number of unaligned practices will reduce as discussions are still taking place between some of these practices and the established PBC consortia. At least seven practices are implementing PBC as individual practices this year, and only two practices in the city have declined to participate in PBC at this stage.</p> <p>Plans are being developed in partnership with the PBC Forum to establish a Commissioning Executive to ensure strategic connections between different strands of PCT commissioning and PBC. It is anticipated that the new arrangements will be in place in shadow form from October 2008.</p> <p>The PCT has reviewed the management support for PBC. The dedicated PBC team provides direct support to PBC consortia and practices and facilitates support from other PCT departments, such as Finance, Information, Public Health, Patient and Public Involvement (PPI), and Commissioning. The PCT has invested in a dedicated PBC information system which</p>	Consortia	No. of practices	Population	H3+	31	276496	Leodis Healthcare	30	205093	North East Consortium	13	116277	Leeds Commissioning Collaborative	14	49828	The Wetherby & District Group	5	33155	Church Street Group	6	14964				Unaligned Practices	14	98265		
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		<p>enables activity and financial information to be made available to support commissioning.</p> <p>PBC plans are required to describe arrangements for patient and public involvement in the development of commissioning plans and redesign proposals. All PBC consortia have completed a baseline audit of current PPI arrangements, and the PCT is providing support to develop more Patient Participation Groups at practice and consortium level. Some consortia have appointed or are currently appointing lay members to their Boards. The PCT's PPI team supports the development of focus groups to inform the redesign of services. The Patient Advisory Group, with a wide membership from patient groups and community and voluntary organisations in Leeds, reviews all PBC proposals from a patient and public experience perspective and makes recommendations to the PBC Governance Committee.</p> <p>Significant improvements in services have already been achieved through PBC – for example, practice based diagnostic services, admissions avoidance schemes, enhanced care for people in care homes, genital warts service for the student population, improvements to 18 week pathways – and in 2007/08 almost £2 million was freed up for reinvestment in local services.</p> <p>As part of the establishment of partnership arrangements between the PCT and the Local Authority, PBC Consortia have been engaged in how they can make effective links with the Local Authority through partnerships at locality level. Practice based commissioners have been encouraged to establish links with Area Committees and agree areas of joint working on the delivery of Local Area Agreement priorities.</p> <p><u>March 2009 position</u></p> <p>Changes have taken place with the re-configuration of some PBC Consortia and there are now five PBC Consortia with 14 Practices remaining independent. The most significant change has been the development of Calibre (former NE Consortium) with the former Wetherby Group joining, together with three Practices in the west area of the city.</p> <p>Nationally, there is a drive to reinvigorate practice based commissioning and currently work is being undertaken, in partnership with practice based commissioners, to build upon the local successes in Leeds to date. This includes the development of a local incentive scheme to reflect the local priorities for 2009/2010.</p> <p>Year end reviews will take place in late spring to assess achievement against plans during 2008/2009.</p>		

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		<p><u>July 2009 update</u></p> <p>The 2009/2010 Clinical Commissioning Local Enhanced Service (LES) has been implemented to further progress the development of practice based commissioning within the health economy. Clinical engagement is core to the LES and provides incentive funding for primary care practitioners to undertake peer review of clinical care pathways and referrals and provide clinical input in the health economy through clinical data validation.</p>		

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