



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

September 2009

Health Scrutiny Board Joint Performance Report – September 2009

Overview

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

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

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

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

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

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

Executive Summary – Performance Information

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

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

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

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

- **Health Care Associated Infections (HCAIs)**

This heading covers the reports on the rate of C.difficile and of MRSA, shown separately within the body of the report.

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

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

- **Childhood immunisation programme**

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

- **13 and 26 weeks waits for hospital care**

This issue is now almost fully addressed, though some very minor residual issues remain.

- **Teenage conception rates**

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

- **A&E 4 hr Standard**

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

- **Delayed discharge rates**

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

Report prepared by:

Graham Brown NHS Leeds
Marilyn Summers Leeds City Council

4 September 2009

18 weeks referral to treatment; admitted and non-admitted

Target:

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

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

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

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

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

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

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

18 week performance matrix, LTHT 2009

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

18 week performance matrix, NHS Leeds 2009

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

13 weeks for outpatients

Target:

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

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

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

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

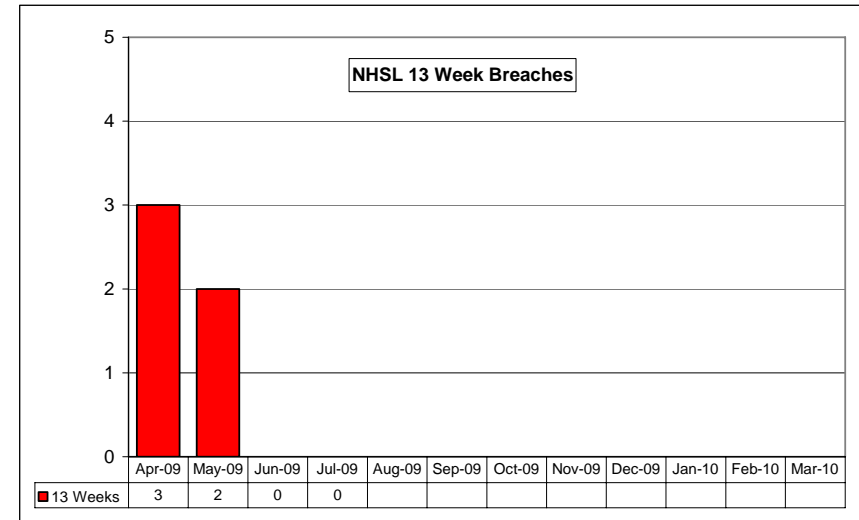
LTHT have undertaken a benchmarking exercise with fellow Teaching Hospitals which suggests they need to develop the Plastic Surgery service, though it is unlikely that any increase in the number of consultants will be made until June 2010 at the earliest.

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

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

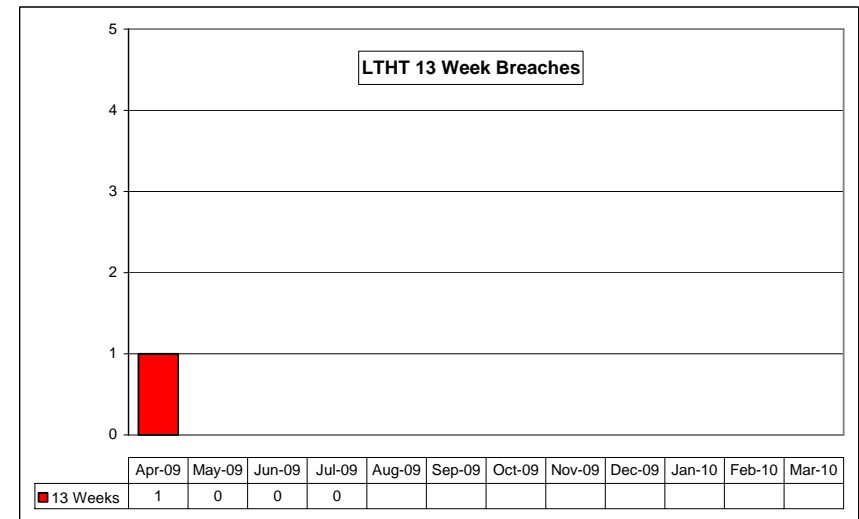
Periodic Review Standard

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



Periodic Review Standard

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



26 weeks for inpatients

Target:

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

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

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

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

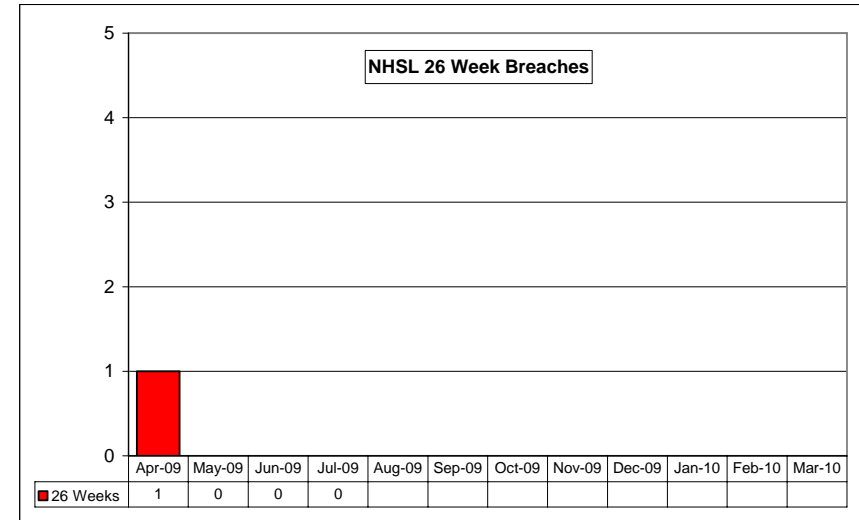
LTHT have undertaken a benchmarking exercise with fellow Teaching Hospitals which suggests they need to develop the Plastic Surgery service, though it is unlikely that any increase in the number of consultants will be made until June 2010 at the earliest.

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

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

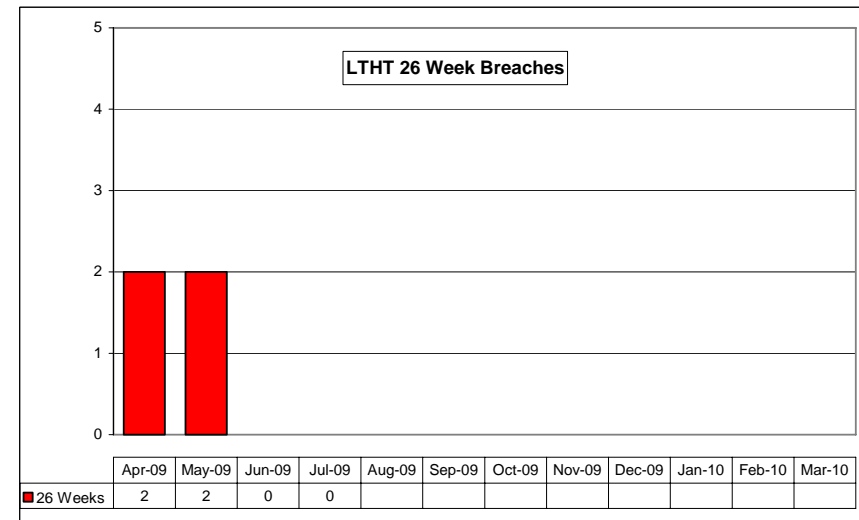
Periodic Review Standard

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



Periodic Review Standard

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



62 day cancer wait standard

Target:

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

The operational standard has now been confirmed at 85%.

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

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

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

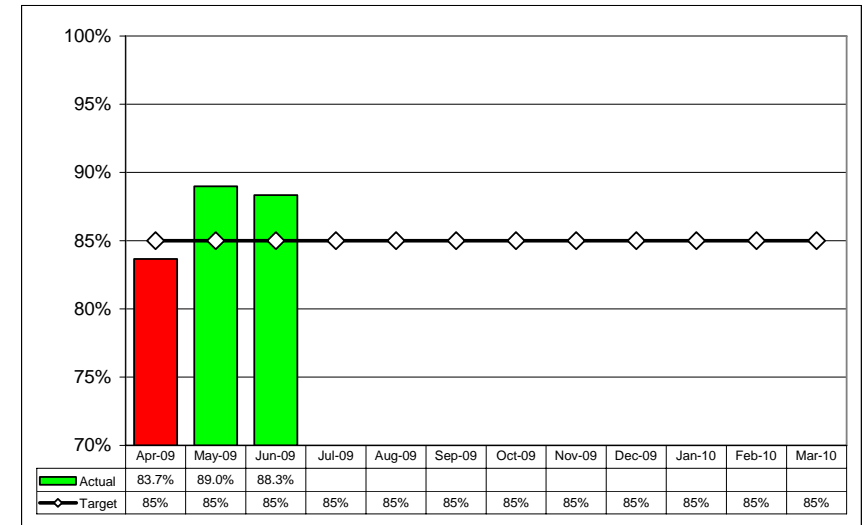
The joint pathway improvement work with Leeds and Mid Yorkshire has made positive progress.

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

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

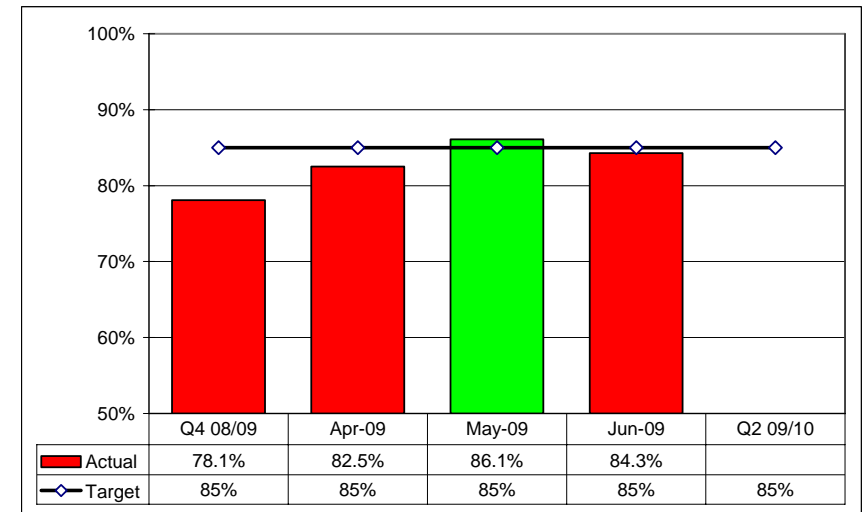
World Class Commissioning Outcomes

Cancer: NHSL 62 day GP referral



Periodic Review Standard

LTHT Cancer: 62 day GP referral



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

Target:

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

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

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

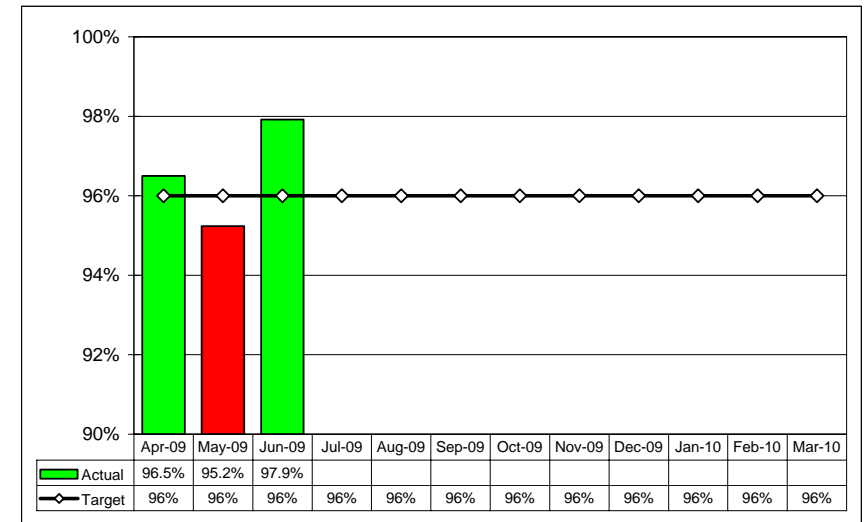
As this set of targets has just been confirmed, further work is underway, especially on the information flows supporting the delivery of the 98% standard for subsequent drug treatment. However, the current process for agreeing exceptional cases for drugs is by a weekly PCT/LTHT panel meeting, which may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

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

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

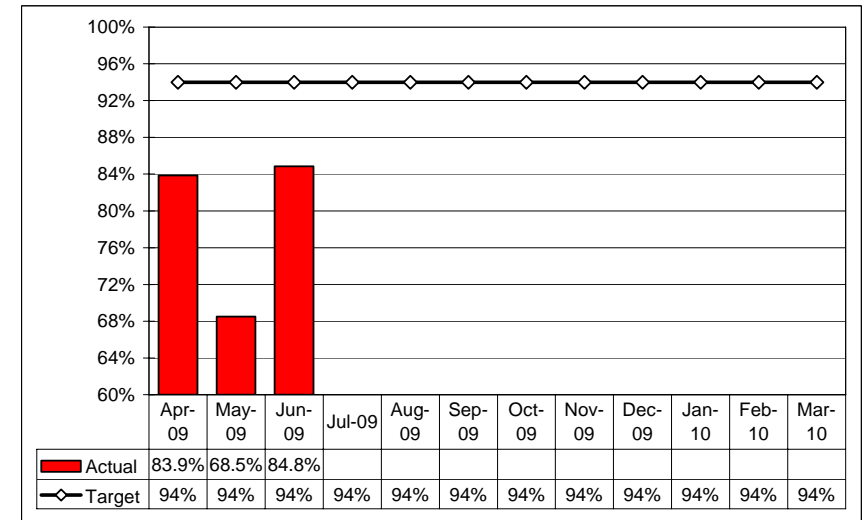
Periodic Review Standard

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



Periodic Review Standard

Cancer: 31 Day Subsequent Surgery



Cancer: 31 day wait standard – Subsequent drug & radiotherapy

Target:

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

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

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

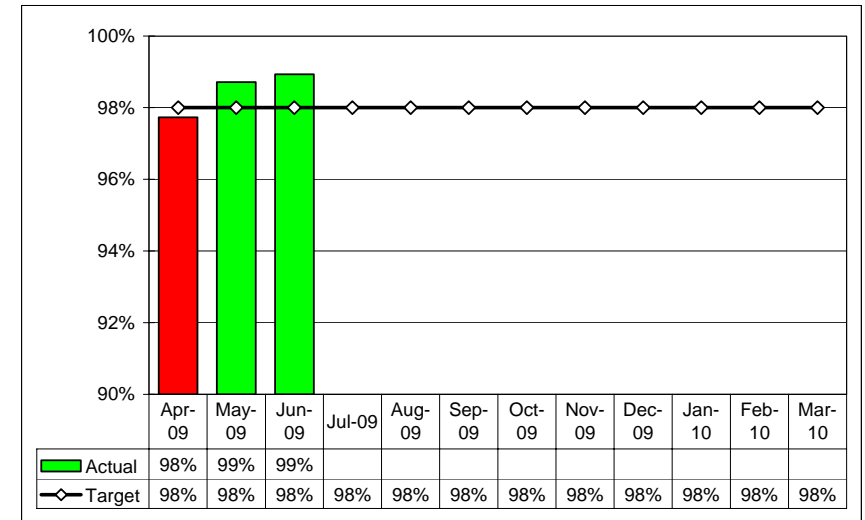
As this set of targets has just been confirmed, further work is underway, especially on the information flows supporting the delivery of the 98% standard for subsequent drug treatment. However, the current process for agreeing exceptional cases for drugs is by a weekly PCT/LTHT panel meeting, which may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

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

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

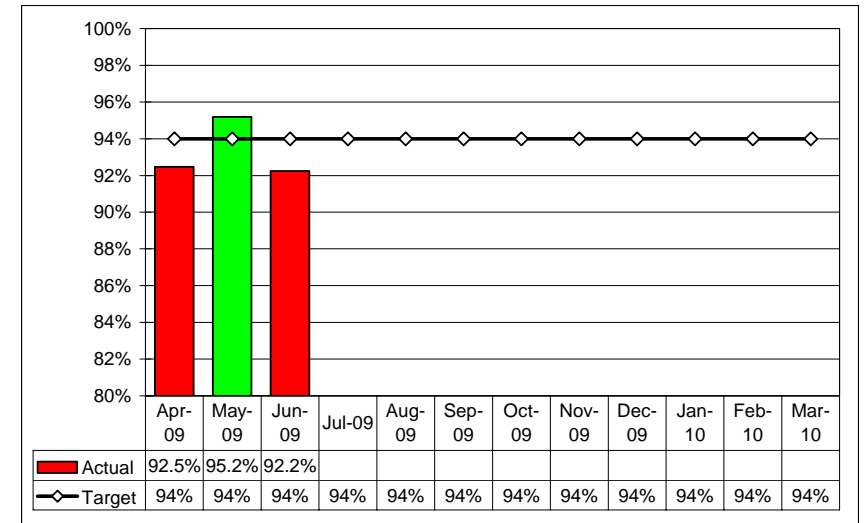
Periodic Review Standard

Cancer: 31 Day Subsequent Drug Treatment



Periodic Review Standard

Cancer: 31 Day Subsequent Radiotherapy



Incidence of MRSA bacteraemia

Target:

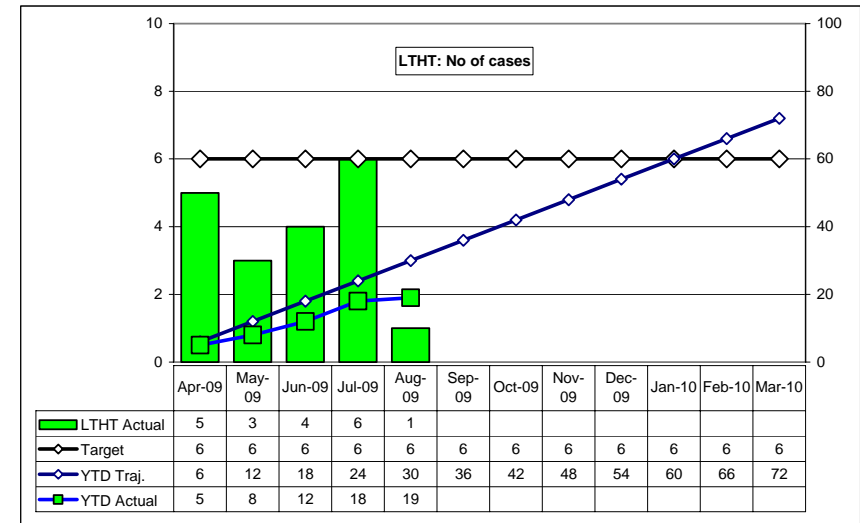
To not have more than 72 cases for 2010/11, in line with the agreed maximum.

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

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

Vital Signs Standard - Provider

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



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

Incidence of C. difficile

Target:

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

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

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

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

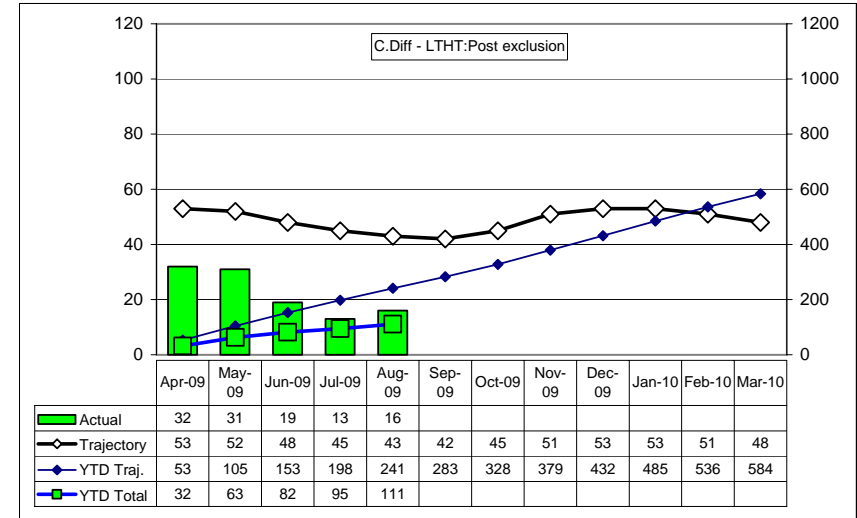
Leeds Teaching Hospitals CDiff. trajectory is a variable monthly trajectory and this has now been achieved since November 2008.

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

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

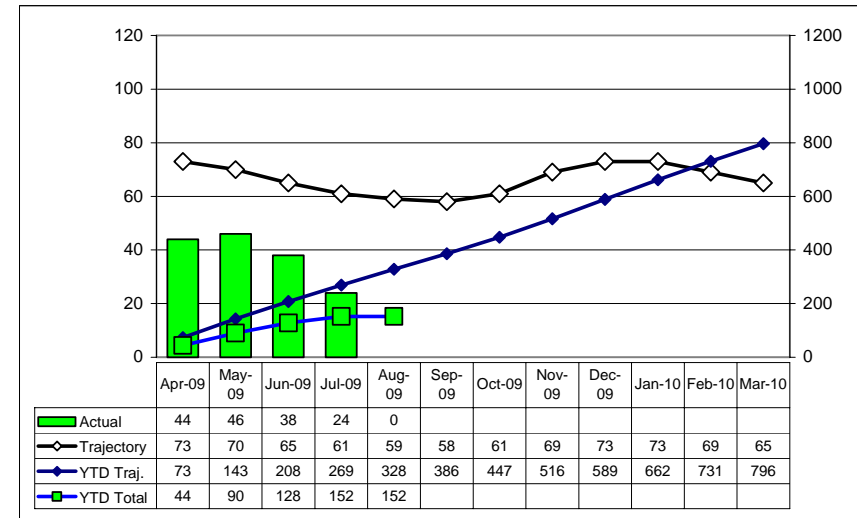
Periodic Review Standard

Clostridium difficile infection rates (Provider target)



World Class Commissioning Outcomes

Clostridium difficile infection rates (Commissioner target)



NI 112: Teenage pregnancy rates

Target:

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

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

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

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

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

Areas for further improvement are:

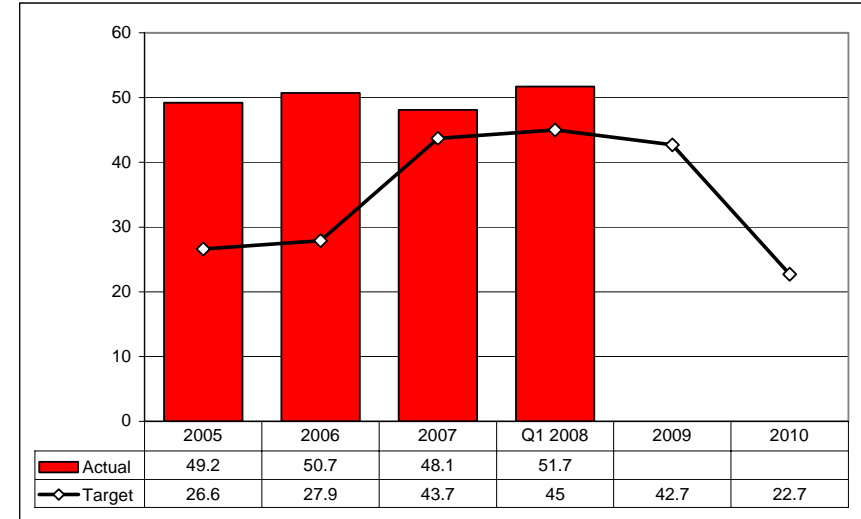
- sex and relationship education; provision of sexual health services; targeted youth support and maternal and child health

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

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

Periodic Review/Vital Signs/Local Area Agreement Standard

Teenage pregnancy rates per 1000 females aged 15-17



Overall Traffic Light Rating	
Data Quality	No Concerns

Four hour A&E standard

Target:

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

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

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

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

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

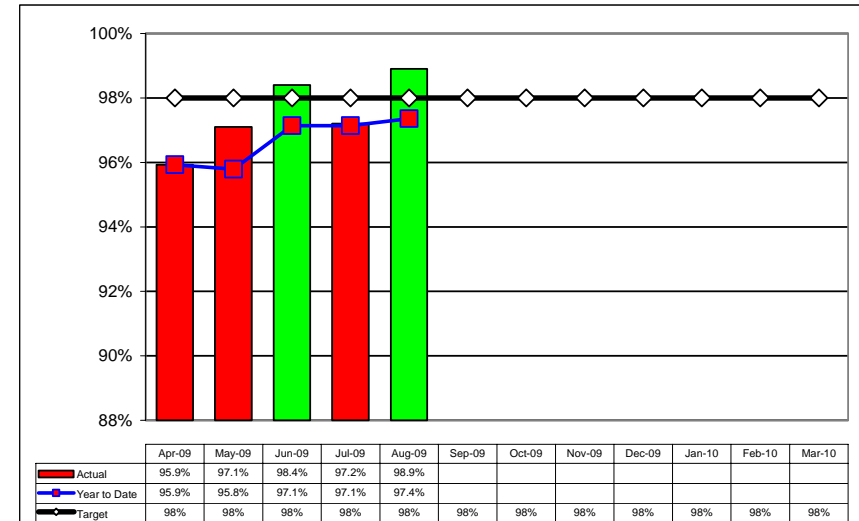
NHS Leeds are continuing to support LTHT in improving performance by:

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

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

Periodic Review Standard

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



NI 131: Delayed transfers of care

Target:

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

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

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

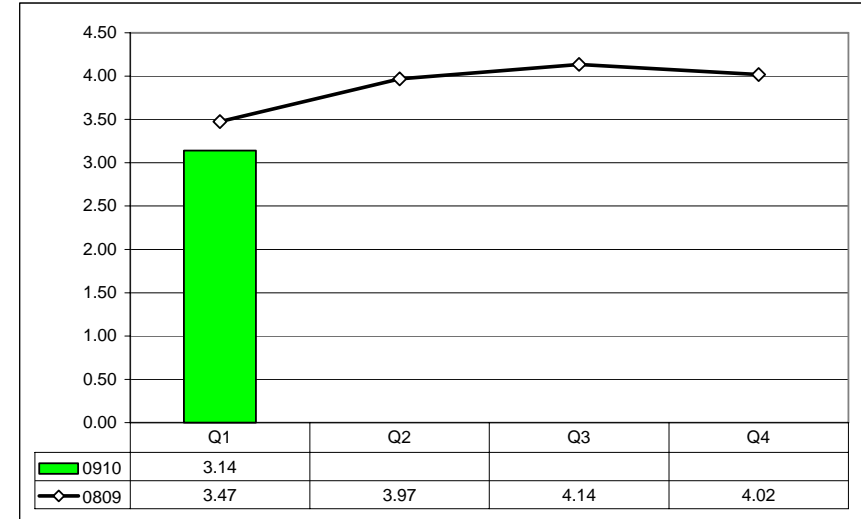
The Unplanned Care Board has the discharge planning process as one of its key workstreams, and work started in Jan 2009 on streamlining processes and address how capacity is commissioned. The Unplanned Care Operational Group now receives an information report collating numbers of bed days taken up with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

Overall Traffic Light Rating	
Data Quality	No Concerns

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

Periodic Review Standard

Delayed transfers of care per 100,000 population



Proportion of individuals who complete immunisation by recommended ages

Target:

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

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

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

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

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

The MMR catch-up campaign in general practice continues.

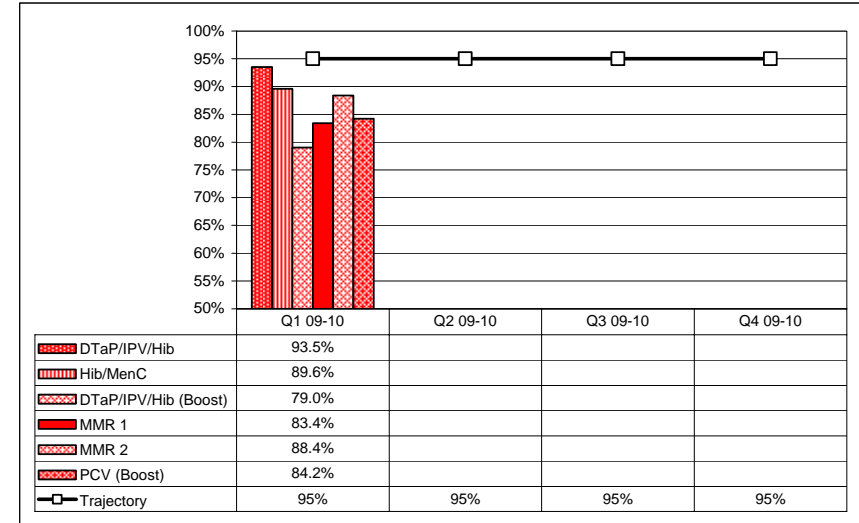
Q1 data shows that whilst performance has improved consistently over the past year, it still remains below the trajectory of 90% and the national target of 95%.

NHS Leeds Executive Director:
Management Lead:
Operational Lead:

Ian Cameron
 Simon Balmer
 Beryl Bleasby

Periodic Review/Vital Signs Standards

Percentage of children given immunisation at the recommended ages



NI 40: Number of drug users in effective treatment

Target:

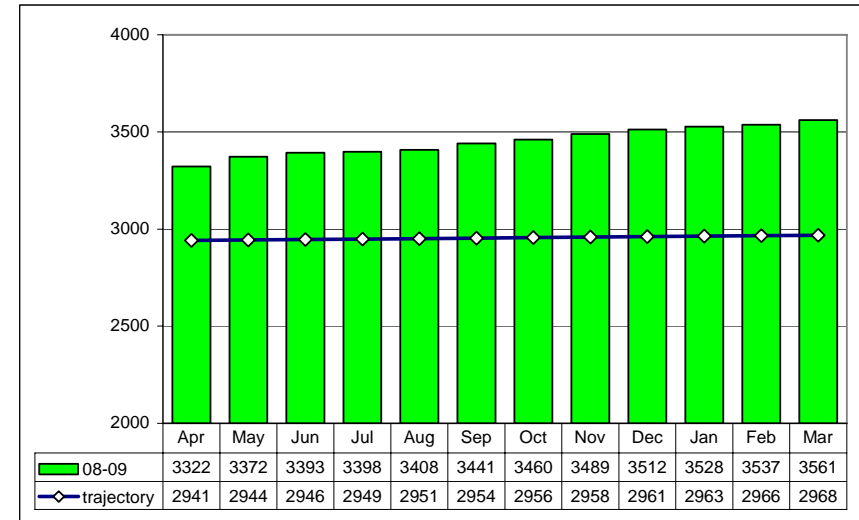
To increase the number of drug users in treatment, achieving the monthly target trajectory.

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

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

National Indicator

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



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

Overall Traffic Light Rating	
Data Quality	No Concerns

NI 123: Smoking Prevalence

Target:

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

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

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

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

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

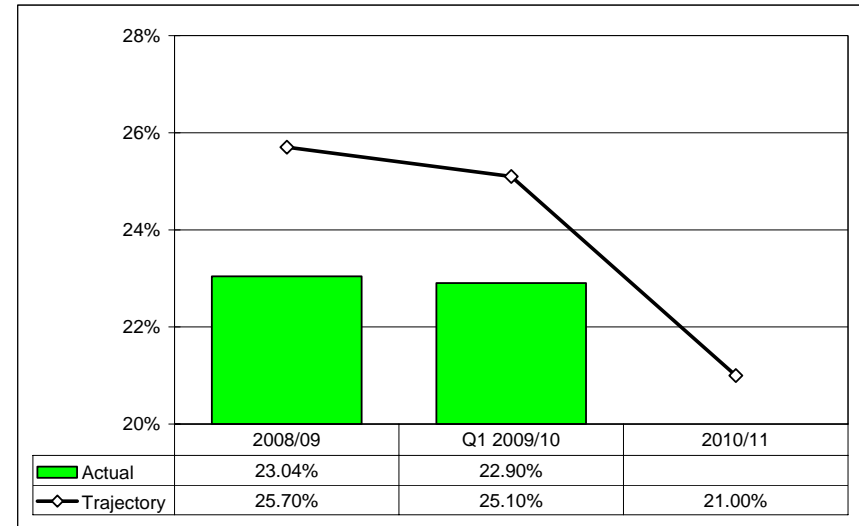
Other points are – specialist clinics located in concentrated areas of the 10% SOA; intensive marketing and support in specific children's centres; the smoking service is achieving 4 week quit target; the service has been commissioned to continue to focus in developing outreach work in 10% SOAs where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

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

Overall Traffic Light Rating	
Data Quality	No Concerns

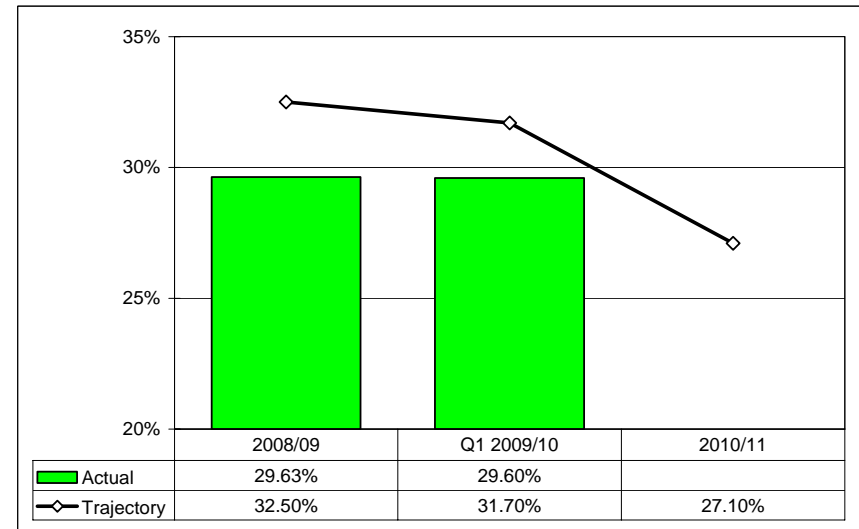
National Indicator

NI 123a: Smoking prevalence - City wide



National Indicator

NI 123b: Smoking prevalence - Deprived areas



NI 125: Independence for older people

Target:

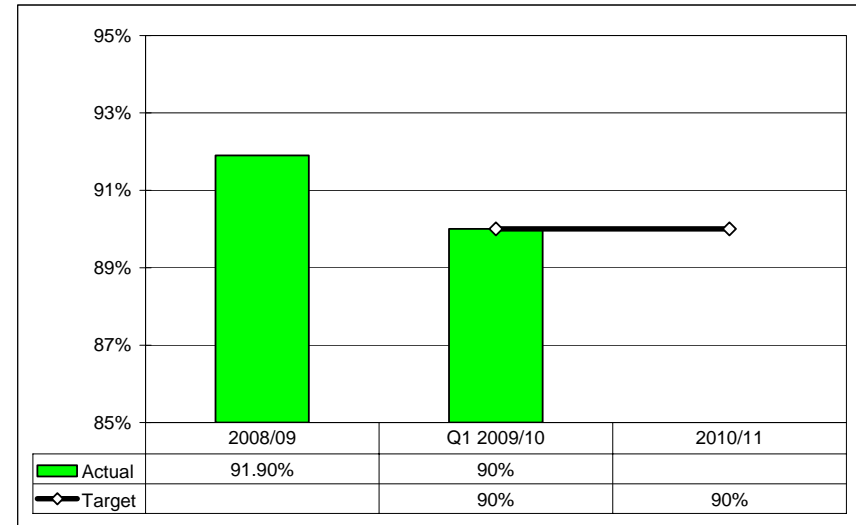
To deliver improved care so as to achieve independence for older people through rehabilitation and/or intermediate care

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

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

National Indicator

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



Lead Service:

Access and Inclusion, LCC

Overall Traffic Light Rating	
Data Quality	No Concerns

NI 8: Adult participation in sport and active recreation

Target:

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

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

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

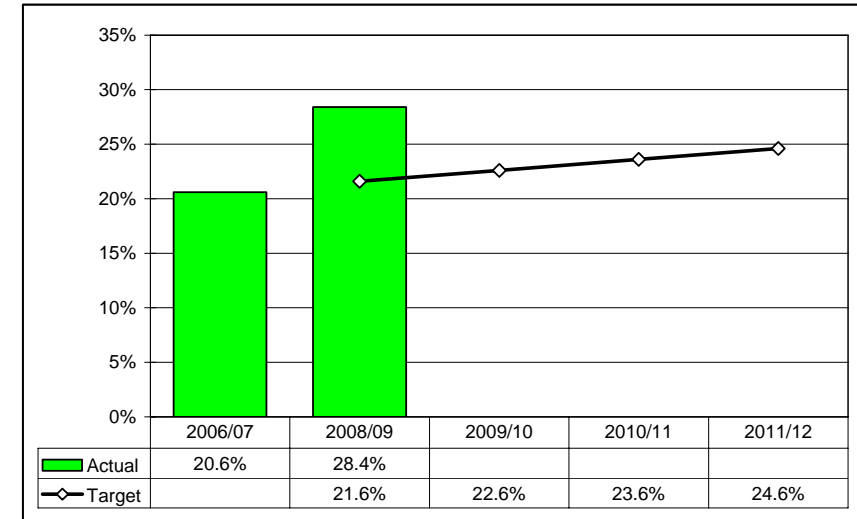
The Department for Culture, Media and Sport through its Public Service Agreement targets a 1% year on year increase in participation from the baseline figure.

Overall Traffic Light Rating	
Data Quality	No Concerns

Lead Service: Sport and Active Recreation, LCC

National Indicator

NI 8 Adult participation in sport and active recreation



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

Target:

To improve the relative score as taken from the Place Survey

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

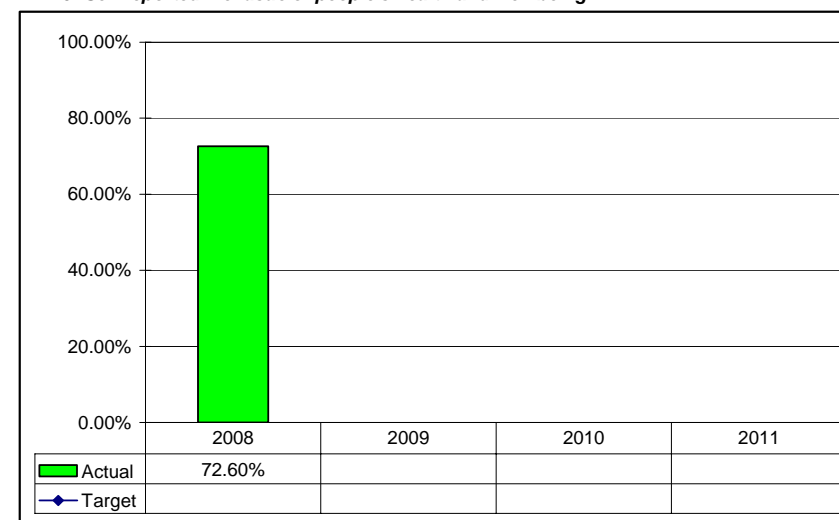
The result of 72.6% is below both the core cities and Yorkshire and Humber averages and places Leeds in the bottom quartile nationally.

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

This data is available annually only.

National Indicator

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



Overall Traffic Light Rating	N/A
Data Quality	No Concerns

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

NI 122: Mortality from all cancers at ages under 75

Target:

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

The trajectory for this indicator is currently being achieved.

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

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

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

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

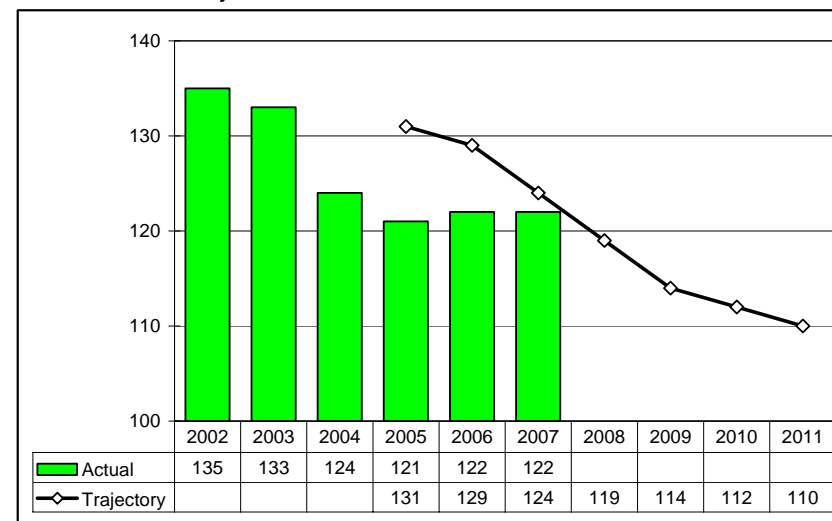
This data is produced annually and that for 2008 will be available around November this year.

Overall Traffic Light Rating	
Data Quality	No Concerns

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

National Indicator

NI 122: Cancer mortality



NI 53: Prevalence and coverage of breastfeeding

Target:

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

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

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

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

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

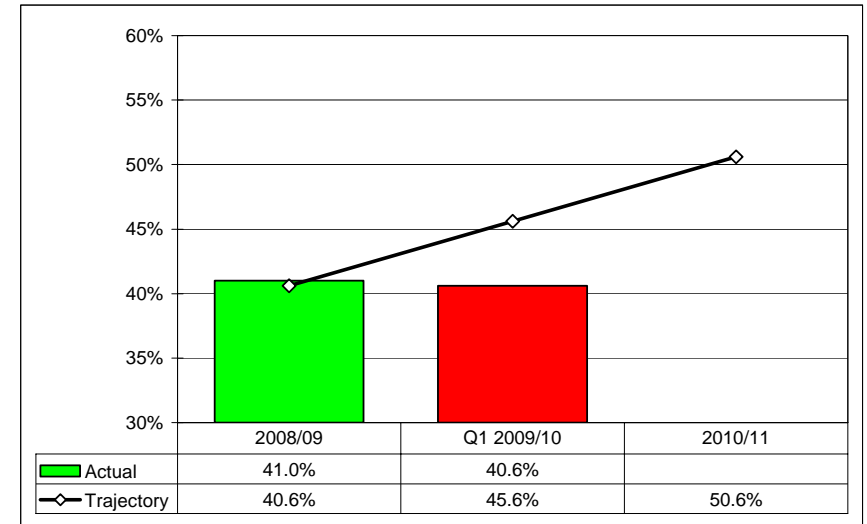
These indicators are featured at this point to give an early indication of the position. Future reports will be presented only where achievement of the targets continues to be at risk.

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

Overall Traffic Light Rating	
Data Quality	No Concerns

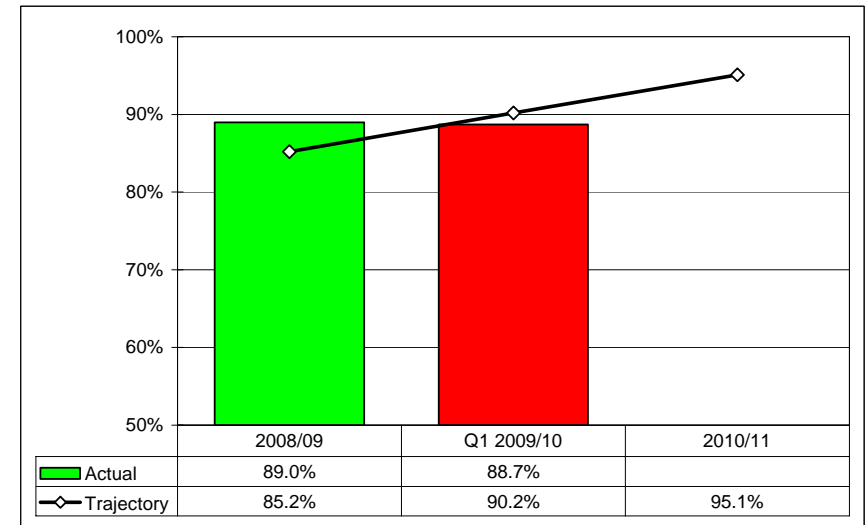
National Indicator

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



National Indicator

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



NI 55: Obesity in Yr R primary school children

Target:

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

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

Actions already in progress include –

HENRY – The development and roll out of the HENRY programme (Health, Exercise and Nutrition for the Really Young) through Leeds Children Centres has continued. 2 local trainers have now completed the process of becoming accredited trainers and can now run the HENRY Core Programme independently. The first parents group has successfully run. A further 6 staff have completed training and can now run parents groups.

National Child Measurement Programme – The report for 07/08 will be disseminated at the end of Aug. An action plan has been agreed across Children's Services with the aim of streamlining data submission, analysis and reporting.

Change 4Life – Partners continue to work together to maximise the citywide use of the Change4life campaign across the NHS and LCC. Demonstration sites at Harehills and Middleton are working well, with action plans in place.

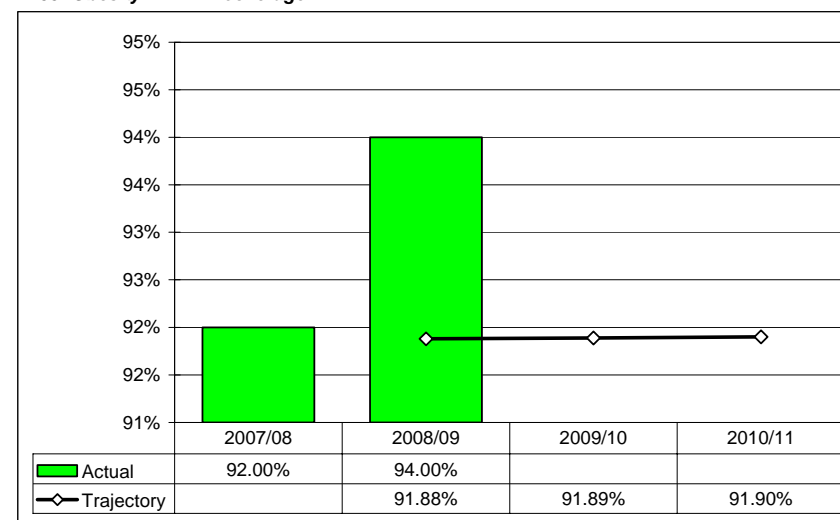
Weight Management Services – The Carnegie Weight Management Clinic commissioned to run at Middleton Leisure Centre will run for 12 weeks from Sep, with a further clinic in Harehills in Oct. A further £80k has been allocated for the commissioning of weight management services for families from Children Leeds.

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

Overall Traffic Light Rating	
Data Quality	No Concerns

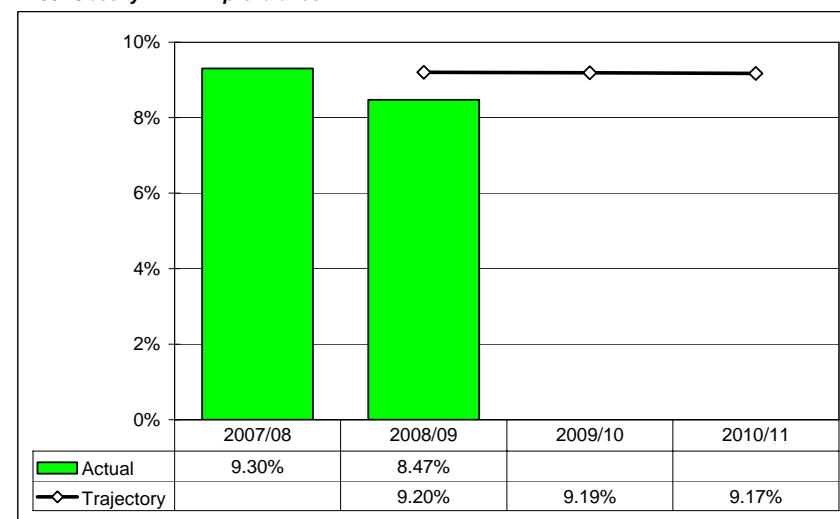
National Indicator

NI 55: Obesity in Yr R - coverage



National Indicator

NI 55: Obesity in Yr R - prevalence



NI 55: Obesity in Yr 6 primary school children

Target:

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

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

Actions already in progress include –

HENRY – The development and roll out of the HENRY programme (Health, Exercise and Nutrition for the Really Young) through Leeds Children Centres has continued. 2 local trainers have now completed the process of becoming accredited trainers and can now run the HENRY Core Programme independently. The first parents group has successfully run. A further 6 staff have completed training and can now run parents groups.

National Child Measurement Programme – The report for 07/08 will be disseminated at the end of Aug. An action plan has been agreed across Children's Services with the aim of streamlining data submission, analysis and reporting.

Change 4Life – Partners continue to work together to maximise the citywide use of the Change4life campaign across the NHS and LCC. Demonstration sites at Harehills and Middleton are working well, with action plans in place.

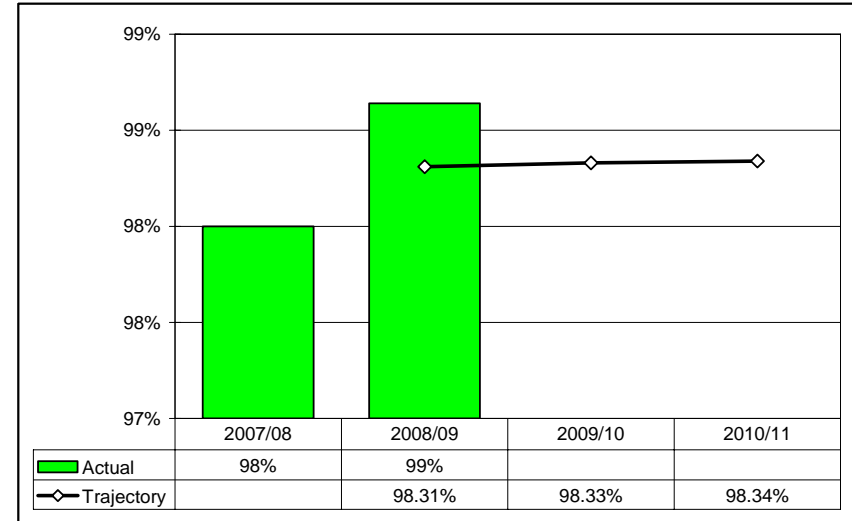
Weight Management Services – The Carnegie Weight Management Clinic commissioned to run at Middleton Leisure Centre will run for 12 weeks from Sep, with a further clinic in Harehills in Oct. A further £80k has been allocated for the commissioning of weight management services for families from Children Leeds.

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

Overall Traffic Light Rating	
Data Quality	No Concerns

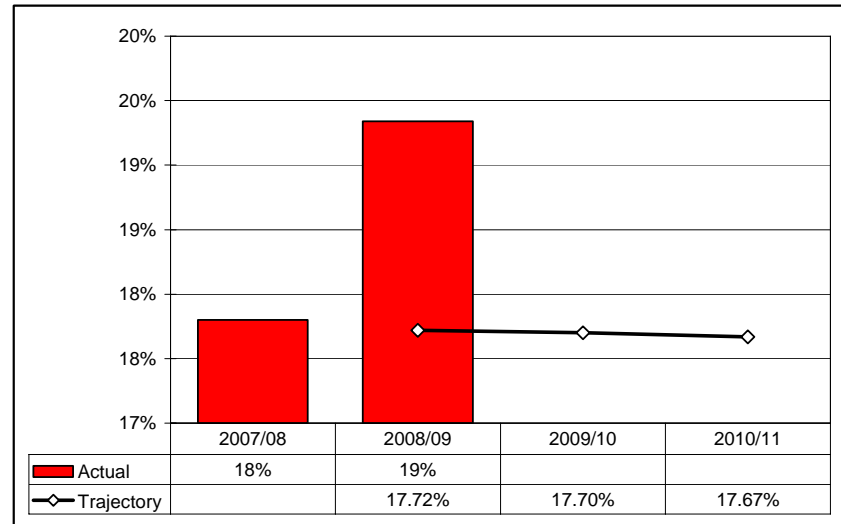
National Indicator

NI 56: Obesity in Yr 6 - coverage



National Indicator

NI 56: Obesity in Yr 6 - prevalence



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

Target:

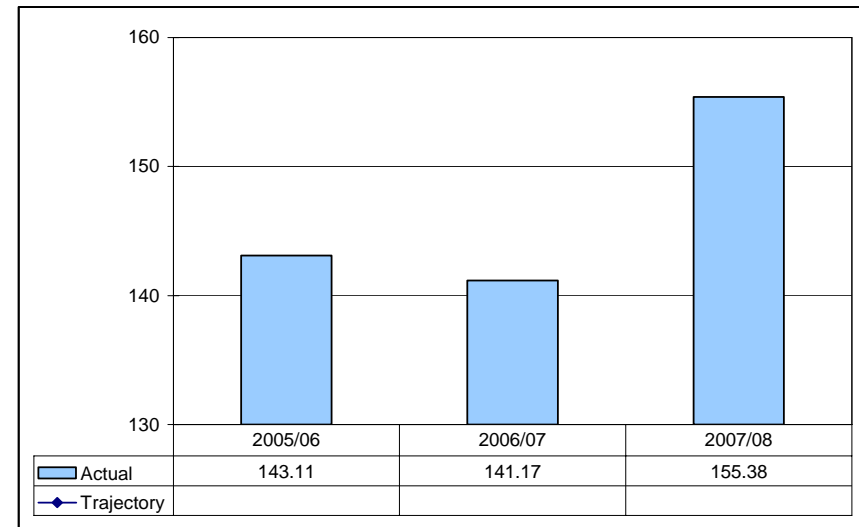
No target has been set for this indicator at this stage.

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

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

National Indicator

NI 70: Reduce emergency admissions caused by unintentional/deliberate injuries to children



Overall Traffic Light Rating	N/A
Data Quality	Concerns

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

NI 50: Emotional health of children

Target:

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

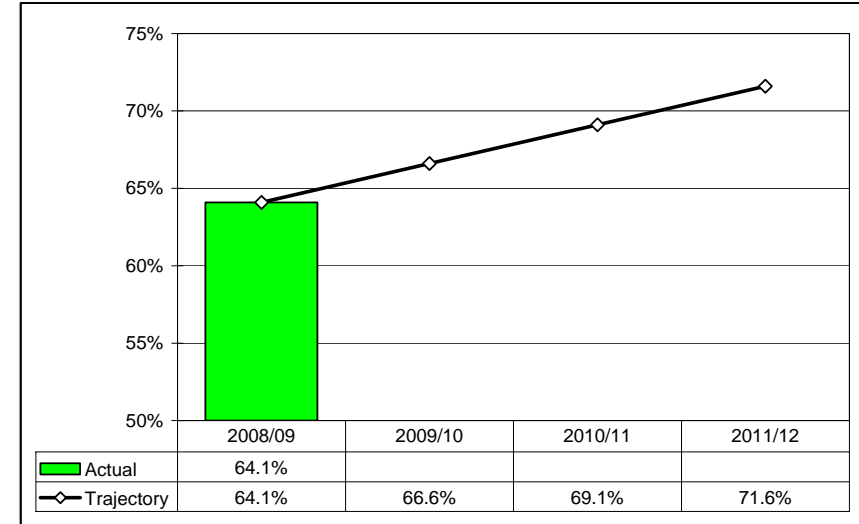
This is a new indicator measured using results from questions in the TellUs Survey. The TellUs survey is based on a representative sample of pupils in School Years 6, 8 and 10 in maintained schools, including Academies and Pupil Referral Units, in a local area.

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

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

National Indicator

NI 50: Emotional health of children



Overall Traffic Light Rating	N/A
Data Quality	No Concerns

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

NI 51: Effectiveness of child and adolescent mental health services

Target:

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

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

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

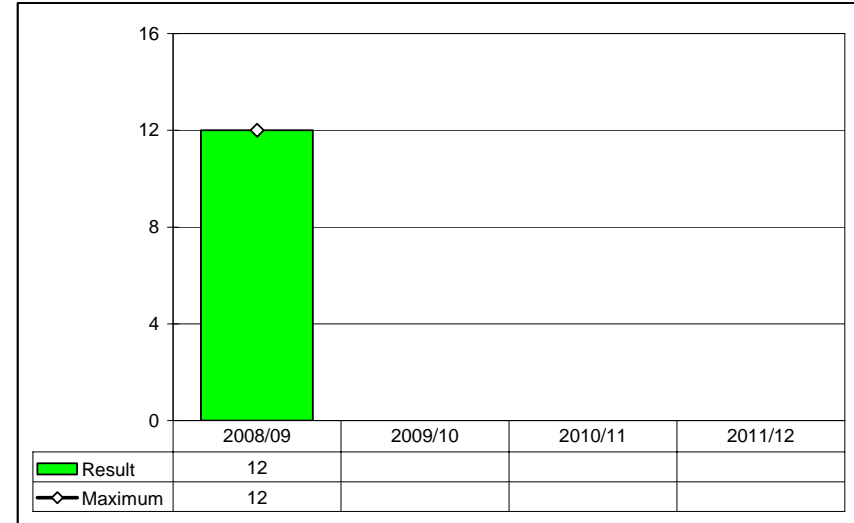
The data here is annually derived and the latest available data is shown.

Overall Traffic Light Rating	
Data Quality	No Concerns

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

National Indicator

NI 51: Effectiveness of CAMHS



NI 113: Prevalence of chlamydia in under 25 year olds

Target:

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

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

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

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

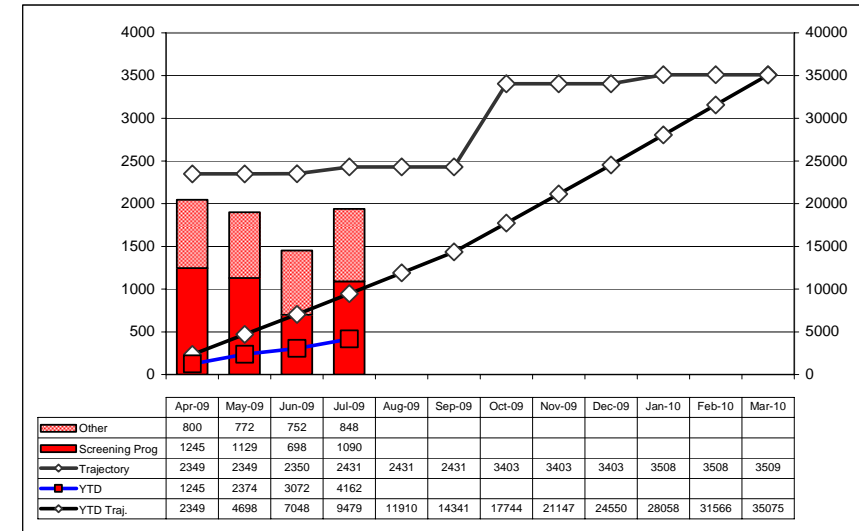
Wetherby Young Offenders Institute are delivering the new service and will now be screening on reception. Successful outreach via Breeze was achieved, targeting deprived areas, as well as young gay men at Pride.

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

Overall Traffic Light Rating	
Data Quality	No Concerns

Periodic Review Standard

Chlamydia Screening



NI 115: Substance misuse by young people

Target:

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

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

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

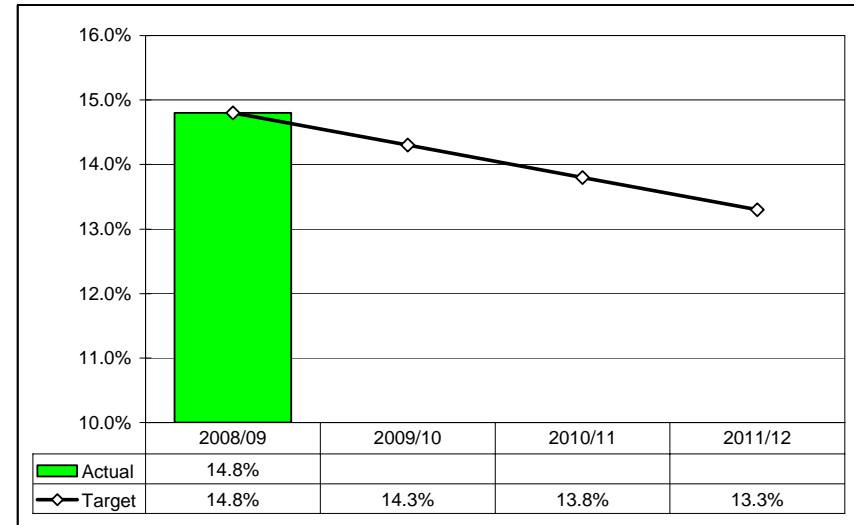
The targeted reduction of 0.5% per year equates to five children.

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

S

National Indicator

NI 115: Substance misuse by young people



Overall Traffic Light Rating	N/A
Data Quality	No Checklists

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

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

Target:

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

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

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

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

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

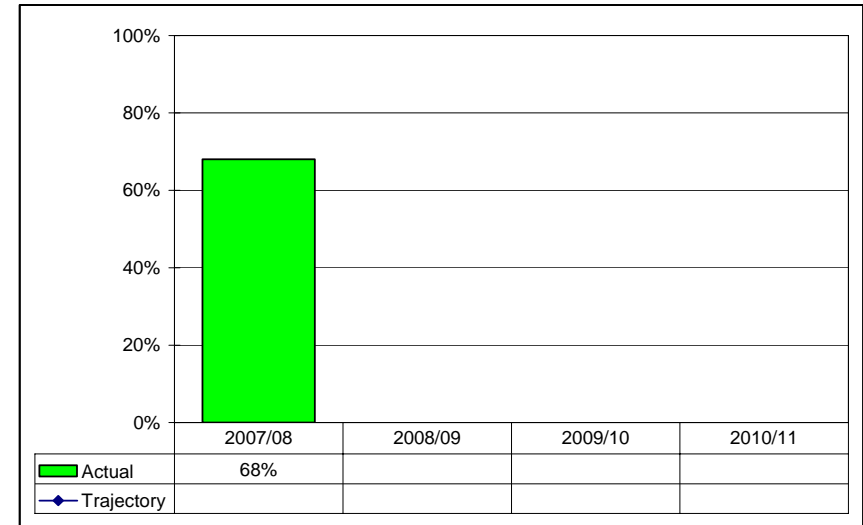
The data here is annually derived and the latest available data is shown.

Overall Traffic Light Rating	N/A
Data Quality	No Concerns

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

National Indicator

NI 124: People with long term condition supported to be independent



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

Target:

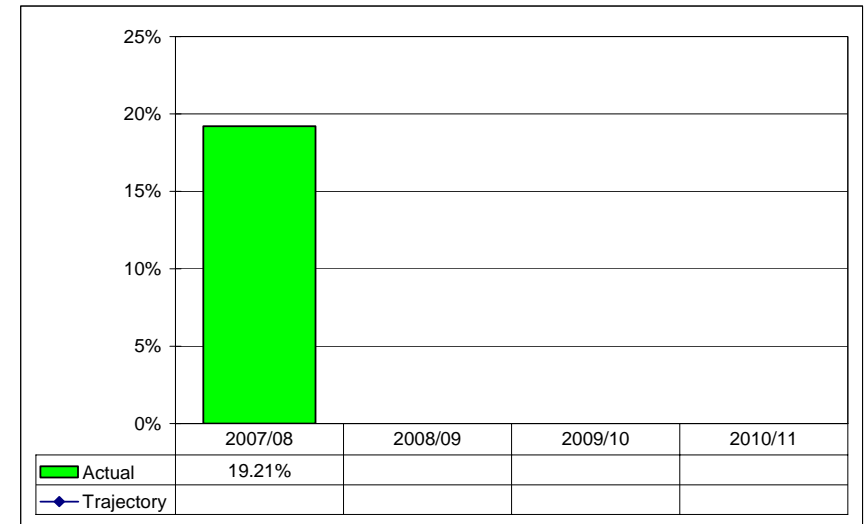
The percentage of people that die at home should rise over time. No specific target has been set at this stage.

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

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

National Indicator

NI 129: End of life care: percentage of deaths that occur at home



Overall Traffic Light Rating	N/A
Data Quality	No Concerns

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

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

Target:

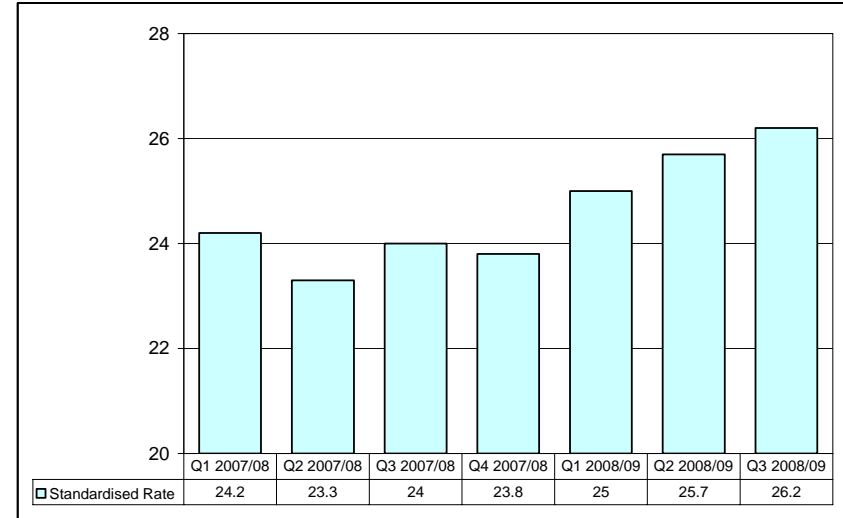
The rate of emergency bed days per head of population should reduce over time.

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

No specific target has been identified at this stage.

National Indicator

NI 134: Emergency bed days per head of population - standardised rate



Overall Traffic Light Rating	N/A
Data Quality	No Concerns

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

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

Target:

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

NI 150: Adults receiving secondary mental health services in employment

Target:

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

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

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

Overall Traffic Light Rating	N/A
Data Quality	No Checklists

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