

## **SCRUTINY BOARD (HEALTH )**

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**Meeting to be held in Committee Rooms 6 and 7, Civic Hall on  
Tuesday, 17th June, 2008 at 10.00 am**

***(A pre-meeting will be held for ALL Members of the Board at 9.30 a.m.)***

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### **MEMBERSHIP**

#### **Councillors**

D Atkinson	-	Bramley and Stanningley
J Bale	-	Guiseley and Rawdon
J Chapman	-	Weetwood
P Grahame (Chair)	-	Cross Gates and Whinmoor
J Illingworth	-	Kirkstall
M Iqbal	-	City and Hunslet
G Kirkland	-	Otley and Yeadon
A Lamb	-	Wetherby
J Langdale	-	Temple Newsam
A McKenna	-	Garforth and Swillington
J Monaghan	-	Headingley
L Rhodes-Clayton	-	Hyde Park and Woodhouse
Whip's Nominee	-	Green Group

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4325**

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**Principal Scrutiny Advisor:  
Steven Courtney  
Tel: 247 4707**

# A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting).</p>	
2			<p><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</b></p> <ol style="list-style-type: none"> <li>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</li> <li>2 To consider whether or not to accept the officers recommendation in respect of the above information.</li> <li>3 If so, to formally pass the following resolution:-</li> </ol> <p><b>RESOLVED</b> – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<b>LATE ITEMS</b>  To identify items which have been admitted to the agenda by the Chair for consideration.  (The special circumstances shall be specified in the minutes.)	
4			<b>DECLARATIONS OF INTEREST</b>  To declare any personal / prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.	
5			<b>APOLOGIES FOR ABSENCE</b>  To receive any apologies for absence.	
6			<b>WORK PROGRAMME</b>  To receive and consider the attached report of the Head of Scrutiny and Member Development	1 - 34
7			<b>DETERMINING THE WORK PROGRAMME</b>  To receive and consider the attached report of the Head of Scrutiny and Member Development	35 - 40
8			<b>CO-OPTED MEMBERS FOR THE BOARD</b>  To receive and consider the attached report of the Head of Scrutiny and Member Development	41 - 42

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			<b>DATES AND TIMES OF FUTURE MEETINGS</b>  Tuesday, 22 July 2008 Tuesday, 16 September 2008 Tuesday, 21 October 2008 Tuesday, 18 November 2008 Friday, 12 December 2008 Tuesday, 20 January 2009 Tuesday, 17 February 2009 Tuesday, 24 March 2009 Tuesday, 18 April 2009  Meetings commence at 10.00 a.m. (Pre-meeting at 9.30 a.m.)	

Originator: Steven Courtney

Tel: 247 4707

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## Report of the Head of Scrutiny and Member Development

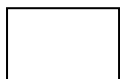
### Scrutiny Board (Health)

Date: 17 June 2008

Subject: Input to the Work Programme 2008/09 – Sources of Work and  
Establishing the Board's Priorities

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#### Electoral Wards Affected:



Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

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Community Cohesion

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Narrowing the Gap

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## 1.0 Purpose of Report

- 1.1 This report provides information and guidance to assist the Board develop a work programme for 2008/09 that is focused on strategic issues.

## 2.0 Introduction

- 2.1 Members will aware that the most recent Comprehensive Performance Assessment (CPA) for the Council identified the following area for improvement.

### CPA Area for Improvement

*"While scrutiny has improved with the introduction of seven new Scrutiny Committees these still remain inconsistent in their approach to challenging policy development. As a consequence effective challenge to the Council through overview and Scrutiny remains inconsistent. Further development is required to ensure a robust approach for all Scrutiny Boards."*

## 3.0 Background Information

- 3.1 It is important for Scrutiny Boards in developing their work programme for 2008/09 to have regard to the concerns raised through the CPA and focus more on strategic priorities.
- 3.2 To assist Members in this process, relevant core information appropriate to this Board's responsibilities has been extracted and attached to this paper:

- The Board's terms of reference (**Appendix 1**)
- Measuring the Gap: Tackling Health Inequalities (extract) (**Appendix 2**)
- Leeds PCT Strategy (2008- 2011) (extract) – Strategic Direction: For better Health for all by 2011 (**Appendix 3**)
- Leeds PCT Strategy (2008- 2011) (extract) – Building foundations for a health future; priorities for 2008/09 (**Appendix 4**)
- Draft Memorandum of Local Area Agreement (**Appendix 5**)
- Leeds Strategic Plan (**Appendix 6**)
- Corporate Performance Management Information (**Appendix 7**)
- Corporate Assessment Actions 2008 (**Appendix 8**)
- Details of external audits (**Appendix 9**)
- Details of any planned review of key policies and strategies (including those items which make up the Council's Policy framework) (**Appendix 10**)

- 3.3 Other key sources of information to help develop the work programme will continue to be 'requests for scrutiny' and corporate referrals. A schedule of outstanding issues/ potential areas for the work programme is attached for Members attention.
- 3.4 Details of the outstanding issues from the previous Board are also attached (**Appendix 11**).
- 3.5 To assist Members discussion on the above information, representatives from each of the NHS bodies responsible for delivering health services across Leeds, namely Leeds Primary Care Trust (PCT), Leeds Teaching Hospitals NHS Trust and Leeds Partnerships Foundation Trust, along with the Director of Adult Services and the Executive Member with portfolio responsibility for Health and Adult Social Care, have been invited to attend the meeting.

#### **4.0 Guidance**

- 4.1 Over recent years of Scrutiny Board work, experience has shown that the process is more effective if the Board seeks to minimise the number of substantial inquiries running at any one time.
- 4.2 The Board is advised to consider the benefits of single item agendas (excluding miscellaneous information and minutes) in order to focus on all the relevant evidence and complete an inquiry in a shorter period of time. There are various mechanisms available, such as working groups and site visits, that may assist the Board to conclude inquiries quickly whilst the issues are pertinent.
- 4.3 The agreed Memorandum of Understanding between Executive Board and Overview and Scrutiny which now sits within the Council's Constitution states;

*"The responsibility of those setting scrutiny work programmes is, therefore, to ensure that items of work come from a strategic approach as well as a need to challenge service performance and respond to issues of high public interest.*

*It is recognised that Scrutiny Boards have a 'watching brief' role. In addition information is required for members' own development process, particularly as membership of the Boards is changed annually.*

*However, it is also recognised that agendas are often filled up with reports for this purpose, which takes up time for both officers and Members. Where Scrutiny Boards wish to ask questions at a general or more strategic level and/or be updated on issues already considered in detail, the facility of Members' Questions – where a verbal exchange replaces written reports - should be used.*

*It is expected that where ever possible prior notification is given of the likely questions to be asked”.*

- 4.4 Over recent years the Children's Services Board in particular has developed the approach of devoting one meeting per quarter to overview and performance management. This includes receiving reports and scrutinising Executive Members and officers on relevant issues.

## **5.0 Recommendation**

- 5.1 Members are requested to use the information presented in this report, along with the arising discussion, to inform the development of an outline work programme that prioritises the issues to be investigated under the next agenda item.

## Scrutiny Board (Health)

### Terms of Reference

#### Health Service Scrutiny<sup>1</sup>

1. To review any matter relating to the planning, provision and operation of health services in relation to:
  - arrangements made by local NHS bodies<sup>2</sup> and the authority to secure hospital and community health and health related services to the inhabitants of the authority's area;
  - the provision of such services to those inhabitants;
  - the provision of family health services (Primary Care Trust), personal medical services personal dental services, pharmacy and NHS ophthalmic services;
  - the public health arrangements in the area including arrangements by local NHS bodies for the surveillance of, and response to, outbreaks of communicable disease or the provision of specialist health promotion services;
  - the planning of health and health related services by local NHS bodies and the authority, including plans made in co-operation with partners for setting out a strategy for improving both the health of the local population and the provision of health care to that population;
  - the arrangements made by local NHS bodies and the authority for consulting and involving patients and the public under the duty placed on them by Section 11 of the Health and Social Care Act 2001;
  - any proposals for a substantial development or variation of health services within the authority's area.
2. To consider such proposals as are referred to it by local NHS bodies and the authority and to report back the result of its considerations to the referring body and others as appropriate.
3. To review how and to what effect health policy is being implemented, and health improvement achieved, by the authority and local NHS bodies and to make reports and recommendations as appropriate.
4. To receive representations from Area Committees or relevant groups of interest and to report to the authority and local NHS Bodies as appropriate.
5. In relation to matters in respect of which a local NHS body consults more than one scrutiny committee within its area, or in relation to matters which a number of West Yorkshire Metropolitan Councils elect to jointly scrutinise a function or service provided by the NHS body, to:
  - (i) nominate Members to a joint committee, such nominations to reflect the political balance of the Board;
  - (ii) delegate its scrutiny functions to another local authority.

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<sup>1</sup> Under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 as amended.

<sup>2</sup> In Leeds this means the Primary Care Trust, the Leeds Teaching Hospitals NHS Trust, NHS Yorkshire and the Humber and the Leeds Mental Health Teaching NHS Trust



**Extract from: 'Measuring the Gap: Tackling Health Inequalities'**  
*(report of the Leeds Joint Public Health Information Group –December 2007)*

## Introduction

Dr Ian Cameron – Director of Public Health, Leeds Primary Care Trust

*"In poor countries, tragically, people die unnecessarily. In rich countries, too, the higher death rate of those in less fortunate social positions is unnecessary. Can there be a link between these two phenomena: inequalities in health among countries and inequalities within? Surely, it might be argued, the depredations of grinding poverty – lack of food, shelter, clean water, and basic medical care or public health – that ravage the lives of the poor in developing countries are different in kind from the way that social disadvantage leads to poor health in modern Britain. There is, however, a link. The unnecessary disease and suffering of the disadvantaged, whether in poor countries or rich, is a result of the way we organise our affairs in society. Failing to meet the fundamental human needs of autonomy, empowerment or human freedom is a potent cause of ill health"*

*Professor Sir Michael Marmot (2007)*

Dramatic inequalities dominate global health today, and there are stark differences within countries and at a local level. The Black Report on inequalities in health (1980) is recognized internationally as a milestone in understanding how social conditions shape health inequalities. In 1998, the former Chief Medical Officer, Sir Donald Acheson carried out an independent inquiry in England that found widespread evidence of health inequalities, and recommended action in the NHS and on poverty, housing, transport, education and employment. Then in 2001, national targets for reducing health inequalities were set. These were to reduce the gap between social classes for infant mortality between the bottom social class and the national average by 10 per cent over the next 10 years, and a similar reduction in the gap in life expectancy between the bottom 20 per cent of health authorities and the average for England as a whole.

However, narrowing the health inequalities gap is difficult, and indeed the gap nationally is widening. The reasons lie in the causes of health inequalities which are complex, deep rooted, cross generations and involve action across many different organizations and sectors. Crucially action is needed to reduce the socioeconomic gradient and gap between the best and the worst. Reversing this trend is likely to be difficult.

Turning now to Leeds, overall the health of our population has improved. Compared to the other 'core cities' of England (Sheffield / Manchester / Birmingham / Liverpool / Newcastle / Bristol / Nottingham) Leeds compares favourably and has the lowest all age, all cause mortality rate for both males and females.

However when compared to the national average for England. Leeds has significantly worse values for 24 key public health indicators including all age cause mortality, male life expectancy, smoking prevalence in long term condition patients, alcohol related admission rates, prevalence and mortality from circulatory and respiratory diseases, incidence and mortality from cancer and emergency admissions for chronic illnesses such as Chronic Obstructive Pulmonary Disease (COPD) and asthma.

When this information is analysed in more depth it presents a picture of Leeds as a city with significant inequalities in health. Both men and women living in the most deprived wards of the city have worse health and shorter lives than people in the less deprived wards.

### **Extract from: 'Measuring the Gap: Tackling Health Inequalities'** (report of the Leeds Joint Public Health Information Group –December 2007)

The report clearly shows that on the key public health indicators there is a statistically significant difference between the parts of Leeds which in this report we have called 'Leeds deprived' (neighbourhoods defined by the Census Lower Super Output Areas in Leeds that are within England's most deprived 10% of LSOAs) and the rest of Leeds. For example deaths among women from respiratory conditions within these areas are 2.09 times that of the Leeds average. Emergency admission for Chronic Obstructive Pulmonary Disease is 1.95 times that of the Leeds average. Lung cancer mortality is 1.82 times that of the Leeds average. Such stark geographic differences must become the focus of partnership working in Leeds in the future.

### **How we are working to reduce health inequalities in Leeds**

- **Action to reduce inequalities is a priority for all partners in the Leeds Initiative.**
- **Narrowing the Gap between the richest and poorest of communities in Leeds is a key priority of the Vision for Leeds.**

The Leeds Strategic Plan will set out the vision for the city of Leeds 2008 – 11. Whilst aiming at improvement for Leeds as a whole the Plan will recognise that reducing inequalities must be at the core. The themes of the plan include health, education, culture, housing, employment and the economy. Each theme will deliver tangible improvement and outcomes and all will address inequalities.

So in Leeds action to remove health inequalities has to be a key priority for parties under the Leeds Initiative. Leeds Primary Care Trust and Leeds City Council each have a key part to play.

- **Leeds PCT** is the accountable organisation for delivery of the two national health inequalities targets, and is committed to a broad range of activity using a twintrack approach:
  - 1) Strengthening action on tackling health inequalities in health and social care, through outcome-focused commissioning and targeted delivery of effective interventions to those most in need, for example through our vascular disease and long term conditions programmes.
  - 2) Action on wider determinants of health in partnership with others. As one of its key aspirations, Leeds PCT will work as part of a strong and focused partnership with the local authority, third sector, local business and the people of Leeds, to focus on improving public health and wellbeing and achieving demonstrable reductions in health inequalities.
- **Leeds Public Health Directorate** will develop, drive and implement, in partnership, action to tackle significant and deep-rooted health inequalities within our city. The directorate will work with local communities and particularly closely with Leeds City Council and Voluntary and community sector partners in our most deprived 10% super output areas (around 150,000 people).
- **Leeds City Council** has a key influence in reducing health inequalities stemming from social, economic and environmental conditions. The Council also has the responsibility of 'place shaping', of developing the capacity and resources of all communities in the city, with all their diversity. Action on factors such as housing conditions, financial exclusion, employment and skills, and education are all key areas. Social care services

### **Extract from: 'Measuring the Gap: Tackling Health Inequalities**

*(report of the Leeds Joint Public Health Information Group –December 2007)*

will strive to ensure full access to services for those who need them most but, equally importantly, will aim to increase empowerment, dignity and independence.

- **Children Leeds** will continue to pursue the five statutory outcomes for all children, to be happy, healthy, safe, successful and free from the effects of poverty. A separate report looks at inequalities in health as they affect children and young people. Promoting exercise and healthy eating is a high priority.

This report sets out the significant challenges we face in Leeds to reduce the unacceptable level of health inequalities which persist in our city, and in some cases are increasing. Not all the action that is required can be undertaken by Leeds. Nevertheless without a shared commitment to action from all parties across Leeds progress will not be made. Reducing health inequalities must be the highest priority for the city and can only be turned around by a shared commitment to action from all partners as our highest priority.

## DRAFT Memorandum of LAA

**Note:** Targets are in place for all indicators that will be measured during 2008/09. Negotiations are ongoing with Government Office to finalise targets in three areas.

Strategic Outcome	Improvement Priority	Government Agreed or Partnership Agreed	Indicator	Baseline	LAA 3 Year Target 2010/11	Milestone 2008/09	Milestone 2009/10	LEAD/contributory partners
<b>Health and Wellbeing</b>								
Reduced health inequalities through the promotion of healthy life choices and improved access to services.	Reduce premature mortality in the most deprived areas.	Government Agreed	NI 120 All-age all cause mortality rate (target disaggregated to focus on narrowing the gap between most deprived 10% and the Leeds average)	605 per 100,000 (females) (1995-97 average)	472 per 100,000 (females)	491 per 100,000 (females)	481 per 100,000 (females)	LEEDS PCT
					616 per 100,000 (females living in 10% most deprived SOAs)	639 per 100,000 (females living in 10% most deprived SOAs)	628 per 100,000 (females living in 10% most deprived SOAs)	Leeds City Council
								Leeds Partnership Foundation Trust
								Leeds Teaching Hospitals Trust
								VCFS bodies through Leeds Voice Health Forum
Improved quality of life through maximising the potential of vulnerable people by promoting independence, dignity and respect.				942 per 100,000 (Males) (1995-97 average)	679 per 100,000 (males)	715 per 100,000 (males)	697 per 100,000 (males)	Natural England (Active Lifestyles)
Enhanced safety and support for vulnerable people through preventative and protective		Partnership Agreed	121 Mortality rate from circulatory diseases at ages under 75 (per 100,000 population)		946 per 100,000 (Males living in 10% most deprived SOAs)	1002 per 100,000 (Males living in 10% most deprived SOAs)	974 per 100,000 (Males living in 10% most deprived SOAs)	West Yorkshire Fire and Rescue Service
								Re'New
								As above

## DRAFT Memorandum of LAA

**Note:** Targets are in place for all indicators that will be measured during 2008/09. Negotiations are ongoing with Government Office to finalise targets in three areas.

Strategic Outcome	Improvement Priority	Government Agreed or Partnership Agreed	Indicator	Baseline	LAA 3 Year Target 2010/11	Milestone 2008/09	Milestone 2009/10	LEAD/contributory partners
action to minimise risks and maximise wellbeing.				1997)				
	Reduction in the number of people who smoke.	Partnership Agreed	NI 123 Stopping smoking - disaggregated to narrow the gap between 10% most deprived SOAs and rest of Leeds	30.66% (2004)	21.0% City  27.1% in 10% most deprived SOAs	25.7% City  33.3% in 10% most deprived SOAs	23.3% City  30.2% in 10% most deprived SOAs	LEEDS PCT  Leeds City Council  Leeds Teaching Hospitals Trust  VCFS bodies through Leeds Voice Health Forum
	Reduce rate of increase in obesity and raise physical activity for all.	Government Agreed	NI 57 Children and Young People's Participation in high-quality PE and Sport	2008/09 new data return – Baseline will be in place by March 2009	New indicator to be introduced from April 2009.			LEEDS CITY COUNCIL  Leeds PCT  Sport England Education Leeds Youth Sport Trust Re'New

## DRAFT Memorandum of LAA

**Note:** Targets are in place for all indicators that will be measured during 2008/09. Negotiations are ongoing with Government Office to finalise targets in three areas.

Strategic Outcome	Improvement Priority	Government Agreed or Partnership Agreed	Indicator	Baseline	LAA 3 Year Target 2010/11	Milestone 2008/09	Milestone 2009/10	LEAD/contributory partners
	Reduce teenage conception and improve sexual health.	Government Agreed	NI 112 Under 18 conception rate - disaggregated to focus on the 14 wards in the city with the highest rates of conception in the city	Baseline to be set from national data release in November 2008 for the 14 wards in the city with the highest conception rate.	Subject to outcome of national annual review.	15% reduction in the 14 wards with the highest conception rate.	35% reduction in the 14 wards with the highest conception rate.	LEEDS CITY COUNCIL Leeds PCT Leeds Teaching Hospitals Trust Re'New
					Subject to negotiation with Government Office.			VCFS bodies through Leeds Voice Health Forum
	Improved psychological, mental health, and learning disability services for those who need it.	Partnership Agreed	VSC02 Proportion of people with depression and/or anxiety disorders who are offered psychological therapies.	2008/09 new data return – Baseline will be in place by March 2009	New indicator – targets and milestones to be determined by March 2009			LEEDS PCT Leeds City Council Leeds Partnership Foundation Trust Leeds Confederation of Further Education Colleges

## DRAFT Memorandum of LAA

**Note:** Targets are in place for all indicators that will be measured during 2008/09. Negotiations are ongoing with Government Office to finalise targets in three areas.

Strategic Outcome	Improvement Priority	Government Agreed or Partnership Agreed	Indicator	Baseline	LAA 3 Year Target 2010/11	Milestone 2008/09	Milestone 2009/10	LEAD/contributory partners
<b>Thriving Places</b>								
Improved quality of life through mixed neighbourhoods offering good housing options and better access to services and activities.  Reduced crime and fear of crime through prevention, detection, offender management and changed behaviours.  Increased economic activity through targeted support to reduce worklessness	Improve lives by reducing the harm caused by substance misuse	Government Agreed	NI 40 Number of drug users recorded as being in effective treatment	2976 (2007/08)	3201	3006	3067	LEEDS CITY COUNCIL  Leeds PCT  Leeds Partnership Foundation Trust  VCFS bodies through Leeds Voice Community Safety Consortium

## DRAFT Memorandum of LAA

Note: Targets are in place for all indicators that will be measured during 2008/09. Negotiations are ongoing with Government Office to finalise targets in three areas.

Strategic Outcome	Improvement Priority	Government Agreed <u>or</u> Partnership Agreed	Indicator	Baseline	LAA 3 Year Target 2010/11	Milestone 2008/09	Milestone 2009/10	LEAD/contributory partners
and poverty.								



## Corporate Assessment Actions 2008

### Scrutiny Board (Health)

Issue	Plan within which action sits	Current Position April 08	CO Responsibility	RAG status
<b>Performance Management</b>				
<b>Lack of consistency for review and setting of individual targets and objectives.</b>	Council Business Plan 2008-11	New Senior Manager appraisal scheme based on core competencies and greater accountability piloted with Directors now being rolled out to Chief Officers. Middle Manager scheme being developed for Autumn 2008.	Lorraine Hallam	
<div style="position: absolute; left: -40px; top: 50%; transform: translateY(-50%); font-size: 0.8em;">             Page 6 of 3           </div> Presentation of service plans was inconsistent up until this year, therefore embedding of performance management culture is yet to happen.	Council Business Plan 2008-11	Corporate Service Planning workshops held Feb/March 08. Quality assurance review in May 08 with report to CLT	Steve Clough	
<b>Achievement in Healthier Communities</b>				
<b>Inconsistent approach to reducing health inequalities across the city.</b>	Leeds Strategic Plan 2008-11 supported by Health and Well Being Plan*, Children and Young People's Plan 2006-09 and PCT Strategic Plan 2008-11	The Strategic Plan sets out clear improvement priorities for reducing health inequalities in the city. Targets for key priorities have been set to reflect improvements in the worst 10% SOA's. New strategic leadership and performance management arrangements are built into the Healthy Leeds Strategic Commissioning Board.	Ian Cameron Sandie Keene Rosemary Archer	

## Corporate Assessment Actions 2008

### Scrutiny Board (Health)

Issue	Plan within which action sits	Current Position April 08	CO Responsibility	RAG status
Partnership working at a strategic level is under-developed.	Leeds Strategic Plan 2008-11 supported by Health and Well Being Plan*, Children and Young People's Plan 2006-09 and PCT Strategic Plan 2008-11	The agreement to establish the Joint Strategic Commissioning Board, and associated sub-groups covering the span of health and social care commissioning, reflects partner's prior assessment of this need. The first meeting of the board is scheduled for June 2008, whilst several preparatory workshops have been held and a Board constitution developed. The Programme Management arrangements for the JSNA also reflect significant progress towards strengthened strategic partnership arrangements.	Ian Cameron Sandie Keene Rosemary Archer	
Services not provided consistently across city	Leeds Strategic Plan 2008-11 supported by Health and Well Being Plan*, Children and Young People's Plan 2006-09 and PCT Strategic Plan 2008-11	The agreement to establish the Joint Strategic Commissioning Board, and associated sub-groups covering the span of health and social care commissioning, reflects partner's prior assessment of this need. The first meeting of the board is scheduled for June 2008, whilst several preparatory workshops have been held and a Board constitution developed. The Programme Management arrangements for the JSNA also reflect significant progress towards strengthened strategic partnership arrangements.	Ian Cameron Sandie Keene Rosemary Archer	

## Corporate Assessment Actions 2008

### Scrutiny Board (Health)

Issue	Plan within which action sits	Current Position April 08	CO Responsibility	RAG status
Limited success at reducing teenage conceptions	Leeds Strategic Plan 2008-11 supported by Health and Well Being Plan*, Children and Young People's Plan 2006-09 and PCT Strategic Plan 2008-11	All actions relating to children and young people are picked up separately as part of the JAR action planning process which is subject of a separate report to Executive Board	Ian Cameron Rosemary Archer	

Plans in development

## Draft external audit plan 2008/09

Scrutiny Board	Issue/key risk identified	Planned work
<b>Central &amp; Corporate Functions</b>	<b>Scrutiny</b> <ul style="list-style-type: none"> <li>Further development is required to ensure a robust approach for all scrutiny boards</li> </ul>	Consider the arrangements that the council has put in place for scrutiny
<b>Central &amp; Corporate Functions</b>	<b>Corporate Workforce Planning</b> <ul style="list-style-type: none"> <li>Further development is required to ensure a consistent approach to workforce planning across the council</li> </ul>	Consider the arrangements across the council
<b>Health</b>	<b>Health Inequalities</b> <ul style="list-style-type: none"> <li>There is a need to strengthen the council's strategic approach to ensure that there is greater impact in reducing inequalities</li> <li>Narrowing the gap is a key objective of the council</li> </ul>	Complete a cross cutting piece of work involving the council and PCT
<b>Environment &amp; Neighbourhoods</b>	<b>EASEL</b> <ul style="list-style-type: none"> <li>Ongoing risk of ineffective governance arrangements for the EASEL project</li> </ul>	Maintain an overview of this project and challenge the council's decisions and actions where necessary
<b>Environment &amp; Neighbourhoods</b>	<b>Waste Management Strategy</b> <ul style="list-style-type: none"> <li>The council fails to secure a waste solution within required timescales with significant consequential financial implications</li> </ul>	Continue to maintain an overview of this project and challenge the council's decisions and actions where necessary. If necessary, agree an appropriate scope for this work, aimed at covering the significant risk areas.
<b>Children's Services</b>	<b>Out of Area Placements</b> <ul style="list-style-type: none"> <li>High cost of out of area placements</li> </ul>	Review the current arrangements and make recommendations to improve the council's use of resources
<b>Children's Services</b>	<b>Children's Services Arrangements</b> <ul style="list-style-type: none"> <li>Extra area requested by Corporate Governance and Audit Committee</li> </ul>	Subject to confirmation

## The Council's Budget and Policy Framework

DETAILS OF PLAN/STRATEGY					2008/09 APPROVALS PROCESS				
<i>Plan/Strategy</i>	<i>Frequency</i>	<i>Last approved by Council</i>	<i>Notes</i>	<i>Director</i>	<i>Scrutiny Board</i>	<i>Date</i>	<i>Executive Board</i>	<i>Council</i>	<i>Final Submission Date<sup>3</sup></i>
Budget	Annual	20th February 2008		Resources	Central and Corporate	December 2008	13th February 2009	25th February 2009	
Children and Young People's Plan	Three year plan – Annual update	5 <sup>th</sup> April 2006  Annual review agreed 20 June 2007	Added to the Budget and Policy Framework by Council on 11 January 2006	Children's Services	Childrens Services		11 <sup>th</sup> June 2008	2 <sup>nd</sup> July 2008	
Youth Justice Plan	Three yearly	1 <sup>st</sup> November 2005			Childrens Services				
Safer Leeds Partnership Plan (formerly Crime and Disorder Reduction Strategy)	Three yearly	20 <sup>th</sup> July 2005		Environment & Neighbour hoods	Environment & Neighbour hoods			July 2008	
Leeds Strategic Plan		New Plan	Added to the Budget and Policy Framework on 31/10/07(CG&A on 27/10/07)	Assistant Chief Executive (Policy, Planning & Improvement)	Central and Corporate/City and Regional Partnerships				

<sup>3</sup> Applicable where the plan/strategy requires submission to an external body

## The Council's Budget and Policy Framework

DETAILS OF PLAN/STRATEGY					2008/09 APPROVALS PROCESS				
<i>Plan/Strategy</i>	<i>Frequency</i>	<i>Last approved by Council</i>	<i>Notes</i>	<i>Director</i>	<i>Scrutiny Board</i>	<i>Date</i>	<i>Executive Board</i>	<i>Council</i>	<i>Final Submission Date<sup>3</sup></i>
Health and Wellbeing Plan		New Plan	Added to the Budget and Policy Framework on 22/5/08(CG&A on 14/5/08)	Director of Childrens Services/Director of Adult Social Services					
Economic Development Strategy		New Plan	Added to the Budget and Policy Framework on 22/5/08(CG&A on 14/5/08)	City Development	City Development				
Climate Change Strategy		New Plan	Added to the Budget and Policy Framework on 22/5/08(CG&A on 14/5/08)	Environment & Neighbour hoods	Environment & Neighbour hoods				
Leeds Housing Strategy		New Plan	Added to the Budget and Policy Framework on 22/5/08(CG&A on 14/5/08)	Environment & Neighbour hoods	Environment & Neighbour hoods				
Licensing Authority Policy Statement (Gambling Policy)	Three Year Plan	13 <sup>th</sup> December 2006		Assistant Chief Executive (Corporate Governance)				December 2009	

## The Council's Budget and Policy Framework

DETAILS OF PLAN/STRATEGY					2008/09 APPROVALS PROCESS				
<i>Plan/Strategy</i>	<i>Frequency</i>	<i>Last approved by Council</i>	<i>Notes</i>	<i>Director</i>	<i>Scrutiny Board</i>	<i>Date</i>	<i>Executive Board</i>	<i>Council</i>	<i>Final Submission Date<sup>3</sup></i>
Plans and alterations which together comprise the Development Plan	N/A	17 <sup>th</sup> January 2001	Deposit stages to Executive Board. Future Council approval to be arranged at appropriate time.	City Development					
Sustainable Community Strategy	Three/four years - as determined by Leeds Initiative	24 <sup>th</sup> March 2004	Successor to Vision I	Assistant Chief Executive (Policy, Planning & Improvement)				2011	
Local Transport Plan	Five yearly	28 <sup>th</sup> February 2006		City Development	Development			2011	
<i>Development Plan Documents</i>		5 <sup>th</sup> April 2006	Added to the Budget and Policy Framework on 14/9/05	City Development	Development				
<i>Children's Residential Care Strategy 2003-2005</i>	Annual	12 <sup>th</sup> January 2005	Proposal to CG&A (26/10) to remove from B&PF removal approved at Council 11 January 2006	Children's Services	Removed from the Constitution				

## The Council's Budget and Policy Framework

DETAILS OF PLAN/STRATEGY					2008/09 APPROVALS PROCESS				
<i>Plan/Strategy</i>	<i>Frequency</i>	<i>Last approved by Council</i>	<i>Notes</i>	<i>Director</i>	<i>Scrutiny Board</i>	<i>Date</i>	<i>Executive Board</i>	<i>Council</i>	<i>Final Submission Date<sup>3</sup></i>
Annual Library Plan	Annual	18 <sup>th</sup> September 2002	To be discontinued – no further submission required. Retained on Constitution until legally amended.		To be removed from the Constitution				
Early Years Development Plan	Two yearly	September 2004	Removed at the Annual Council meeting 22 May 2006	Children's Services	Removed from the Constitution				
<i>Children's Strategy 2002-2005</i>	Annual	12 <sup>th</sup> January 2005	Proposal to CG&A (26/10) to remove from B&PF – removal approved at Council 11 January 2006	Children's Services	Removed from the Constitution				
Community Care Plan	Annual	Not previously approved by Council	To be/removed at the Annual Council meeting 22 May 2006		Removed from the Constitution				



## The Council's Budget and Policy Framework

DETAILS OF PLAN/STRATEGY					2008/09 APPROVALS PROCESS				
<i>Plan/Strategy</i>	<i>Frequency</i>	<i>Last approved by Council</i>	<i>Notes</i>	<i>Director</i>	<i>Scrutiny Board</i>	<i>Date</i>	<i>Executive Board</i>	<i>Council</i>	<i>Final Submission Date<sup>3</sup></i>
Education Development Plan	Five yearly	15 <sup>th</sup> April 2002	To be/removed at the Annual Council meeting 22 May 2006	Education Leeds/ Learning and Leisure	Removed from the Constitution				
<i>Food Law Enforcement Service Plan – comprising the Food Strategy for Leeds and the Food Safety Service Strategy Update</i>	Annual	5 <sup>th</sup> April 2006	Removed from B&PF at the AGM of Council on 24 <sup>th</sup> May 2007 (considered by the CG&A on 25 <sup>th</sup> April 2007)	Environment & Neighbour hoods	Removed from the Constitution				
The plan and strategy comprising the Housing Investment Programme	Five yearly	18 <sup>th</sup> July 2002	Removed from B&PF at the AGM of Council on 24 <sup>th</sup> May 2007 (considered by the CG&A on 25 <sup>th</sup> April 2007)	Environment & Neighbour hoods	Removed from the Constitution				

## The Council's Budget and Policy Framework

DETAILS OF PLAN/STRATEGY					2008/09 APPROVALS PROCESS				
<i>Plan/Strategy</i>	<i>Frequency</i>	<i>Last approved by Council</i>	<i>Notes</i>	<i>Director</i>	<i>Scrutiny Board</i>	<i>Date</i>	<i>Executive Board</i>	<i>Council</i>	<i>Final Submission Date<sup>3</sup></i>
Corporate Plan	Three yearly	23 <sup>rd</sup> February 2005	Removed from B & PF at Council on 31 <sup>st</sup> October 2007 (considered at CGA on 27 <sup>th</sup> September 2007)	Assistant Chief Executive (Policy, Planning & Improvement)	Removed from the Constitution				
Council Plan	Annual	20th June 2007	Added to the B&P Framework to replace the Best Value Performance Plan and the Annual Review of the Corporate Plan	Assistant Chief Executive (Policy, Planning & Improvement)	Council agreed in November 2004 that in view of the timescales inherent in its preparation, the Council Plan is not required to be considered by the appropriate Scrutiny Board  Removed from the Constitution				

# For better health for all by 2011



In 2011 more people in Leeds will be living and enjoying longer and healthier lives. Healthier lifestyles in terms of food, drink and activities will mean people will feel better and healthier and have a lower risk of heart attack, stroke and diabetes.

*"Knowledge is power – let us know what we can do for ourselves"*



Importantly the gap between those with the best and the worst health in the city will have shrunk. Although the health and wellbeing of everyone will have improved, it will have increased the most within those communities currently experiencing the poorest levels of health and wellbeing. This will include a reduction in the number of early deaths from cardiovascular disease and cancer.

*"Everyone's life expectancy should increase, [the health of the] worst off by most"*



Over the next three years Leeds PCT will provide more care and support where and when patients and their carers need it. This will include moving more services from hospital settings into the community and ensuring fast access to clean hospitals where needed. By 2011 there will have been a year on year improvement in the levels of respect and dignity experienced by service users, patients and carers across all services, irrespective of location. People's experience of primary care services will also have improved through more flexible access to GP services both in and out of standard working hours.

*"I love it when one health centre caters for all my needs, eg dentist and podiatrist, and I can walk to it - all in one place and near to home"*



In 2011 Leeds PCT will be supporting more people to feel in control and make choices about their healthcare. For example more people will have easy access to and a choice of NHS dentist. People living with a long term condition in the city will feel more independent and in control of their health and wellbeing.

*"I want the nearest hospital to provide the best care"*



As the main commissioner of health services for the people of Leeds, the PCT will be working with its partners to deliver the ambitions for the PCT and the city in the Vision for Leeds. The PCT will ensure all its resources are used efficiently and effectively to improve the health of local people and the healthcare provided to them. When commissioning services the PCT will also insist on continuous improvements in the care and treatment patients receive.

*"...supporting individuals and communities in delivering innovative solutions"*



In 2011 Leeds PCT will be a world-class employer with an informed, motivated and skilled workforce delivering excellent services for the population of Leeds. This will be demonstrated through year on year improvements in its staff survey as well as the delivery of its Skills Pledge resulting in professional competency and training across the whole organisation.

*"We want our services delivered by motivated and knowledgeable staff who value all individuals equally"*

Comments from staff, patients, service users, carers and the public during consultation period, winter 2007.

A summary of this document can be made available in large print, braille, on audiotape or translated. For details or for further copies please contact: Leeds PCT, North West House, West Park Ring Road, Leeds LS16 6QG Tel: 0113 305 7370 [www.leedspct.nhs.uk](http://www.leedspct.nhs.uk)  
We welcome feedback about this summary. If you have any comments, suggestions, complaints or concerns please speak to a member of the communications team or e-mail [communications.team@leedspct.nhs.uk](mailto:communications.team@leedspct.nhs.uk)

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2008/09

## Building foundations for a healthy future

Leeds PCT's Strategy, 'For better health for all', describes an ambitious vision to improve the health of the people of Leeds and the healthcare that is provided to them over the next three years. In the first year we will start to build the foundations necessary to make that vision a reality. We will actively seek the views of local people, improve the quality of NHS services and make them more accessible for everyone.



The gap between those with the best and the worst health in the city will start to shrink. Reducing the number of early deaths from cancer and cardiovascular disease is a priority. We will achieve this by improving access to NHS Stop Smoking Services, reducing waiting times and investing in improved treatment for all patients.

*"Narrow the gap – make most progress in areas of greatest need"*



Over the year we will make it easier for people to see their GP. Patients will increasingly be able to book evening or weekend appointments and by March 2009 over half of GP practices will have extended their opening hours. Additional investment in dental services will also make it easier to see an NHS dentist in Leeds.

*"Increase access to GPs including weekend opening hours"*



We will continue to provide more care and support for people closer to their homes. This will include working with local GPs to develop services in local communities. People with long term conditions such as diabetes, stroke and chronic obstructive pulmonary disease (COPD) will also benefit from local services specifically tailored to meet their needs and help reduce the number of times they need to be admitted to hospital.

*"I have access to a variety of services which are flexible and meet my needs"*



If patients do need to see a specialist then GPs will be able to refer them to the hospital of their choice. No patient will wait longer than 18 weeks for any treatment they may need once they have been referred to a specialist by their GP. We will also work closely with local hospitals to minimise the risk of patients contracting an infection such as MRSA.

*"I don't have to wait so long to get my first appointment at hospital, and then [get] much quicker treatment"*



Patients will receive better care in an emergency. The PCT has invested extra money in the ambulance service to reduce the length of time patients have to wait in an emergency after calling 999. We are also working closely with the Leeds Teaching Hospitals NHS Trust to make sure patients in A&E receive the treatment they need as quickly as possible, and wait no longer than four hours.

*"Ambulances come straight away"*



Achieving our strategy is dependent on the dedication, skills and qualities of our staff. Over the year we will support, train and develop people who work for the PCT. This will enable people to work to their full potential and ensure the PCT delivers better health services for the people of Leeds.

*"Competent staff, incentivised, motivated and valued"*

Comments from staff, patients, service users, carers and the public during consultation period, winter 2007.

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Originator:  
Steve Clough  
Tel: 74582

## Report of the Head of Policy, Performance and Improvement

Meeting: Health Scrutiny Board

Date: 17<sup>th</sup> June 2008

Subject: Performance Report Quarter 4 2007/08

**Electoral Wards Affected:**

**Specific Implications For:**

Equality and Diversity

☐

Community Cohesion

☐

Narrowing the Gap

☐

### 1 Executive Summary

- 1.1 This report discusses the key performance issues considered to be of corporate significance identified for each of the Directorates as at 31<sup>st</sup> March 2008.

### 2 Purpose of the Report

- 2.1 The purpose of this report is to highlight key performance issues at the end of Quarter 4 (1<sup>st</sup> January to 31<sup>st</sup> March 2008) and to provide additional contextual information where relevant.

### 3 Background Information

- 3.1 This 'highlight report' has been prepared following the Accountability process, which includes the CLT meeting on 20th May and Leader Management Team on 22<sup>nd</sup> May 2008. Separate reports have been prepared for each of the scrutiny boards.
- 3.2 Scrutiny board arrangements have been slightly amended this year which has meant that performance information has had to be split differently between boards. For some PI's this split is not straightforward, for example, is teenage conception a health issue or a children's issue? For this reason we have decided for quarter 4 to report such indicators to both relevant boards. As the new arrangements bed-in greater clarity may emerge, although in theory there would appear to be no reason why dual reporting could not continue.
- 3.3 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 effective services, the delivery of our corporate priorities; our CPA score; or our ability to deliver efficiency savings. This report is supported by detailed PI information.

#### **4 Directorate Performance Issues**

- 4.1** This quarter no specific health issues were highlighted for the covering report. For Quarter 1 reporting in September we should be a position to start reporting all the Health indicators that are either included in the new National Indicator (NI) set or our Local Area Agreement (LAA).

#### **5 Recommendation**

That Members note the content of this report and comment on any particular performance issues of concern.



Scrutiny Board - Health Quarter 4 Performance Report 2007/08

	1	2	3	4	5	6	7	9	10	11	11a	12	13	14
	Reference	Title	Service	Frequency & Measure	Good Performance	2006/07 Year-End	2007/08 Target	Full Year Result	Year on Year Improvement Trend	All England Top Quartile (Based on 2006/07 Year-End data)	All England Bottom Quartile (Based on 2006/07 Year-End data)	Core City Average (Based on 2006/07 Year-End data)	Core City position 1 = Top 8 = Bottom (Based on 2006/07 Year-End data)	Data Quality Issues
1	CP-SP51	The percentage of residents satisfied with local authority sports and leisure facilities	Sport	Survey %	Rise	76	N.A.	82	↑	N.A.	N.A.	N.A.	N.A.	No concerns
	Comments	The 2007/08 results have been taken from the 2007 annual survey and compared to the last annual survey undertaken in 2005, this result is in the 2006/07 year end column												
2	CP-CSP52b	Increase the take up of cultural and sporting opportunities amongst 5-19 year olds - S&AR	Sport	Quarterly Numerical	Rise	1031050	1000000	1132851	↑	N.A.	N.A.	N.A.	N.A.	No concerns
	Comments	This indicator exceeded target in 07/08. The success of John Smeaton Leisure Centre, the reopening / establishment of South Leeds Sports Centre and the increase in take up of Breeze Cards have influenced the outcome of this indicator.												
3	CP-CSP52c	Increase the take up of cultural and sporting opportunities amongst 5-19 year olds - Parks & Countryside	Parks and Countryside	Annually Numerical	Rise	11,593,361	N.A.	N.A.	↓	N.A.	N.A.	N.A.	N.A.	Significant concerns
	Comments	Not measured in 2007/08 or 2008/08. The information for this indicator will be collected through the Green Flag Stats Survey in 09/10.												
4	CP-CU50b LKI-SP9c LAA-EDE23b	Visits to the City Council's cultural facilities - Sport & Active Recreation	Sport	Quarterly Numerical	Rise	4152075	4100000	4366068	↑	N.A.	N.A.	N.A.	N.A.	No concerns
	Comments	The success of John Smeaton Leisure Centre has been one of the key factors for the good performance of this indicator. Although there has been some displacement at the other sites, the overarching position has improved in East Leeds (Fearnville, East Leeds, John Smeaton) boosting the overall city result.												
5	CPA-C16	Percentage of 5-16 year olds in school sports partnerships engaged in two hours per week minimum of high quality PE and school sport within and beyond curriculum	Sport	Annually %	Rise	84.00	N.A.	See Comments		N.A.	N.A.	N.A.	N.A.	No concerns
	Comments	The result for this indicator is collected via a survey and will be available in July. This indicator forms part of the CPA and will be reported via an update later in the year.												
6	CPA-C19	Percentage of the population that are within 20 minutes travel time (urban areas by walk; rural areas by car) of a range of three different sports facility types, of which one has achieved a specified quality assured standard	Sport	Annually %	Rise	24.07	30.00	33.20	↑	N.A.	N.A.	N.A.	N.A.	Some concerns
	Comments	Following the C19 Comprehensive Performance Assessment deadline at the end of September 07 an additional 3 sites were put through accreditation in 07/08 (Wetherby, East Leeds Sports Centre and John Smeaton Leisure Centre). 13 sites resulted in 33.2% of the population being able to access a range of 3 different sport facility types of which 1 had achieved a specified quality assured standard. This exceeded the 30% CPA lower threshold. It should be noted however that there is a budgetary and resource pressure to maintain the 13 leisure centres and implement any additional accreditations.												
7	LKI-SP9a	The number of swims and other visits (to sport/leisure centres) per 1,000 population	Sport	Quarterly Numerical	Rise	5742	5670	5819	↑	N.A.	N.A.	N.A.	N.A.	No concerns
	Comments	Performance is up due to high throughput at John Smeaton Leisure Centre, the reopening / establishment of South Leeds Leisure Centre and the increase in take up of Breeze Cards. However pressure on numbers will continue as the Leeds population rises. The positive effect of this though is that the service will have a larger market available.												
8	BV-197 CYP-Beh12 LAA-CYP17	Percentage change in number of conceptions amongst 15 - 17 year olds.	Education Leeds / Leeds PCT	Annually %	Fall	-2.90	N.A.	0.40	↓	-18.73	-4.3	-3.69	4	Some concerns

Scrutiny Board - Health Quarter 4 Performance Report 2007/08

Reference	Title	Service	Frequency & Measure	Good Performance	2006/07 Year-End	2007/08 Target	Full Year Result	Year on Year Improvement Trend	All England Top Quartile (Based on 2006/07 Year-End data)	All England Bottom Quartile (Based on 2006/07 Year-End data)	Core City Average (Based on 2006/07 Year-End data)	Core City position 1 = Top 8 = Bottom (Based on 2006/07 Year-End data)	Data Quality Issues
	In 2006 the number of conceptions amongst 15 - 17 year girls was 50.7 per 1,000 girls. This represents an increase of 0.4% when compared to the 1998 baseline figure of 50.4.												
Comments	Leeds received a visit from the National Support Team for Teenage Pregnancy in November 2007. Following this, work has been taken forward to re-launch the TP strategy and to develop a detailed work plan informed by the recommendations of the NST. Furthermore, this target has been identified as one of the 35 closely monitored targets in the LAA. This approach reduces the risk of failure to achieve the target.												
9	CYP-Beh6 LAA-CYP12		School Improvement	Annually %	Rise	46.00	50.00	69.00	↑	N.A.	N.A.	N.A.	No concerns
Comments	The proportion of schools that have achieved the National Healthy Schools Standard  The programme is on target although the trajectory of achievement has slowed over the year. This is because many of the available quick wins have already been won. Of the remaining schools, roughly 50% have some development work to do in order to meet the requirements of healthy schools status. Approx 30% have thus far had priorities in their school development plans which take precedence over healthy schools work. The remaining 20% of non-achieving schools may have had a change of head teacher / Healthy Schools link teacher. In addition, during 2008/09 schools validated in 2005/06 will need to re-validate. These pressures mean that the medium-term future is challenging, but the Healthy Schools team have an action plan and performance targets for achieving the LPSA target.												
10	LKI-CS6 LAA-SSC29a		Community Safety	Monthly Numerical	Rise	3,879	3,727	3,554	↓	N.A.	N.A.	N.A.	No concerns
Comments	The target for 2007/08 has not been achieved. In 2007/08, there were 3,554 drug users in treatment; this is 5.6% less than the previous year. The reasons for the decrease can be partially explained by the fact that a data cleansing exercise (Between April 06 and March 07) removed 2083 from numbers in treatment. Leeds Addiction Unit showed 1906 in April 2006 with a reduction to 467 in May 2006, a total of 1439. Multiple Choice showed 1049 in April 2006 with a reduction to 405 in March 2007, a total of 644. However, the number of new presentation increased by 5.2% form the previous year (1145 in 06/07 and 1204 in 07/08) The data verification issue from two main service providers at the end of 06/07 hindered the target setting for 07/08; this has impacted on the variation from target. This remains a priority within the LAA with a new focus on drug users in effective treatment.												
11	LKI-CS7 LAA-SSC29b		Community Safety	Monthly %	Rise	79	85	78	↓	N.A.	N.A.	N.A.	No concerns
Comments	The target for 2007/08 has not been achieved. In 2007/08, the percentage of drug users retained in treatment for 12 weeks or more was 78%, just 1% below the previous year, this slight decline is reflective of the national trend. Waiting times have maintained performance levels and planned discharges have shown an improvement following action plan process with service providers on development of care plans and referral pathways. This remains a priority within the LAA with a new focus on drug users in effective treatment.												

# SCRUTINY BOARD (HEALTH AND ADULT SOCIAL CARE) – WORK PROGRAMME 2007/8 Outstanding/ Potential items

ITEM	DESCRIPTION	NOTES	DATE ENTERED INTO WORK PROGRAMME
Deferred item	<p><b>Review of National Blood Service Strategy</b></p> <p>We heard from Sheffield Council that the NBS were reviewing their services nationally. This might result in Sheffield or Leeds centres closing down and blood coming from Manchester.</p> <p>The NBS then held a review of its review.</p> <p>Representatives have offered to attend the Board to explain current proposals and implications.</p>	Deferred from the April 08 meeting due to Cabinet Office advice to public bodies during the period before the election.	
Update	<p><b>Renal Services</b></p> <p>In 2006/7, the Scrutiny Board received regular reports regarding the long term plans for renal services in Leeds following concerns raised by the LGI Kidney Patients Association. In April 2007, the Scrutiny Board recommended that the Leeds Teaching Hospitals NHS Trust continues its ongoing dialogue with the Kidney Patients Association and Leeds PCT on this matter and that the development of a renal dialysis facility at Wharfedale Hospital remains an option for consideration. The Board also recommended that the provision of renal services continues to be monitored by Scrutiny in the new municipal year.</p> <p>There was a monitoring session held on 17<sup>th</sup> March 2008. The Leeds Kidney Patients Association (LGI and SJUH) had concerns regarding the transport provided by Yorkshire Ambulance Trust under contract to LTHT.</p>	LTHT, YAS and KPA to attend to update in September and try and resolve any differences.	17 March 2008

# SCRUTINY BOARD (HEALTH AND ADULT SOCIAL CARE) – WORK PROGRAMME 2007/8 Outstanding/ Potential items

ITEM	DESCRIPTION	NOTES	DATE ENTERED INTO WORK PROGRAMME
Follow-up from scrutiny	<p><b>Fire Safety at LPFT</b> This was thoroughly examined a couple of years ago with an inquiry. The fire authority subsequently issued some enforcement notices to the Trust and they were asked to put some recommendations in place. The last time they attended the Board in July 07, members resolved that the Board conclude its formal scrutiny of Leeds Mental Health NHS Trust fire safety standards, leaving future monitoring to the Trust's Fire Committee, although they did formally request a short written briefing from Michele for us to circulate, rather than a presentation at a future meeting, once all the recommendations from the enforcement notices/risk assessment are in place. I've reminded Michele and she'll get something to you asap.</p>	Just a written report required - ought to be minuted that it's been received and circulated to members.	23 <sup>rd</sup> July 2007
Working group	<p><b>Health Proposals Working Group</b> To consider service development proposals and refer appropriately to the main Board.</p>	Established by the previous Board to allow on-going and regular dialogue regarding service developments	
Request for Scrutiny	<b>Infection rates for Cdif and MRSA higher in LGL and Jimmys than in other Yorks/Humber hospitals.</b>	Requests from Laurence Wood (Former co-opted member of the Board Health and Adult Social Care Scrutiny Board)	
Request for Scrutiny	<b>Shortages in maternity services in Leeds and impact on neonatal care/ transfers.</b>	Requests from Laurence Wood (Former co-opted member of the Board Health and Adult Social Care Scrutiny Board)	

# SCRUTINY BOARD (HEALTH AND ADULT SOCIAL CARE) – WORK PROGRAMME 2007/8 Outstanding/ Potential items

ITEM	DESCRIPTION	NOTES	DATE ENTERED INTO WORK PROGRAMME
Request for Scrutiny	Implications for health care in Leeds of the government's review of entitlement to primary care for refused asylum seekers and undocumented migrants.	Medact sent in this request too late for inclusion on the 2007/8 workplan. Told them we would contact them early in 2008/9 to arrange for them to attend the first meeting to present their request.	21 <sup>st</sup> April 2008.
Request for Scrutiny	<b>Teenage Pregnancy</b> Identified as a significant issue currently facing the City from a variety of sources.	<b>Highlighted in a statement by the previous Board as a cross-cutting issue that may need to involve members of the Children's Service Scrutiny Board.</b>	
Request for Scrutiny	<b>Polyclinics within Leeds</b> To consider the local implications arising from the governments proposals to develop 'polyclinics' across England.	Recent coverage in the media would suggest this is a matter of some public concern	
Update arising from recommend'n tracking	<b>State of Play report</b> This item has resulting from tracking of recommendations in the Childhood Obesity report from 2005/6. The Leeds Play Network were undertaking a report about play facilities in Leeds and the Board asked for an update. Frank O Malley from the Leeds Play Network presented a verbal report on 21 <sup>st</sup> April 2008 (the written report wasn't drafted due to staff shortages). The Board asked for a report to a future meeting (written, not just verbal).	Written report and attendance at a future meeting, no date specified.	21 <sup>st</sup> April 2008

# SCRUTINY BOARD (HEALTH AND ADULT SOCIAL CARE) – WORK PROGRAMME 2007/8 Outstanding/ Potential items

ITEM	DESCRIPTION	NOTES	DATE ENTERED INTO WORK PROGRAMME
Potential item for scrutiny	<p><b>Funding for Relate</b> Minute 194 of Executive Board minutes 12<sup>th</sup> March 2008 was picked up on by Board members. Minuted that the breakdown of family relationships can have a significant impact on health issues, this was something which members wanted to suggest for next year's work programme.</p> <p><b>Diagnosis of child abuse in Leeds.</b> The problem of medical mis-diagnoses and the catastrophic consequences for the families concerned. A request that the Health Board holds an inquiry into the diagnosis of child abuse in Leeds.</p>	The Board asked to include it as a potential topic for scrutiny for next year's Board.	21 <sup>st</sup> April 2008
Request for Scrutiny		Request from Cllr Illingworth.	8 <sup>th</sup> May 2008

Originator: Steven Courtney

Tel: 247 4707

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## Report of the Head of Scrutiny and Member Development

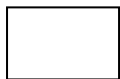
**Scrutiny Board: Health**

**Date: 17 June 2008**

**Subject: Determine Work Programme 2008/09**

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### Electoral Wards Affected:



Ward Members consulted  
(referred to in report)

### Specific Implications For:

Equality and Diversity

☐

Community Cohesion

☐

Narrowing the Gap

☐

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## 1.0 Purpose of Report

1.1 The purpose of this report is to determine the Board's work programme for 2008/09.

## 2.0 Introduction

2.1 The previous agenda item provided various inputs to the development of the Board's work programme. Having considered the written information and having discussed relevant issues with officers and representatives attending the meeting, the Board is now asked to consider formulating a draft work programme.

2.2 Members are reminded that if additional information is required in order to determine the programme this can be obtained via the use of informal meetings of the Scrutiny Board.

2.3 In formulating work programme the Scrutiny Board shall determine;

- how the proposed inquiry meets criteria approved from time to time by the Scrutiny Advisor Group (Appendix 1)
- whether the programme can be adequately resourced and timetabled, in line with the key meeting dates attached (Appendix 2)

## 3.0 Recommendations

3.1 Members are requested to consider and determine the Board's work programme.

## SCRUTINY BOARD PROCEDURE RULES GUIDANCE NOTE 7

### INQUIRY SELECTION CRITERIA

#### 1.0 INTRODUCTION

- 1.1 The Scrutiny Board Procedure Rules require Scrutiny Boards, before deciding to undertake an Inquiry, to:

*Consider how a proposed Inquiry meets criteria approved from time to time; and*

*Consult with any relevant Director and Executive Member*

- 1.2 This is to ensure that Scrutiny Boards, when agreeing to undertake an Inquiry, have considered carefully the reasons for that Inquiry, its objectives, whether it can be adequately resourced in terms of Member and Officer time and have sought the views of the relevant Director and Executive Member.
- 1.3 The decision whether to undertake an Inquiry or not rests with the Scrutiny Board.

#### 2.0 INQUIRY SELECTION CRITERIA

- 2.1 At the time of deciding to undertake an Inquiry, the Scrutiny Board will refer to the Inquiry Selection Criteria within this Guidance Note and formally identify which of the agreed criteria the proposed Inquiry meets. The Board will also record the comments of the relevant Director and Executive Member. This process will be recorded in the Scrutiny Board minutes.



## INQUIRY SELECTION CRITERIA

Scrutiny Board \_\_\_\_\_

Inquiry Title \_\_\_\_\_

Anticipated Start Date \_\_\_\_\_

Anticipated Finish Date \_\_\_\_\_

### The Inquiry meets the following criteria

- It addresses the Council's agreed Strategic outcomes by reviewing the effectiveness of policy to achieve strategic outcomes as defined by the Leeds Strategic Plan
- Shaping and developing policy through influencing pre-policy discussion

It fulfils a performance management function by

- Reviewing performance of significant parts of service
- Addressing a poor performing service
- Addressing a high level of user dissatisfaction with the service
- Addressing a pattern of budgetary overspends
- Addressing matters raised by external auditors and inspectors

- Addresses an issue of high public interest
- Reviews a Major or Key Officer decision
- Reviews an Executive Board decision
- Reviews a series of decisions which have a significant impact \_\_\_\_\_
- Has been requested by the Executive Board/Full Council/Scrutiny Advisory Group
- looks at innovative change

Comments of relevant Director and Executive Member (Attach additional sheet if necessary)

Date

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**Schedule of Meetings 2008/09 - Scrutiny Board (Health)****Chair : Councillor Pauleen Grahame**

Principal Scrutiny Adviser: **Steven Courtney** (Tel: (0113) 247 4707 e-mail: **steven.courtney@leeds.gov.uk**)

<b>Commission reports deadline</b>	<b>Reports deadline (Thursday 10.00am)</b>	<b>Papers Despatched (Monday)</b>	<b>Meeting Date (Tuesday 10.00am)</b>
–	–	9 June 2008	<b>17 June 2008</b>
5 June 2008	3 July 2008	14 July 2008	<b>22 July 2008</b>
31 July 2008	28 August 2008	8 September 2008	<b>16 September 2008</b>
4 September 2008	2 October 2008	13 October 2008	<b>21 October 2008</b>
2 October 2008*	30 October 2008*	10 November 2008*	<b>18 November 2008*</b>
30 October 2008	27 November 2008	4 December 2008 (Thursday)	<b>12 December 2008 (Friday)</b>
25 November 2008**	23 December 2008**	12 January 2009	<b>20 January 2009</b>
5 January 2009**	29 January 2009	9 February 2009	<b>17 February 2009</b>
5 February 2009	5 March 2009	16 March 2008	<b>24 March 2009</b>
12 March 2009	9 April 2009	20 April 2009	<b>28 April 2009</b>

\* To be confirmed

\*\*Bank Holidays effect agenda cycle

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Originator: Steven Courtney

Tel: 247 4707

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Health)

Date: 17 June 2008

Subject: Co-options to the Board

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#### Electoral Wards Affected:

☐

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

☐

Community Cohesion

☐

Narrowing the Gap

☐

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### 1.0 Purpose of the report

- 1.1 The purpose of this report is to help the Board determine any appropriate co-options to the Board.

### 2.0 Background

- 2.1 Article 6 of the Council's Constitution, which relates to scrutiny, outlines provision to allow the appointment of additional co-opted members to each of the Scrutiny Boards.
- 2.2 Such provision entitles each Scrutiny Board to appoint:
- (i) Up to five non-voting co-opted members<sup>1</sup>, for a term of office which does not go beyond the next Annual Meeting of the Council; and/or,
  - (ii) Up to two non-voting co-opted members<sup>1</sup>, for a term of office which relates to a particular Scrutiny Inquiry.
- 2.3 During 2007/2008, the then Scrutiny Board (Health and Adult Social Care) made the following non-voting co-opted appointments:
- A representative of Leeds Voice Health Forum Coordinating Group – Mr. Eddie Mack
  - A representative of Touchstone – Somoud Saqfelhait
  - A representative of the Alliance of Service Users and Carers – Ms Joy Fisher

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<sup>1</sup> Co-option would normally only be appropriate where the co-optee has some specialist skill or knowledge which would be of assistance to the Board in its general operation or as part of a specific Scrutiny Inquiry.

- A representative Leeds Public and Patients Involvement Forum – Mr. Laurence Wood<sup>2</sup>
- Member of the public recruited with a remit is to keep matters of equality at the forefront of the Board's discussions – Sally Morgan<sup>3</sup>

2.5 At the Annual Meeting of Council on 22 May 2008, Council appointed to two new Scrutiny Boards – one relating to Health and the other relating to Adult Social Care. Effectively, this has split the responsibility of the former Scrutiny Board (Health and Adult Social Care) as detailed in the terms of reference for each Board, attached at Appendix 1.

2.6 Given the split in responsibilities between the 2 boards, it is appropriate that the Board considers the appropriateness of any co-optees prior to appointment for the current municipal year. To help the Board in its consideration and determination of any such arrangements for 2008/09, it should be noted that nominating bodies and the individuals concerned have indicated the following preferences:

- Mr. Eddie Mack (representing Leeds Voice Health Forum Coordinating Group) – Health Scrutiny Board
- Somoud Saqfelhait (representing Touchstone) – Health Scrutiny Board
- Ms. Joy Fisher (representing the Alliance of Service Users and Carers) – Adult Social Care Scrutiny Board\*
- Sally Morgan (equalities issues representative) – Adult Social Care Scrutiny Board\*

*\* This represents the 'first choice' of the co-optees from the former Health and Adult Social care Scrutiny Board. In addition, some indication to be considered for co-option to the Health Scrutiny Board has been expressed.*

2.7 The Board may also wish to consider the merits and value of co-opting representatives from other organisations, such as Leeds University and Leeds Metropolitan University (subject to identifying an appropriate representative).

2.8 In the short-term, Members may also wish to consider its relationship with the Leeds Local Involvement Network (LINKs) Preparatory Group, which Leeds Older People's Forum are co-ordinating until the host organisation is appointed. In the longer term, the Board will need to consider its relationship with the host organisation, once appointed.

### **3.0 Recommendation**

3.1 Members are asked to consider and determine any appropriate:

- (a) co-options to the Board for a term of office which does not go beyond the next Annual Meeting of the Council in 2009; and/or,
- (b) co-options to the Board for a term of office which relates to a particular Scrutiny Inquiry, identified as part of the Board's future work programme.

<sup>2</sup> The Patients' Forum is no longer in existence and will be replaced by the Leeds Local Involvement Network (LInK) during 2008/09

<sup>3</sup> Recruited with the help of Leeds City Council's Equality Unit.