



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

**March 2010**



# Health Scrutiny Board Joint Performance Report – March 2010

## Overview

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

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

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

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

The content of the report will be tailored to meet the requirements of the national reporting systems, ensuring that that the Health Scrutiny Board is fully involved in the process.

A number of the indicators that are used are under a process of development at a national level and some do not have clear targets. This does not therefore allow for absolute clarity in terms of achievement. Other indicators are also based solely on annually available data. This means that the data shown in the charts may not change on each occasion of the publication of this report.

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

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

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

## Executive Summary – Performance Information

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

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

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

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

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

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

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

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

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

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

- **A&E 4 hr Standard**

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

- **Childhood Immunisation Programme**

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

- **Childhood Obesity**

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

Report prepared by:

Graham Brown  
NHS Leeds

15 February 2010

## 18 weeks referral to treatment; admitted and non-admitted

### Target:

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

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

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

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

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

**NHS Leeds Executive Director:**  
**Management Lead:**

Philomena Corrigan  
Nigel Gray

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)
Apr-09	91.3	96.8	5	7	12	2	n/a
May-09	93.5	97.8	5	3	8	1	n/a
Jun-09	92.6	98.0	6	2	8	0	n/a
Jul-09	93.5	98.2	4	1	5	0	0
Aug-09	92.7	98.1	4	1	5	0	0
Sep-09	91.5	97.7	5	2	7	0	0
Oct-09	90.2	97.7	6	6	12	1	n/a
Nov-09	90.9	97.5	6	2	8	2	n/a
Dec-09	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Jan-10							
Feb-10							
Mar-10							

Specialty level failures to achieve

	Q3	
	Admitted	Non-admitted
General Surgery	82.5	96.4
ENT	82.7	98.3
Neurosurgery	65.9	62.0
Plastics	88.2	96.6
Dermatology	84.1	99.1
Neurology	100.0	91.1
Cardiothoracic	89.8	96.1
T&O	88.1	94.8

18 week performance matrix, LTHT 2009

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

Specialty level failures to achieve

	Q3	
	Admitted	Non-admitted
General Surgery	80.3	96.8
ENT	78.2	97.6
Neurosurgery	66.3	78.2
Plastics	84.0	92.8
Dermatology	74.6	98.9
Neurology	97.9	92.2
T&O	83.4	93.8
Oral Surgery	81.4	97.5
Cardiothoracic	98.1	94.8
Rheumatology	99.4	94.4

## 62 day cancer wait standard

### Target:

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

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

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

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

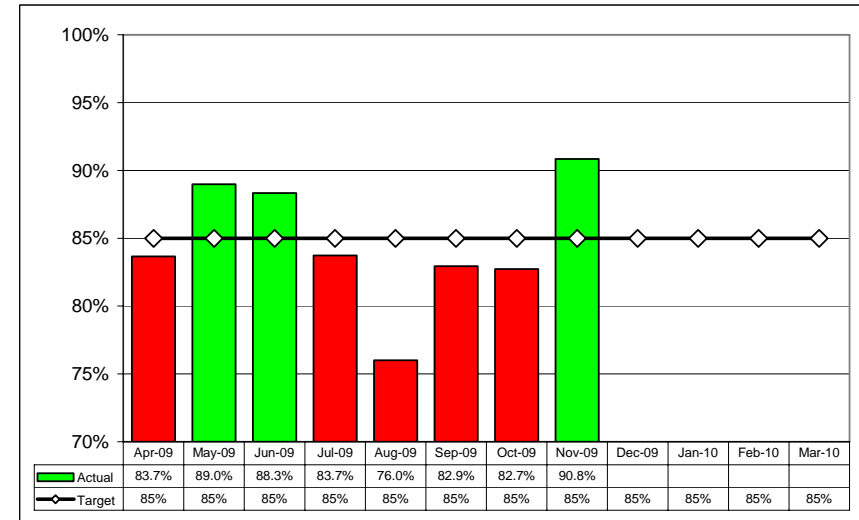
Late referrals of patients on 62 day pathways from other localities for treatment at LTHT have often been cited as major reasons for LTHT poor performance. However, the focus of work on getting the system right within LTHT, has increased overall performance.

**NHS Leeds Executive Director:**  
**Management Lead:**

Philomena Corrigan  
Nigel Gray

### World Class Commissioning Outcomes

#### Cancer: 62 day GP/GDP referral



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

### Target:

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

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

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

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

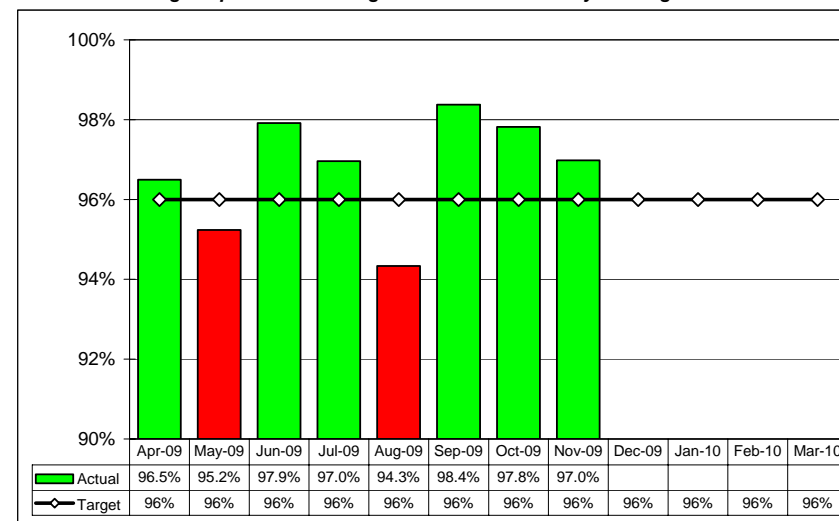
Performance to target has shown a gradual improvement in the quarter with 92% of patients being treated in target in September, through to achievement of the target from November.

**NHS Leeds Executive Director:**  
**Management Lead:**

Philomena Corrigan  
Nigel Gray

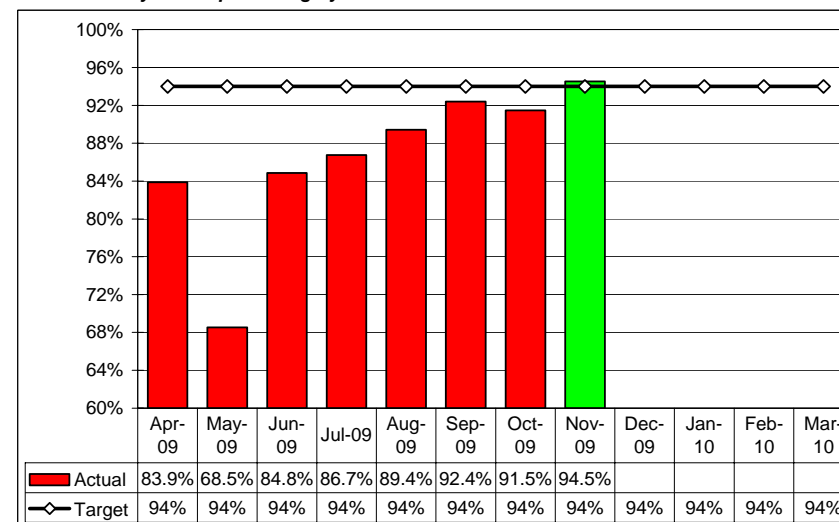
### Periodic Review Standard

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



### Periodic Review Standard

#### Cancer: 31 Day Subsequent Surgery



## Cancer: 31 day wait standard – Subsequent drug & radiotherapy

### Target:

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

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

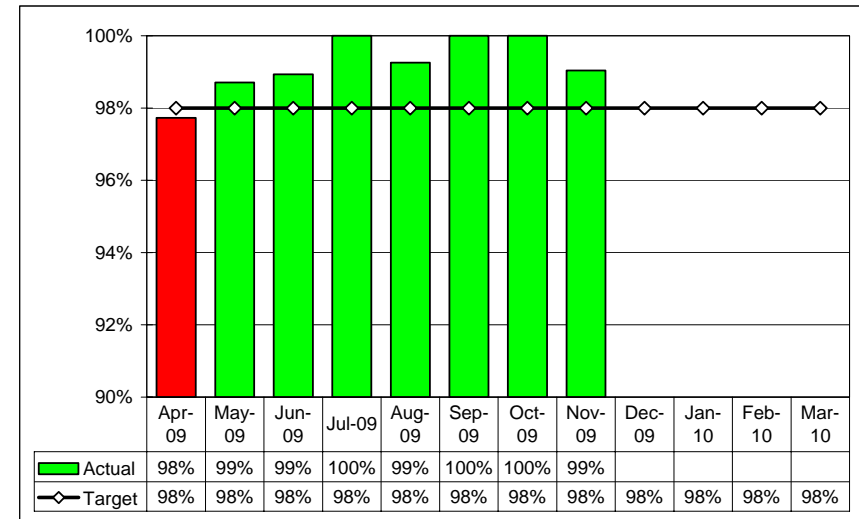
The indicator on subsequent radiotherapy is not showing full achievement, though this is planned for January. Performance is improving and LTHT remain on target to achieve the agreed trajectory by January. Interim December performance stands at around 97-100%.

**NHS Leeds Executive Director:**  
**Management Lead:**

Philomena Corrigan  
Nigel Gray

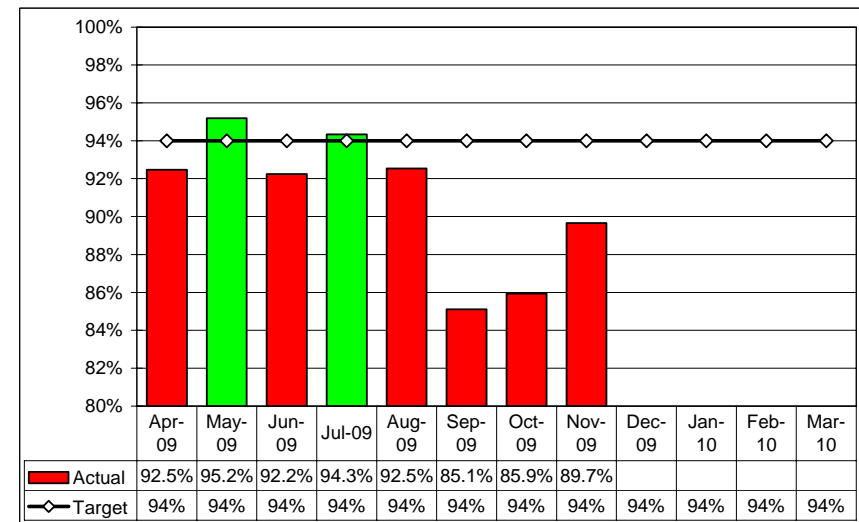
### Periodic Review Standard

#### Cancer: 31 Day Subsequent Drug Treatment



### Periodic Review Standard

#### Cancer: 31 Day Subsequent Radiotherapy





# Incidence of MRSA bacteraemia

**Target:**

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

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

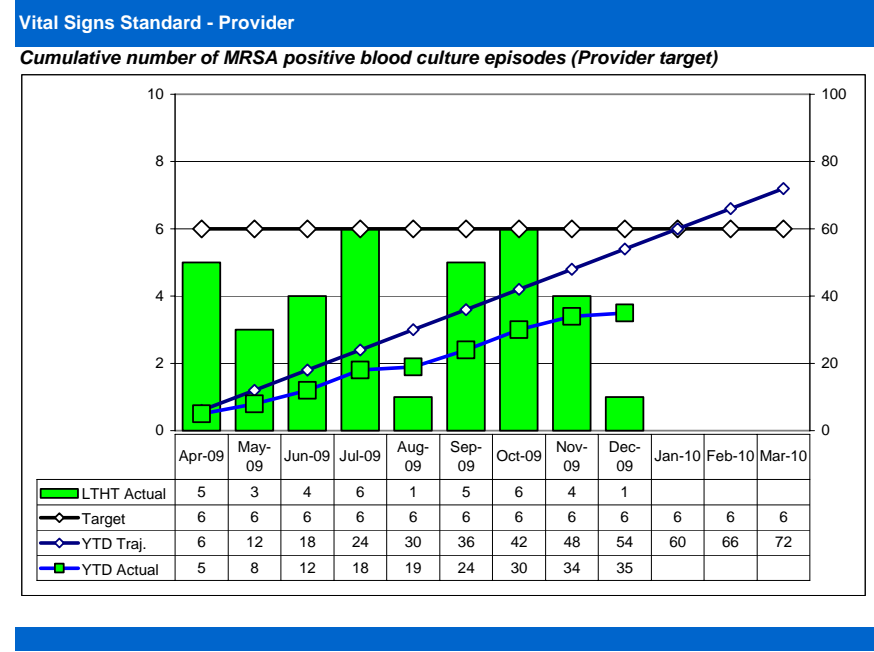
Performance so far this year has been at or below the maximum trajectory since the start of the year. For October there were 6 cases and for Nov 4 cases reported. All of these had their root cause of infection identified as being within LTHT. The trajectory level is 6 per month, 72 over the whole year.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

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

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

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

**Lead Executive Director:** Ian Cameron  
**Management Lead:** Simon Balmer



# Incidence of C. difficile

**Target:**

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

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

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

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

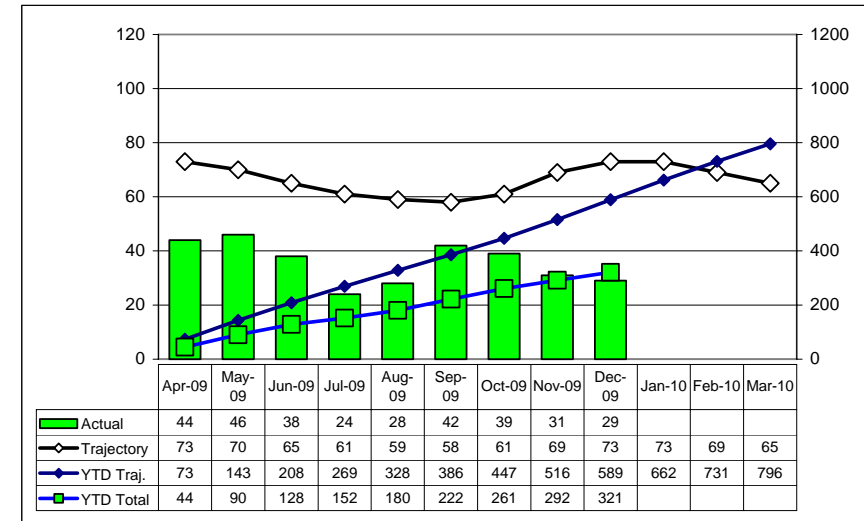
Within NHS Leeds, work is ongoing with care homes and GPs to ensure that a clear message goes out to prescribers about the guidelines for antibiotic prescribing (which is linked to C diif incidence). This work will continue to ensure that the positive work of the acute trust is reflected in the community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

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

**Lead Executive Director:** Ian Cameron  
**Management Lead:** Simon Balmer

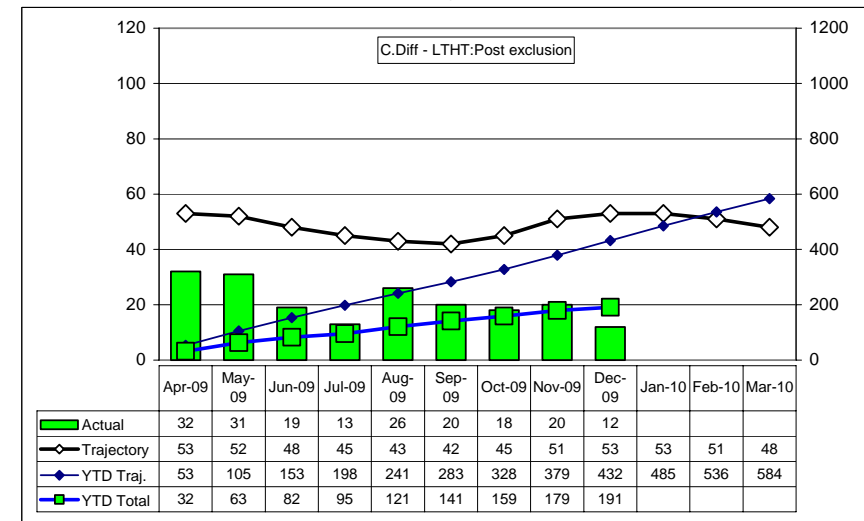
## World Class Commissioning Outcomes

**Clostridium difficile infection rates (Commissioner target)**



## Periodic Review Standard

**Clostridium difficile infection rates (Provider target)**



## Four hour A&E standard

### Target:

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

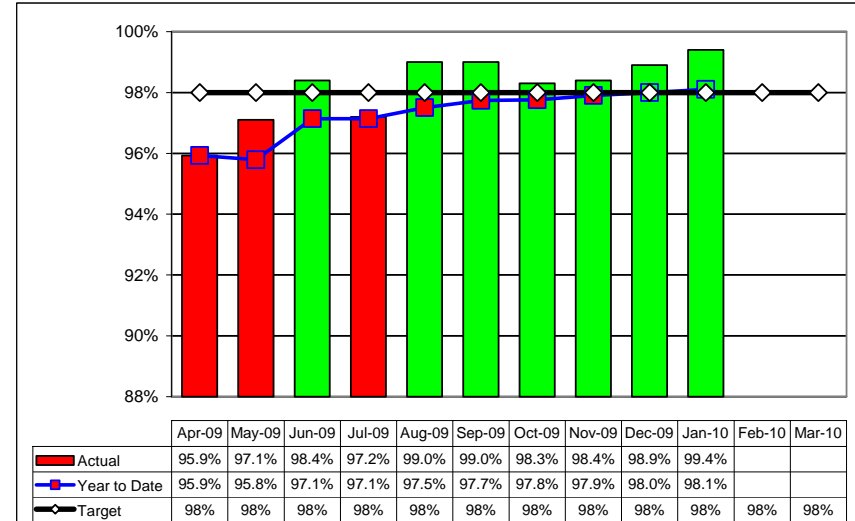
Monthly performance for the period since August has been consistently above 98%.

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

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

### Periodic Review Standard

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



**NHS Leeds Lead Executive Director:**  
**Management Lead:**

Philomena Corrigan  
Nigel Gray

## Proportion of individuals who complete immunisation by recommended ages

### Target:

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

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

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

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

Some actions to improve performance include:

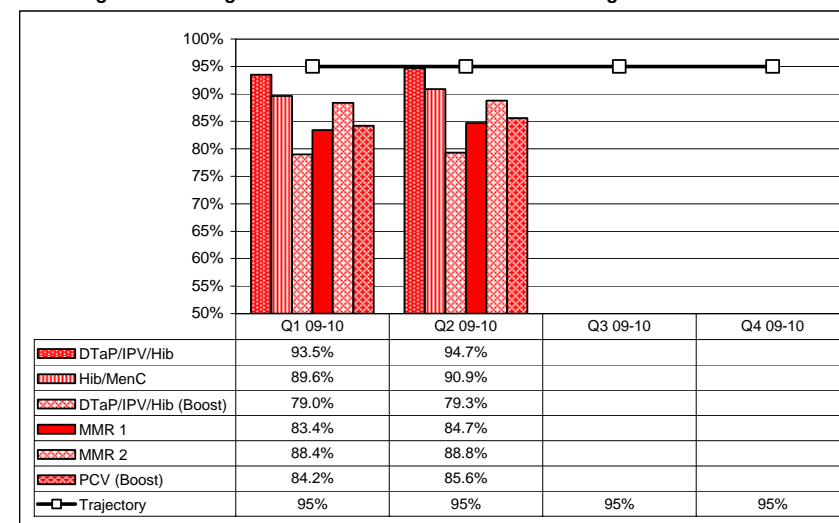
- Improve data recording, sharing and reconciliation by improving the confidence of all stakeholders who use this data, through increasing the accessibility of Child Health data.
- Follow up of children falling outside mainstream immunisation process to be improved.
- The establishment of a new 'roving'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

**NHS Leeds Executive Director:**  
**Management Lead:**

Ian Cameron  
Simon Balmer

### Periodic Review/Vital Signs Standards

#### Percentage of children given immunisation at the recommended ages



## NI 40: Number of drug users in effective treatment

### Target:

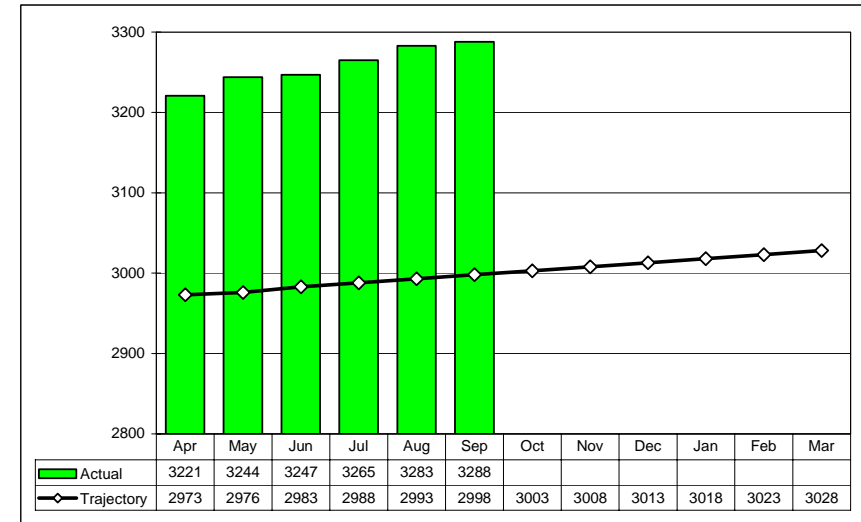
To increase the number of drug users in treatment, achieving the monthly target trajectory.

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

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

### National Indicator

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



Overall Traffic Light Rating	
Data Quality	No Concerns

NHS Leeds Executive Director:  
Management Lead:

Philomena Corrigan  
Sarah Sinclair

## NI 51: Effectiveness of child and adolescent mental health services

### Target:

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

This indicator measures how effectively mental health services meet children's mental health needs, through the answering of four questions. This is an aggregated score of 1 to 4 for each of the questions where a total of 4 is the lowest possible score and 16 is the highest.

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

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

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

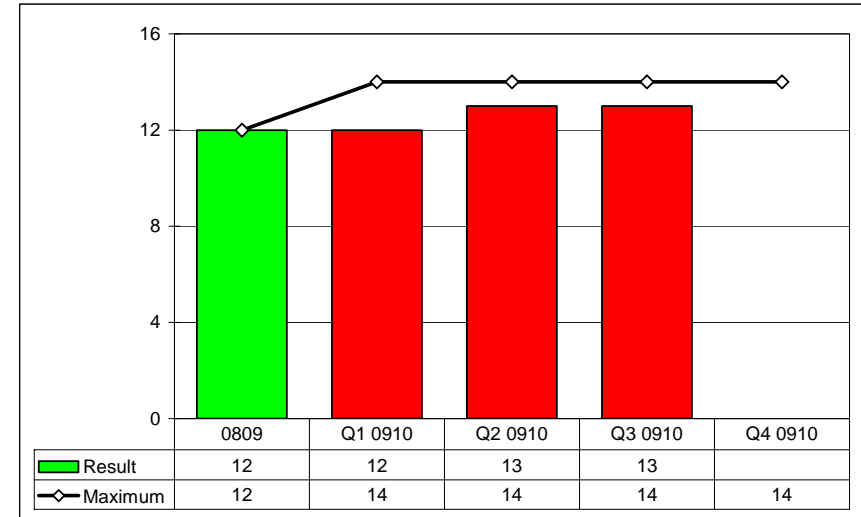
Overall Traffic Light Rating	
Data Quality	No Concerns

**NHS Leeds Executive Director:**  
**Management Lead:**

Philomena Corrigan  
Sarah Sinclair

### National Indicator

#### NI 51: Effectiveness of CAMHS



## NI 53: Prevalence and coverage of breastfeeding

### Target:

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

Promoting and sustaining breastfeeding is an essential part of an integrated programme of child health promotion and parenting support. Performance has focused on breastfeeding initiation but the national indicator is now assessing levels of continuation and coverage at 6-8 weeks. Additional data is also being collected on breastfeeding status at discharge from the midwifery services

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

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

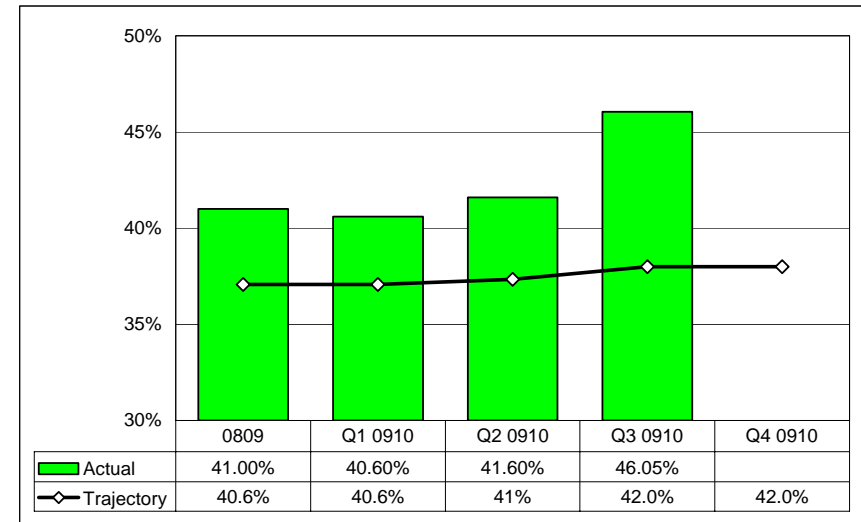
Whilst improvements in the data are encouraging, the 6-8 week figure measures 'any breastfeeding' – and therefore counts the number of babies who are receiving both artificial and breast milk. The data is also collated city-wide and masks wide variations in practices across the city.

Overall Traffic Light Rating	
Data Quality	No Concerns

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

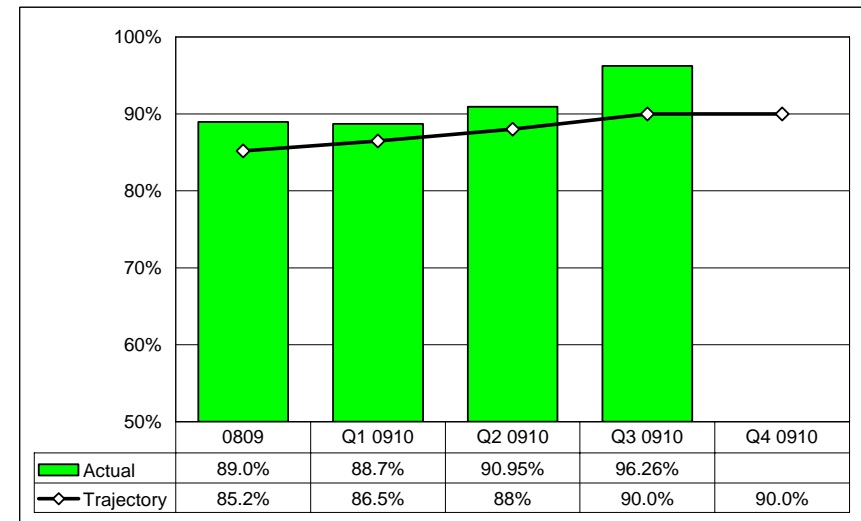
### National Indicator

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



### National Indicator

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



## NI 55: Obesity in Yr R primary school children

### Target:

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

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

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

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

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

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

Overall Traffic Light Rating	
Data Quality	No Concerns

**NHS Leeds Executive Director:**  
**Management Lead:**

Philomena Corrigan  
Sarah Sinclair

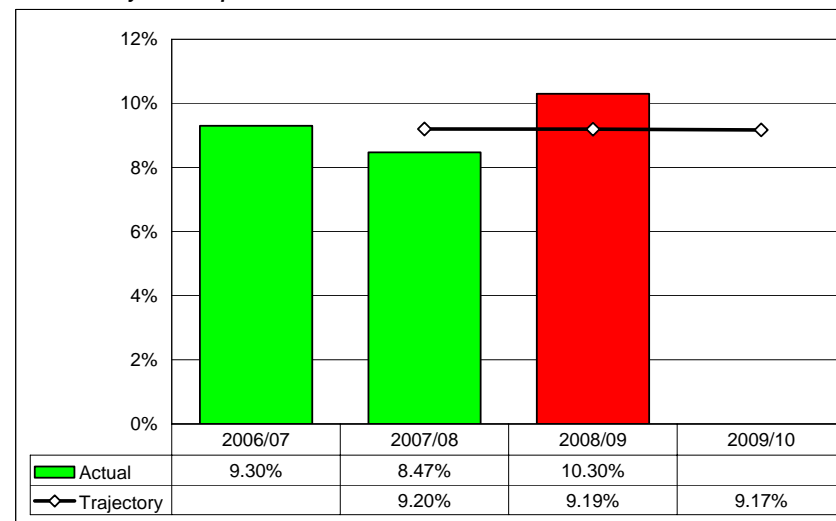
### National Indicator

NI 55: Obesity in Yr R - coverage



### National Indicator

NI 55: Obesity in Yr R - prevalence





## NI 55: Obesity in Yr 6 primary school children

### Target:

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

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

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

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

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

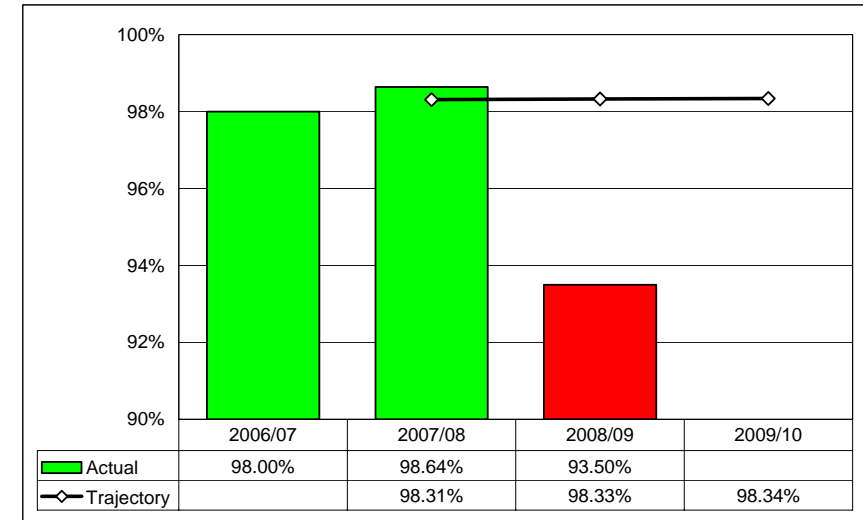
'Watch it' services continue to work with families at 8 community clinics focused in the 10% most deprived SOAs. The 10 week pilot of weight management services for 5-8 year olds at Chapel town Children's Centre is taking place. An evaluation report will be available April 2010.

Overall Traffic Light Rating	
Data Quality	No Concerns

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

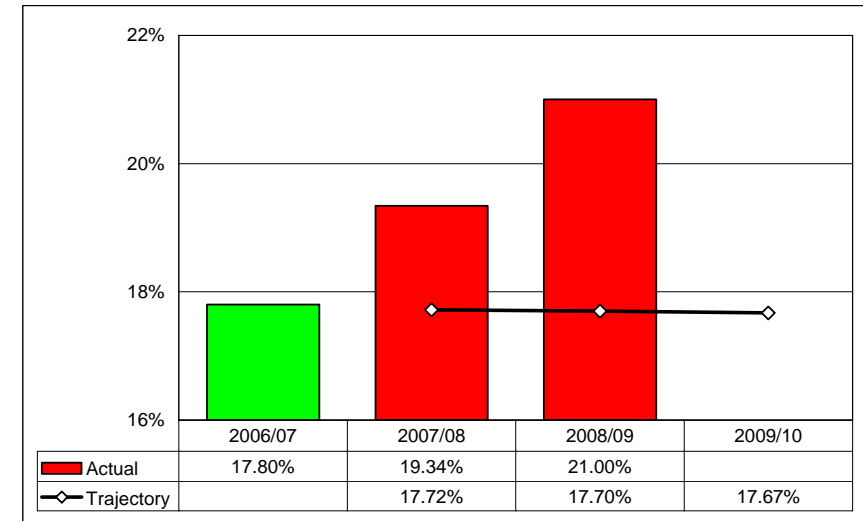
### National Indicator

#### NI 56: Obesity in Yr 6 - coverage



### National Indicator

#### NI 56: Obesity in Yr 6 - prevalence



## NI 112: Teenage conception rates

### Target:

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

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

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

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

### Recent achievements include

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

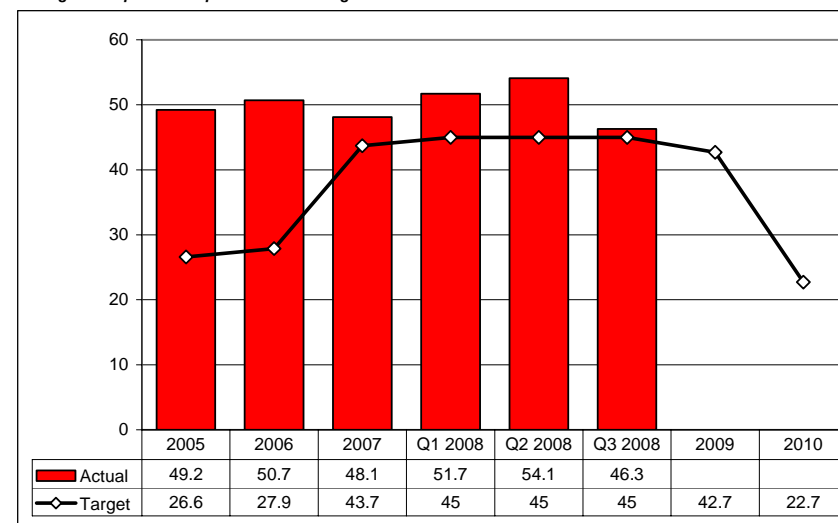
Key risks include long term sustainability of actions; improvements to Sex and Relationship (SRE) education and the need to address the wide range of contributory factors.

Overall Traffic Light Rating	
Data Quality	No Concerns

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

### Periodic Review/Vital Signs/Local Area Agreement Standard

Teenage conception rates per 1000 females aged 15-17



## NI 113: Prevalence of chlamydia in under 25 year olds

### Target:

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

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

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

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

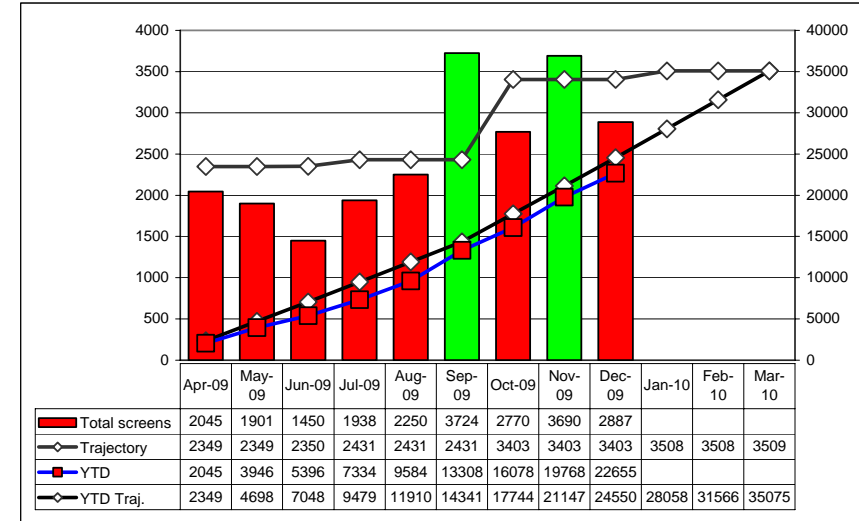
Further work on outreach events could be impacted due to staff issues. Presently, NHSL are examining the use of alternative staff from within the PCT who can be employed to work at the outreach sessions. Further public health staff to are also being committed to support these sessions.

Overall Traffic Light Rating	
Data Quality	No Concerns

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

### Periodic Review Standard

#### Chlamydia Screening



## NI 122: Mortality from all cancers at ages under 75

### Target:

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

The trajectory for this indicator is currently not being achieved.

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

The work on delivery forms part of the Cancer Locality Group work programme and the Cancer Strategy Reform action plan. Achievement moving forward and in the short term depends of improving access to care, reducing stage at presentation as well as changing health behaviour and providing smoking cessation services. A particular emphasis needs to be placed on Early awareness and intervention targeted at more deprived communities in Leeds. This will form a focus for the LTC and Staying Healthy Integrated Commissioning Teams across NHS Leeds in 2010/11.

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

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

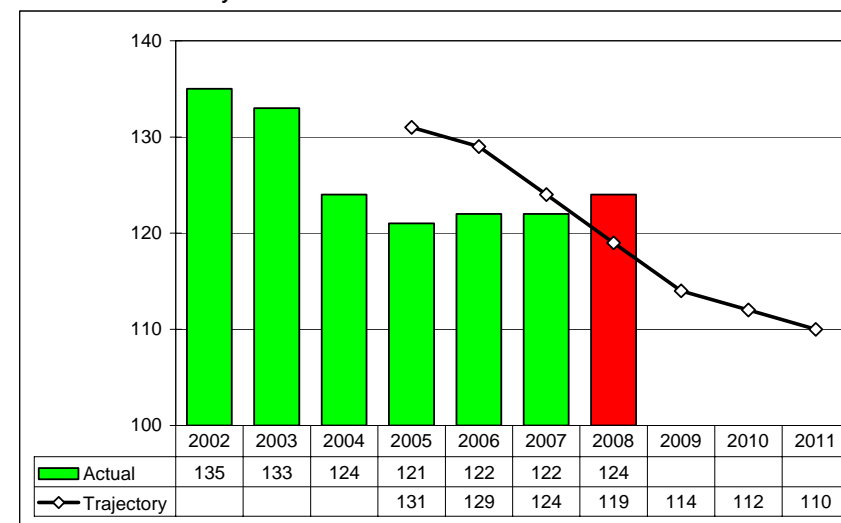
This data is produced annually and for 2009 will be available later this year.

Overall Traffic Light Rating	
Data Quality	No Concerns

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

### National Indicator

#### NI 122: Cancer mortality



# NI 123: Smoking Prevalence

**Target:**

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

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

The PCT along with LCC is currently reviewing arrangements for the development and delivery of the overarching tobacco control programme and is linking with regional activity, including addressing the accessibility of cheap and illicit tobacco, which is a particular problem in the most deprived areas of the city. NHS Leeds along with Environmental Health Services jointly hosted a stakeholder event in December to gain support and input from partners into the forthcoming revised strategy.

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

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

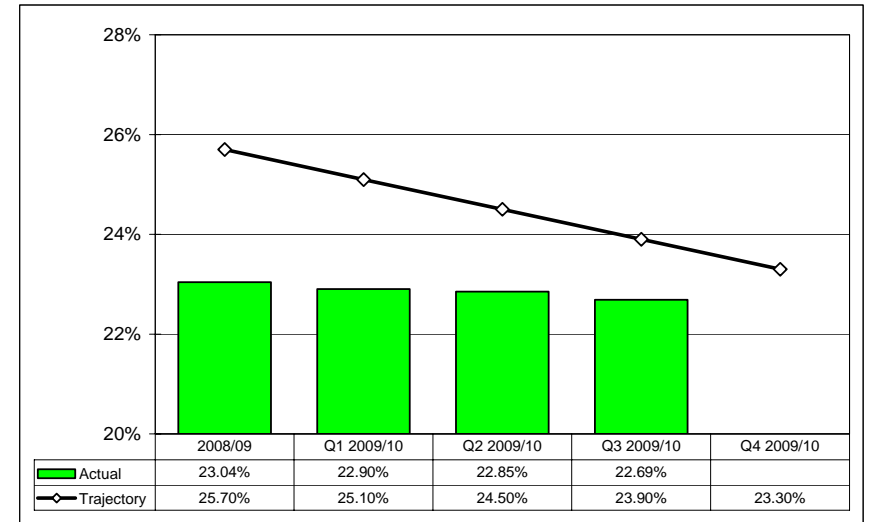
Overall Traffic Light Rating	
Data Quality	No Concerns

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



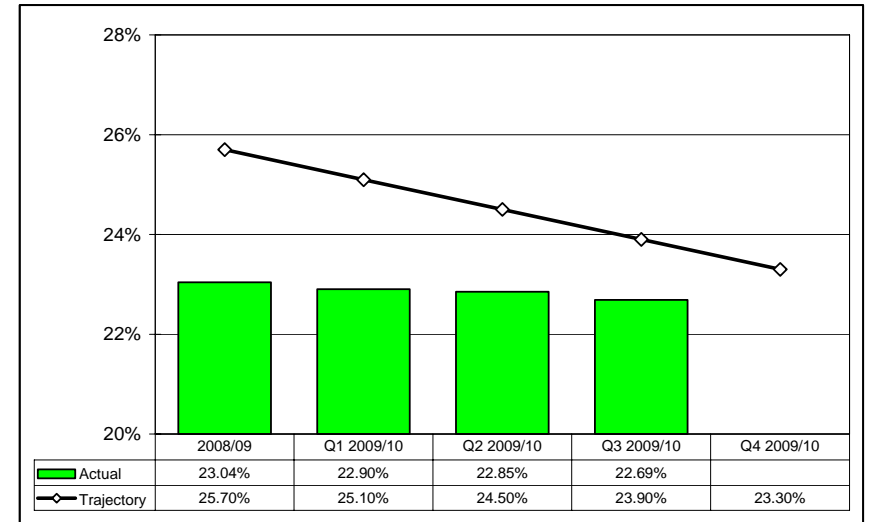
**National Indicator**

**NI 123a: Smoking prevalence - City wide**



**National Indicator**

**NI 123a: Smoking prevalence - City wide**



## NI 125: Independence for older people

### Target:

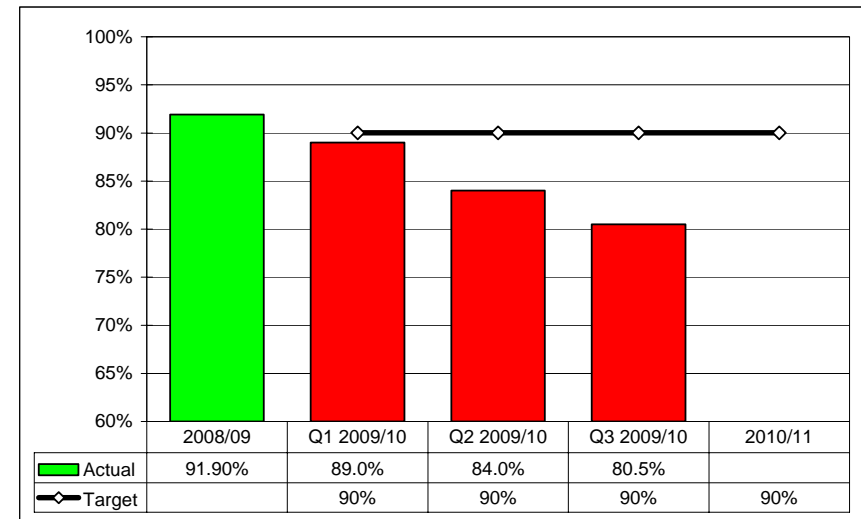
*To deliver improved care so as to achieve independence for older people through rehabilitation and/or intermediate care*

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

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

### National Indicator

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



Overall Traffic Light Rating	
Data Quality	No Concerns

**Lead Service:** Access and Inclusion, LCC

## NI 131: Delayed transfers of care

### Target:

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

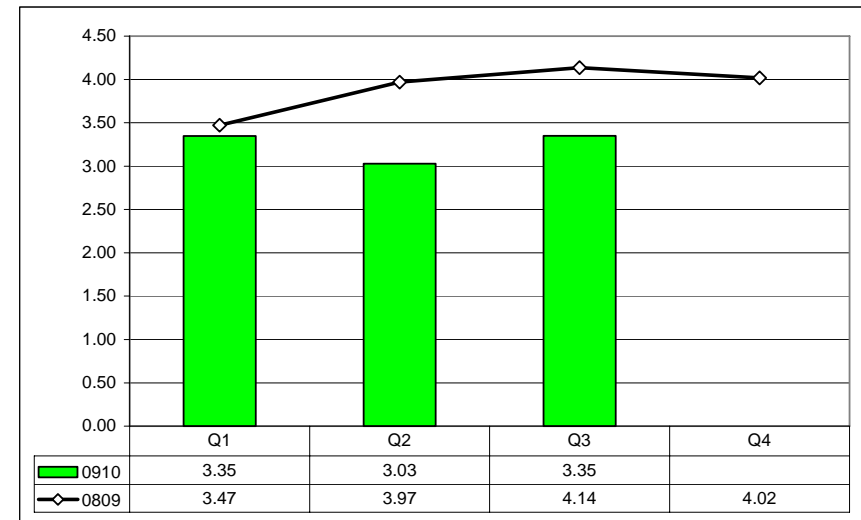
The indicator on delayed transfers of care (often known as delayed discharges) measures the rate per 100,000 of the general population. The Care Quality Commission have not defined the threshold for achievement at the time of writing.

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

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

### Periodic Review Standard

#### Delayed transfers of care per 100,000 population



Overall Traffic Light Rating	
Data Quality	No Concerns

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

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

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

Lead Officer – John England & Ian Cameron

Overall  
Progress



### Why is this a priority



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

#### World Class Commissioning Outcomes

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

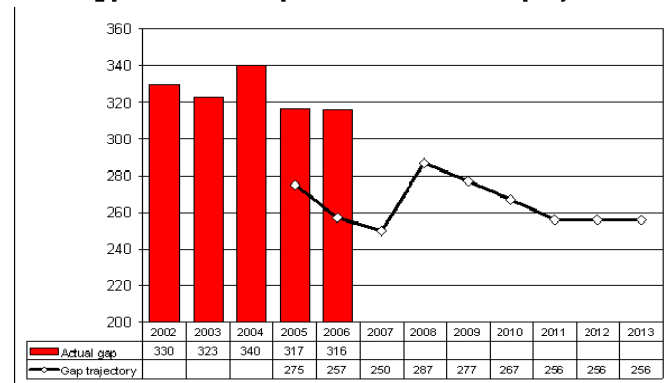


Fig. 1

#### World Class Commissioning Outcomes

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

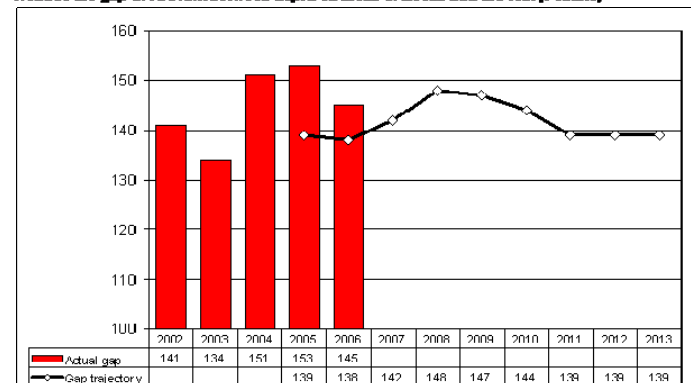


Fig. 2

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

#### Overall Summary

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

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

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

#### Achievements since the last quarter

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



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

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

### Lead Officer – John England & Ian Cameron

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

#### Healthy Living services:

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

#### Infant Mortality:

Implementing the Maternity Matters programme. Within this there is:

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

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

Actions include:

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

**Approved by**

*(Accountable Officer)*

John England & Ian Cameron

**Date**

04/02/2010

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

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

Lead Officer – John England &amp; Ian Cameron

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

**Performance Indicators**

Performance indicators aligned to the Improvement Priority

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

## HW-1d/CYPP 7 - Reducing teenage conception

CAA Focus - Teenage pregnancy still high although improving slightly

Lead Officer – Sarah Sinclair

Overall  
Progress

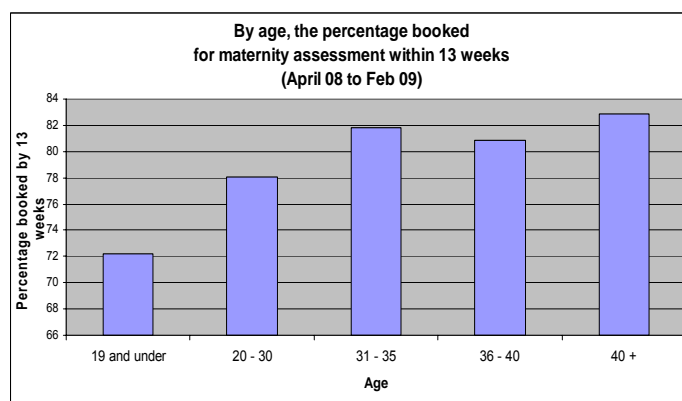
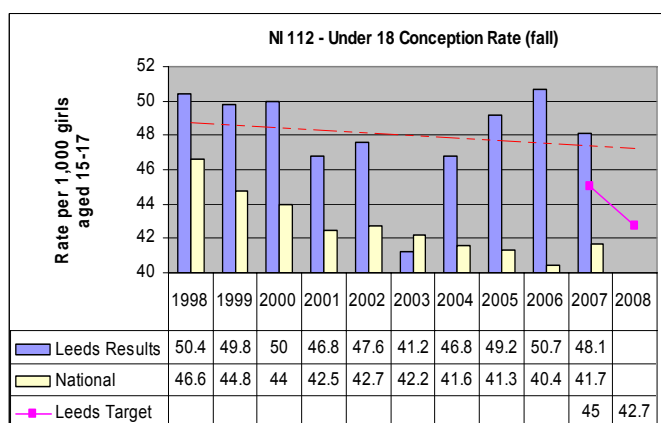


### Why is this a priority



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

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



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

### Overall Summary

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

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

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

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

## HW-1d/CYPP 7 - Reducing teenage conception

CAA Focus - Teenage pregnancy still high although improving slightly

Lead Officer – Sarah Sinclair

### Activity Achievements since the last quarter

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

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

### Challenges/Risks

- There are real risks that not all relevant services and strategies perceive that teenage pregnancy and parenthood is a priority for them, and that many services can have a positive effect. For example, we will be ensuring that housing services are fully engaged because unstable and inappropriate housing for teenage parents and their children is factor which is linked to 2<sup>nd</sup> and subsequent teenage pregnancies.
- Services will need to be further challenged to be young people friendly to ensure that young people will access them, and especially those young people who do not readily access mainstream services.
- There is no central point which professionals can refer to in order to ensure young parents to be and teenage parents are accessing the relevant services as early as possible, such as antenatal services.
- There is support for school age young fathers to continue their education. However, there is little specific support available for young fathers post 16, both in terms of preparing for parenthood and seeking education, training and employment thus demonstrating the link to the NEET agenda.

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

## HW-1d/CYPP 7 - Reducing teenage conception

CAA Focus - Teenage pregnancy still high although improving slightly

Lead Officer – Sarah Sinclair

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

	Action	Lead Officer	Milestone	Timescale	Date Action Last Reviewed
1	Develop locality plans further for high rate pocket in West Leeds  Implementation of the commissioning plan	Paul Bollom	-Presentation to TPPP -Allocation of locality commissioner to develop actions within West Leeds  Commissioning in place by April 1 <sup>st</sup> 2010	March 2010 May 2010  April 2010	11 <sup>th</sup> Feb 2010
3	Detailed Sex and Relationships Education (SRE) strategic action plan to be implemented for primary and secondary SRE	Paul Bollom	Monitor progress of implementation	Ongoing	11 <sup>th</sup> Feb 2010
4	Focused leadership from Lead Member in support of locality and city wide action plan including work with school governors, locality leadership teams and elected members	Sarah Sinclair	- Lead Member supported to engage with school governors - Make contact with Children's Champion for West Leeds - Improving school governors understanding and encouraging swift and easy access to Sexual Health Services	Ongoing  March 2010  Sept 2010	11 <sup>th</sup> Feb 2010
5	CaSH, Genitourinary Medicine (GUM) and the Termination of Pregnancy (TOP) providers will be 'You're Welcome' accredited	Vicky Womack	Progress monitoring meetings Jan 2010	March 2010	11 <sup>th</sup> Feb 2010
6	A secondary PSHE and Citizenship Toolkit to be offered to all secondary schools, including PRUs and SILCs	Dorothy Smith	Sample CD of the Toolkit has been created and to be disseminated to all secondary schools by Nov 2009	April 2010	11 <sup>th</sup> Feb 2010
7	Develop action plan for newly identified hot pockets in West Leeds	Paul Bollom	Plan to be completed and agreed by the TPPP Board	March 2010	11 <sup>th</sup> Feb 2010
8	Clarify need for style referral point for young parents and teenage parents to access services.	Paul Bollom	Recommendation to be made to TPPP	March 2010	11 <sup>th</sup> Feb 2010

### Performance Indicators

Performance indicators aligned to the Improvement Priority

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

# Leeds

## Area Assessment

Dated 9 December 2009



**oneplace**

for an independent overview  
of local public services

## Contents

Leeds at a glance

How is Leeds doing?

About Leeds

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

Priorities for Leeds

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

assessment, access to services and support to vulnerable people.


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





## Leeds at a glance

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

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

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

### Red flags - significant concerns, action needed

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

## The local area

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

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

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

## How is Leeds doing?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## transport infrastructure and road safety.

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

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

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

## About Leeds

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

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

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

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

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

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

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

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

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

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

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

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

changes have an impact on people's lives.


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

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

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

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

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

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

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



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

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

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

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

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

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

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

recession.

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

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

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

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

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

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

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

Work has been started to reduce carbon dioxide (CO<sub>2</sub>) emissions from public sector buildings and day to day activities, and to encourage businesses to do likewise. For instance, Housing Associations have put energy-efficiency upgrades into 3,350 properties, the Council has set up a £1 million fund to improve its buildings between 2008 and 2010, and its Fuelsavers Team is helping people to get grants for home improvements. Although work is taking place to deliver biomass, solar and wind projects there is only a piecemeal approach to reduce carbon emissions. A lot of work is focused on understanding current levels of CO<sub>2</sub> emissions and how to measure levels accurately in the future. This will provide a clearer picture of what can be done to reduce CO<sub>2</sub> emissions between 2010 and 2012 and in the longer-term.

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

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

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

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

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

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

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

### Red flag: Keeping vulnerable children and young people safe

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

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

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

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

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

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

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

## What's being done in response?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



### **Red flag: Burglary in parts of Leeds**

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

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

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

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

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

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

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

## What's being done in response?

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

in road accidents was just missed.

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

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

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