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Leeds CITY COUNCIL

SCRUTINY BOARD (HEALTH)

Meeting to be held in Leeds Civic Hall on Friday, 12th December, 2008 at 10.00 am

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

MEMBERSHIP

Councillors

A Blackburn	-	Farnley and Wortley
J Chapman	-	Weetwood
D Congreve	-	Beeston and Holbeck
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
G Latty	-	Guiseley and Rawdon
A McKenna	-	Garforth and Swillington
J Monaghan	-	Headingley
L Rhodes-Clayton	-	Hyde Park and Woodhouse
	-	

Co-opted Members

E Mack	-	Leeds Voice
S Saqfelhait	-	Touchstone

Agenda compiled by:		**Principal Scrutiny Advisor:**
Governance Services	**Andy Booth**	**Steven Courtney**
Civic Hall	**Tel:247 4325**	**Tel: 247 4707**
LEEDS LS1 1UR		
Telephone No:		

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A G E N D A

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

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATIONS OF INTEREST** To declare any personal / prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.	
5			**APOLOGIES FOR ABSENCE** To receive any apologies for absence.	
6			**MINUTES OF THE PREVIOUS MEETING** To receive and approve the minutes of the previous meeting held on 18 November 2008	1 - 6
7			**SCRUTINY INQUIRY - IMPROVING SEXUAL HEALTH AMONG YOUNG PEOPLE** To receive and consider the attached report of the Head of Scrutiny and Member Development	7 - 20
8			**GP LED HEALTH CENTRE - SCRUTINY INQUIRY** To receive and consider the attached report of the Head of Scrutiny and Member Development	21 - 22
9			**PROVISION OF STROKE CARE** To receive and consider the attached report of the Head of Scrutiny and Member Development	23 - 24

Item No	Ward/Equal Opportunities	Item Not Open		Page No
10			**MENTAL HEALTH ACT 2007 - SUPERVISED COMMUNITY TREATMENT** To receive and consider the attached report of the Head of Scrutiny and Member Development	25 - 32
11			**NHS NEXT STAGE REVIEW - HIGH QUALITY CARE FOR ALL** To receive and consider the attached report of the Head of Scrutiny and Member Development	33 - 54
12			**WORK PROGRAMME** To receive and consider the attached report of the Head of Scrutiny and Member Development	55 - 78
13			**DATE AND TIME OF NEXT MEETING** Tuesday, 20th January 2008 at 10.00 a.m. (Pre-meeting for all Members at 09.30 a.m.)	

SCRUTINY BOARD (HEALTH)

TUESDAY, 18TH NOVEMBER, 2008

PRESENT: Councillor P Grahame in the Chair

Councillors A Blackburn, J Illingworth, G Kirkland, A Lamb, G Latty and A McKenna

35 Late Items

In accordance with her powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair admitted to the agenda a late report from the Head of Scrutiny and Member Development regarding Children's Hospital provision in Leeds.

36 Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Atkinson, Chapman, Iqbal and Monaghan; and co-opted members – E Mack and S Saqfelhait.

37 Minutes of the Previous Meeting

RESOLVED – That the minutes of the meeting held 21 October 2008, be confirmed as a correct record.

38 Leeds Hospitals NHS Trust - The Payment of Clinical Negligence Claims

The Head of Scrutiny and Member Development submitted a report which referred to recent media reports that between June 2005 and June 2008, Leeds Teaching Hospitals NHS Trust (LTHT) had made clinical negligence payments in the region of £13million.

The Chair welcomed Craig Brigg, Director of Quality, Leeds Teaching Hospitals NHS Trust (LTHT) to the meeting.

A briefing note from LTHT was presented to the Scrutiny Board, which highlighted the following points:

- Over £12M paid in compensation over the 3-year period (i.e. between June 2005 and June 2008);
- During the 3-year period, a total of 388 claims were received;
- 70% of costs associated with the payment of damages; 30% associated with the payment of legal fees (i.e. claimant solicitors and defence costs);

- Currently (i.e. November 2008) 342 clinical negligence claims remained unresolved;
- All claims are thoroughly investigated and discussed at the Risk Assessment Committee on a quarterly basis;
- Of the 8 Trusts presented for comparison, LTHT total payments ranked 6th (i.e. the 3rd lowest) over the 3-year period.

The following points were raised and discussed:

- Significant variance in the value of payments made in 06/07, when compared with the other years presented.
- Claims needed to be settled in a timely manner following appropriate investigations. Depending on the complexity of the associated issues, it was reported that the Trust aims to settle any claim within a 2 year period.
- All claims are investigated and the Trust receives expert medical advice on patient's claims, as appropriate. As a teaching hospital, the Trust also provides expert medical advice to other hospitals.
- The most complex claims generally relate to obstetric incidents.
- The payments of clinical negligence claims represent a significant health care resource and, as such, risk management approaches need to be robust.
- The payment of clinical negligence claims is covered by insurance, through the Clinical Negligence Scheme for Trusts (CNST). The insurance premium paid by the Trust varies, but was reported to be in the region of around £9M per year.
- The availability of national comparative figures. It was reported that such comparative information was not available and that the comparative information presented acted as a 'crude indicator' of LTHT's performance.
- The Trust was regularly assessed with regard to its approach to managing risk (i.e. in terms of the administrative procedures and processes in place). The most recent assessment was September 2008, where the Trust was assessed as having 'adequate' procedures and processes in place (i.e. level 1) and an action plan was in place to achieve level 2 within 18 months.
- The majority of Trusts in England had been assessed as 'level 2' – which indicated a more proactive approach. There were a small number of Trusts assessed as 'level 3'.

In concluding the discussion, the Scrutiny Board requested the following additional information for each year outlined in the report (i.e. 2005/06, 2006/07 and 2007/08:

- Confirmation of on the level of premiums paid by LTHT (The Board also requested details of the current year's premium.);
- Confirmation of the number of unsuccessful claims, as a net figure and also as a percentage of the total claims; and,

- Confirmation of the national average for the value compensation payments.

RESOLVED – That the report be noted and that the additional information requested by the Board be provided as soon as practicable.

39 GP-led Health Centre - Scrutiny Inquiry Update

The Head of Scrutiny and Member Development submitted a report which provided the Board with an update into the inquiry into GP-led Health Centres across Leeds. Attached to the report were notes of the meetings of the Working Group and a submission from NHS Leeds.

The Board expressed disappointment that a representative from NHS Leeds was not present to address Members' questions. The following concerns were raised:

- That expectations of a 'walk-in' style centre had not been met;
- That the Burmantofts Health Centre building was not fit for purpose and did not have satisfactory facilities for the disabled;
- Some of the information provided by NHS Leeds appeared to be contradictory;
- Local people within the Burmantofts area deserve and have been led to expect a 21st Century health centre that will provide 21st Century health care services. The role of the Scrutiny Board is to help ensure that this is delivered.
- The health needs of local people within the Burmantofts area demand a long-term and sustainable solution..

RESOLVED – That a further report be brought to the next meeting of the Board that provides a perspective on behalf of Leeds City Council on the proposal emerging from the NHS Next Stage Review and that representatives of NHS Leeds, including the Chief Executive, be requested to attend.

40 Mental Capacity Act

The Director of Adult Social Services submitted a report which informed Members of the main provisions of the Mental Capacity Act.

The Chair introduced the following to the meeting:

- Dennis Holmes, Chief Commissioning Officer, Social Services
- Dave Shields, Service Delivery Manager, Adult Services
- Dr Tim Branton, Leeds Partnership Foundation Trust

It was reported that the Mental Capacity Act 2005 focussed on decision making and would introduce safeguards and balances designed to protect the rights and interests of vulnerable people who may be deemed to lack capacity and who had no other appropriate people to act on their behalf. The strategic provisons of the Act would be in place by April 2009, but as the Act was so wide ranging it would take longer for full implementation of all the requirements of the Act. Members attention was also brought to a report of the Leeds Independent Mental Capacity Service (LIMCAs) which had been submitted with the agenda.

In response to Member comments and questions, the following issues were discussed:

- There would be extensive codes of practice which would ensure practices were safeguarded, particular with an individuals rights for liberty.
- Processes for determining a persons capacity to be able to take care of their personal affairs.
- The role of Adult Social Care and the plan to hold a Members' Seminar for all elected members.
- It was suggested that the Board may wish to speak to representatives from LIMCAs.
- Provision to prevent the exploitation of people lacking capacity, particuarly the introdcution of a new criminal code for financial abuse of individuals.

The Chair thanked those present for their attendance.

RESOLVED – That the report be noted.

41 Joint Strategic Needs Assessment

The joint report of the Director of Adult Social Services, Director of Children's Services and the Director of Public Health, informed the Board of the new statutory duty under Section 116 of the Local Government and Public Involvement in Health Act to produce a Joint Strategic Needs Assessment (JSNA) for health and well being. It also informed of the work programme for the JSNA in Leeds and the progress made to date.

The Chair welcomed the following to the meeting:

- Dennis Holmes, Chief Commissioning Officer, Social Services
- Lucy Jackson, Public Health Consultant, NHS Leeds
- Jane Stageman, Senior Project Manager, Planning, Policy and Improvement

It was reported that a Programme Board led by an independent Programme Manager had been established for the JSNA. Data collection had taken place along with stakeholder consultation as part of the planning process to determine the future commissioning needs for the people of Leeds. Main

issues highlighted had coincided with those detailed in the Leeds Strategic Plan and target population groups had also been identified.

Issues highlighted and discussed by Members at the meeting included the following:

- Elderly people, particularly those over 75 and associated health issues;
- Fuel poverty;
- Childhood Obesity – provision for play areas for young people and related planning issues. It was reported that the planning process could be informed of concerns regarding the loss of play areas for new developments;
- Differences in life expectancy across Leeds and the impact of demographic movements;
- Locality profiling and the levels at which the JSNA provided and presented information – i.e. medium and lower level super output areas, ward level.
- Moving forward, the JSNA would provide an evidence base for outcomes within the Leeds Strategic Plan;

In response to Members comments and questions, it was reported that all data collected would be used to identify all targets and priorities across Leeds. Planning alignment would then take place to complement the requirements of the Leeds Strategic Plan, and would include all key stakeholders and partner organisations.

The Chair thanked those present for their attendance.

RESOLVED – That the report be noted and the Board receive an update at its February meeting.

42 Children's Hospital

The Chair welcomed Sylvia Craven, Director of Strategic Planning, Leeds Teaching Hospital NHS Trust to the meeting.

The Board was given on update on hospital provision for children in Leeds. It was reported that there had been ongoing consultation with staff and parents to develop proposals for children. Building work had commenced on the Children’s Assessment Unit which was due for completion in January 2009. Further building would take place between April 2009 and June 2010 before all the new provision was complete. All children’s provision would then be based at the Leeds General Infirmary site. Further issues for consideration included the transfer of staff and patients.

RESOLVED – That the Board receive an update report in January 2009.

43 Work Programme

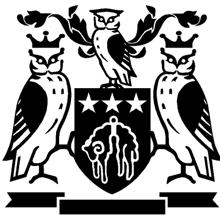
The Head of Scrutiny and Member Development submitted a report which outlined the Board's Work Programme for the remainder of the 2008/09 Municipal Year.

In addition to issues discussed earlier in the meeting, Members suggested that the Board may wish to consider other health issues including Stroke and Cardiac services and interventions. The Board also agreed to consider how general Health and Well-being considerations are taken into account in the disposal/ re-assignment of Council assets. It was suggested that initially the Board invite relevant representatives to discuss these issues in more detail.

RESOLVED – That the work programme be agreed and amended as appropriate.

44 Date and time of next meeting

Friday, 12 December 2008 at 10.00 a.m. (Pre-meeting for all Members at 09.30 a.m.)



Agenda Item 7

Originator:	Laura Nield
Tel:	395 0492

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 12 December 2008

Subject: Scrutiny Inquiry – Improving Sexual Health among Young People

Electoral Wards Affected:	**Specific Implications For:**	
	Ethnic minorities	✓
	Women	✓
	Disabled people	
	Narrowing the Gap	✓

1.0 Introduction

1.1 At the Board's meeting in June 2008, members agreed to carry out an inquiry into Teenage Conception, following on from a statement issued by the Scrutiny Board (Health and Adult Social Care) last year which recommended that a full inquiry be carried out. Following a discussion at the July meeting, the scope of this inquiry was broadened to cover Sexual Health in general among young people and the Terms of Reference were agreed.

1.2 The first formal session of the inquiry took place in a Working Group on 9th September. The notes of this meeting were presented to the Scrutiny Board at its meeting on 21st October 2008.

1.3 Following this initial meeting, it was felt that some of the issues covered – particularly Sex and Relationship Education – merited further discussion at a full board meeting. Therefore additional reports have been requested, which are attached as follows:

Appendix 1 Improving Young People's Sexual Health briefing report

Appendix 2 Teenage Pregnancy and Parenthood Strategy

Appendix 3 Personal, Social and Health Education briefing report

1.4 Relevant officers will be at the meeting to respond to members' questions and comments.

2.0 Recommendation

2.1 The Board is requested to:

2.1.1 Consider the information provided in this report and appendices and any specific matters discussed at the meeting;
2.1.2 Identify any additional information that may be required and determine any specific matters that require further scrutiny;
2.1.3 Determine and confirm the next steps of the inquiry.

3.0 Background papers

- Statement of Scrutiny Board (Health and Adult Social Care), Teenage Pregnancy Working Group
- 'Improving Sexual Health among Young People' inquiry Terms of Reference
- Notes of working group meeting, 9th September 2008

Improving Young People's Sexual Health Scrutiny briefing report – November 08

Sexual health is a significant public health priority in the United Kingdom. The consequences of poor sexual health can be serious, unintended pregnancies and STIs (Sexually Transmitted Infections) can have a long lasting impact on people's lives. Similar to other inequalities, sexual health affects certain communities more than others,
"Poor sexual health is linked with disadvantaged communities and health inequalities. The highest rates of STIs and unintended pregnancies are linked to deprived areas and notably to inner city Leeds"
(Public Health Annual Report, 2005/06)

Key Objectives for Sexual Health
1. To prevent new sexually transmitted infections and unintended conceptions
2. To ensure early diagnosis and effective treatment and care
3. To reduce the stigma associated with sexual ill health

As sexual health and teenage pregnancy are often a consequence of inequalities and has strong links to risk taking behaviours, sexual health cannot be addressed in isolation. Clear cross-cutting links need to be made with several other strategies and work areas.

Statistics on incidence clearly show that STIs disproportionately affect communities already suffering from considerable inequalities relating to their sexual orientation, ethnicity and gender. Sexual ill health is not equally distributed among the population, with the highest burden being borne by women, gay men, teenagers, young adults and black African and African Caribbean groups. There is also a strong link between social deprivation and STIs, alongside sexual behaviour as a major factor determining the incidence of STIs. The second National Survey of Sexual Attitudes and Lifestyles, or "NATSAL 2000" (5), shows that there have been notable changes in sexual behaviour since the first survey in 1990.

These include:

a greater number of lifetime partners;
lower median age at first intercourse;
a greater proportion of the sample with concurrent partnerships;
greater proportion with two or more partners in the past year who did not use condoms consistently.

While the incidence and prevalence of HIV, gonorrhoea and syphilis affects age groups over 25 years of age, the more common STIs such as Chlamydia and genital warts are much more concentrated in under 25's. 1 in 10 young people in Leeds are testing positive for Chlamydia.

Current Service provision
Leeds has a number of providers offering services for young people

Pharmacy Enhanced Service is commissioned from 27 Pharmacy sites based in areas with high termination and teenage pregnancy rates. These sites offer free

emergency hormonal contraception (EHC), pregnancy testing and Chlamydia testing to under 25's.

Community Pregnancy Testing Scheme provides early access for under 25's to pregnancy testing through youth settings. Twenty agencies provide this service.

C-card provides access to free condoms for under 25's from 140 sites across Leeds. Each young person has a 1-2-1 discussion with a worker covering correct condoms use, service access and healthy sexual relationships. Over 20,000 young people in Leeds have registered for c-card between 2002 – 2006.

HYP's are school based health drop in services, which include sexual health. Six schools in Leeds provide this service supported by School Nursing and Education Leeds.

Young People Friendly Practice provides a drop in service for young people in GP practice's in 21 sites across Leeds. Young people can access pregnancy testing, Chlamydia testing, condoms and support around contraception.

Chlamydia testing for under 25's is offered by 120 sites across Leeds. As part of the national Chlamydia screening programme, a range of service providers offer free and easy access to testing. All tests are also screened for gonorrhoea.

The Voluntary Sector is a key partner in reaching those most vulnerable to poor sexual health for prevention activity

City-wise – Under 25's Contraception and Sexual Health Clinic

TEENAGE PREGNANCY AND PARENTHOOD STRATEGY

Why reducing teenage pregnancy matters
Evidence clearly shows that having children at a young age can damage young women's health and well-being 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 three times more likely to become a teenage parent themselves. The facts are stark:

- At age 30, teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over, and are much less likely to be employed or living with a partner.
- Teenage mothers are 20% more likely to have no qualifications at age 30 than mothers giving birth aged 24 or over.
- Teenage mothers have three times the rate of post-natal depression of older mothers and a higher risk of poor mental health for three years after the birth.
- The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers.
- Teenage mothers are three times more likely to smoke throughout their pregnancy, and 50% less likely to breastfeed, than older mothers – both of which have negative health consequences for the child.
- Children of teenage mothers have a 63% increased risk of being born into poverty compared to babies born to mothers in their twenties and are more likely to have accidents and behavioural problems.
- Among the most vulnerable girls, the risk of becoming a teenage mother before the age of 20 is nearly one in three.

Rates of teenage pregnancy are far higher among deprived communities. The poorer outcomes associated with teenage motherhood also mean the effects of deprivation and social exclusion is passed from one generation to the next. There is also a strong economic argument for investing in measures to reduce teenage pregnancy as it places significant burdens on the NHS and wider public services.

The challenge for local areas, therefore, is

- to recognise the interdependencies between teenage pregnancy and improving other outcome for children and young people.
- to provide young people with the means to avoid early pregnancy.
- to tackle the underlying circumstances that motivate young people to want to, or lead them passively to become pregnant or young parents at a young age.
- to work in effective partnership to ensure universal provision for all young people with strengthened delivery to those most at risk.

Leeds under 18 Conception Rates
The Government target is to reduce teenage pregnancy rates in Leeds by 55% by 2010 and to support 60% of teenage parents into education, employment and training. The figures show a slight increase in the number of under 18 conceptions in the city, from a base rate of 50.4 conceptions per 1000 15 -17 year olds in 1998 to a rate of 50.7 in 2006, which is higher than the national average.

	1998 Baseline	**2006**	**Difference**
Leeds	50.4	50.7	0.4%
West Yorkshire	53	47.8	-9.8%
England	46.6	40.4	-13.3%

Measures that need to be in place
Evidence identified certain measures are being delivered intensively in high performing areas, but either not being delivered, being delivered ineffectively or only some are being delivered in poor performing areas.

Provision of young people focused contraception/sexual health services, trusted by teenagers and well known by professionals working with them:
Next Steps notes this is the factor most commonly cited as having the biggest impact on conception rate reductions in high performing areas. The national Teenage Pregnancy Unit's (TPU) Best Practice guidance on the provision of effective contraception, including improving access to Long Active Reversible Contraception (LARC), and advice services for young people identifies features of successful practices, including those with a strong remit to undertake health promotion work as well as delivering reactive/treatment services, through, for example, outreach work in schools, work with professionals to improve their ability to engage with young people on sexual health issues and through highly visible publicity. Effective services also had a strong focus on meeting the specific needs of young men. All high performing areas also had condom distribution schemes involving a wide range of local agencies and/or access to emergency contraception in non-clinical settings.

Strong Delivery of Sex and Relationship Education/Personal, Social and Health Education by schools:
Systematic delivery of SRE/PSHE across primary and secondary schools, driven by the local education authority is critical to delivery of the target. Next Steps notes that, to support delivery, a number of related elements need to be in place, focusing on achieving Healthy Schools status; use of the DCSF SRE Guidance (2000) including planned programmes of training for Governors, LEA support to improve schools' to support delivery, including resources and consultancy. Further education colleges also have a very important role to play.

Targeted work with at risk groups of young people, in particular Looked After Children and Care Leavers (LAC):
In addition to generic programmes (such as SRE/PSHE and access to services), there is a need for initiatives that focus on young people most at risk. This may include some black and minority ethnic communities and some neighbourhoods or areas. Next Steps pointed out that high performing areas had examples of Social Services having a strong focus on sexual health issues, including targets for LAC having access to advice on contraception and sexual health. Also important is SRE training for all social work managers, family support workers, foster carers and relevant social workers.

Workforce Training on sex and relationship issues within mainstream partner agencies:
Next Steps points to the extent to which service providers working within partner agencies have received training on SRE as an indicator of mainstream partners' engagement with the strategy. Many service providers such as youth workers, Connexions PA's, social workers, housing support workers, Youth Offending Team workers – work with young people at risk of teenage pregnancy, and can use this opportunity to do preventative work to help young people delay early sex and access early advice. Systematic approaches include essential training of all relevant social workers, essential SRE training for youth workers and Connexions PA's. While it is important to ensure training for the workforce throughout the system, it is important to prioritise those in areas of greatest need.

A well resourced Youth Service, with a clear remit to tackle big issues, such as teenage pregnancy and young people's sexual health:
As noted in Next Steps, where Youth Services were well resourced, provision of positive activities for young people was strong. Youth Workers should be equipped with skills and knowledge to support young people on sex and relationship issues. The Youth Service has an important role to play, with a focus on addressing key social issues affecting young people, such as sexual health and substance misuse.

Work on raising aspirations:
Teenage Pregnancy: Accelerating the Strategy emphasises the importance of improving attainment, behaviour and attendance and raising aspiration in young people at risk of a range of factors, including teenage pregnancy. Teenage pregnancy rates are higher in more socially deprived wards. The Government has organised a more targeted approach to tackle under-performance among particular groups of young people who are at greater risk of teenage pregnancy. The strategy points to a range of approaches, including implementation of Healthy Schools, New Deal for Communities initiatives, Aiming High, Raising Achievement of Minority Ethnic Pupils and specific programmes such as Teens and Toddlers and Young People's Development Programme.

Work with Parents:
The national evaluation found that many young people still find it difficult to talk to parents/carers about sex and relationships, calling for more innovative approaches to improving communication between young people and parents/carers. It is also important to engage with parents on issues such as aspiration.

Supporting Teenage Parents:
All young parents should have good information about the services available to them and have access to parenting information, advice and support. Support should begin during pregnancy in order to maintain the chances of pregnant teenagers achieving a healthy and confident transition into parenthood. Good parenting is essential if children are to stay safe, be healthy, make a positive contribution, enjoy and achieve and be free from poverty. Some young pregnant women and teenage parents often experience difficulty in accessing mainstream services and are at greater risk of isolation and health inequalities. Services should be tailored to meet the needs of young mothers and fathers to ensure they can fulfil their potential.

There was further evidence that progress was greatest in areas where all aspects of the strategy were being delivered effectively. In particular, there needed to be engagement of the 4 key agencies involved in delivery the strategy – PCT, Education, Social Services and Youth Services. The above findings are consistent with the evidence-base for the strategy and the conclusions of the original Social Exclusion Unit report, which recognised that a multi- faceted approach was needed.

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Personal Social and Health Education (PSHE)

Background

PSHE is different from other subjects:

a) its outcomes involve changes in positive behaviours and attitudes rather than in a body of examinable skills and knowledge
b) its content can be sensitive dealing with issues which some, (fewer and fewer) feel are not the responsibility of the school
c) teachers are rarely trained to teach PSHE and some are uncomfortable with certain aspects of content and with certain lesson processes
d) because the outcomes of PSHE involve development of attitudes and behaviour it struggles to be successful where its approaches are not supported by an effective pastoral team and the whole school ethos (see diagram)
e) Ofsted rarely inspects PSHE rigorously and schools are not "punished" by Ofsted if they fail to provide high quality PSHE

Primary schools have a tradition of child centred holistic learning and PSHE is generally good in many primary schools up to Y5 – at this age some teachers find difficulties in dealing with sensitive issues with older children which results in some loss of quality/content.

In secondary school quality of provision is somewhat variable. Commitment of senior leadership and quality of middle management are essential elements in upgrading provision.

PSHE is recognised as being an element in successfully addressing such issues as teenage pregnancy, substance abuse, bullying and violence

Supporting PSHE - What we do at the moment

From within Health Initiatives

From April 07, the Leeds Healthy Schools Wellbeing Programme (LHSWP) began co-ordinating PSHE (including SRE (Sex and Relationship Education)) and participation, with the appointment of a senior consultant for PSHE. This was in response to the outcomes from the national assessment of the local Teenage Pregnancy strategy by the National Support Team and to provide strategic direction for the work of a number of consultants supporting PSHE and SRE on a part time basis, both in and beyond the team. A two year plan was developed and partially implemented to review and improve the quality of PSHE/SRE. This post ended in August 08 due to the retirement of the post holder.

Review of PSHE provision

Secondary schools: a letter to schools jointly signed by Chris Edwards, Ian Cameron and Rosemary Archer in autumn 07 requested that secondary schools commit to an SRE and drug education joint review where provision within the school is reviewed in detail, with action points agreed. Where joint-reviews have taken place have been

purposeful and led to specific changes, eg. increased funding, policy development. 25% of schools have been visited so far.
A report is due in March 09.

Primary schools Over 2006-8, primary schools have been offered a generic PSHE 'focus visit', where the PSHE provision within the school is reviewed in some detail, development points agreed. So far 30 schools have taken up this offer. Many more schools however, (49 this year) have requested and received more specific support for particular elements of PSHE through a more generic support visit.

National PSHE CPD Programme – 75 accredited school staff in Leeds

The CPD (continuing professional development) programme provides teachers and community nurses with the opportunity to gain recognition and accreditation of their experience in teaching personal, social and health education (PSHE) and to develop their knowledge, understanding and teaching and learning skills in the delivery of PSHE in schools and other settings. Run over 12 months it involves intensive training covering 2 full days, 3 four hour sessions, 2 evening sessions and several drop in support sessions. There is a large optional SRE or drug education component, the vast majority choose SRE. The programme offers a training package and individual support for the development of learning portfolios. Lessons are observed and feedback is given. It is a demanding programme for busy teachers but is nonetheless a highly successful one that sees many candidates return the following year as mentors and trainers for new candidates. Latterly, the national programme has been developed to include non-teaching staff as candidates. The programme takes approximately 20 staff per year. It has a very low drop out rate and an extremely high success rate. The programme receives national funding @ £750 per candidate. On the current expenditure pattern we subsidise this package by about £12,000 per year.

SRE Training, Support

Up until September 2008, *dedicated* SRE advisory support has only been available to primary schools through the LHSWP for half a day per week. Nonetheless it should be noted that 30 primary schools out of the 55 targeted band 1 schools (schools serving areas of highest deprivation) have received some form of SRE training or support in the last two years, and that 25% of secondary schools have completed joint reviews for SRE.

The following support/training currently exists:

- SRE central training for all primary schools (annually) and within individual schools upon request
- Secondary SRE - training last November made excellent use of this resource by using secondary coordinators to facilitate a day sharing their strategies and practice.
- PSHE/SRE/drug education policy central training with examples of model policies (annually); individual support to schools upon request. Leadership and management and assessment of PSHE (annual training)

- In-school governor training and support to working with parents upon request
- Faith, values and SRE – central training and support to schools on request

PSHE - Support for lesson planning

The Leeds primary schemes of work, developed in consultation with schools – with lesson plans - is available, the latest version will be launched in Nov 08. 190 schools (out of 230) have requested the scheme. The programme has a spiral Year 1 to year 6 SRE unit.

A Leeds secondary scheme of work is being developed to build on the primary scheme, and complement the new secondary SEAL programme (Social Emotional Aspects of Learning). So far a year 7 'transition' programme has been completed, including an SRE unit.

Networks

- A small secondary working-group of PSHE teachers is developing a new secondary scheme of work in response to the new Qualifications and Curriculum Authority programmes of study which has a large SRE component.
- A large secondary network of PSHE teachers has met regularly over the past 4 years, addressing concerns; inviting visitors, looking at issues such as external agency support, resources, other specific issues;
- The programme has supported faith networks and led a number of successful training programmes for staff/governors and parents
- identification of clusters who want to develop a joint approach primary/secondary for SRE and drugs ed. through the extended school day

Generic PSHE training and support
In addition to the CPD programme, a limited amount of PSHE training has been available to schools through a central training programme, with some training given to whole school staff on demand. Courses have included PSHE assessment, PSHE leadership and management, policy training, circle time, introduction to PSHE schemes of work linked with SEAL.

Advisory support to schools for PSHE is offered on demand. This year 49 schools have received PSHE support meetings, focusing on evaluating individual needs of the school followed up by training or other

Teenage Pregnancy and Parenting Team - a lot of work of this team is Wave 2 and Wave 3, i.e. work with individual pupils and groups but there is also a very important contribution to the PSHE curriculum

a. demonstration assemblies
b. support for enhancement days
c. short programmes for pupils at risk
d. specific elements and inputs of PSHE
e. parents courses

f. work in specific schools where immediate upgrade is required

Outside Health Initiatives Team

Social Emotional Aspects of Learning (SEAL) is a major player in primary. Roll out is taking place in secondary (but see points above on embedding in whole school ethos). This programme provides a foundation and can deliver part of the skills base of PSHE but typically does not address the most sensitive issues.
Some Advanced Skills Teacher support is available

Outside Education Leeds

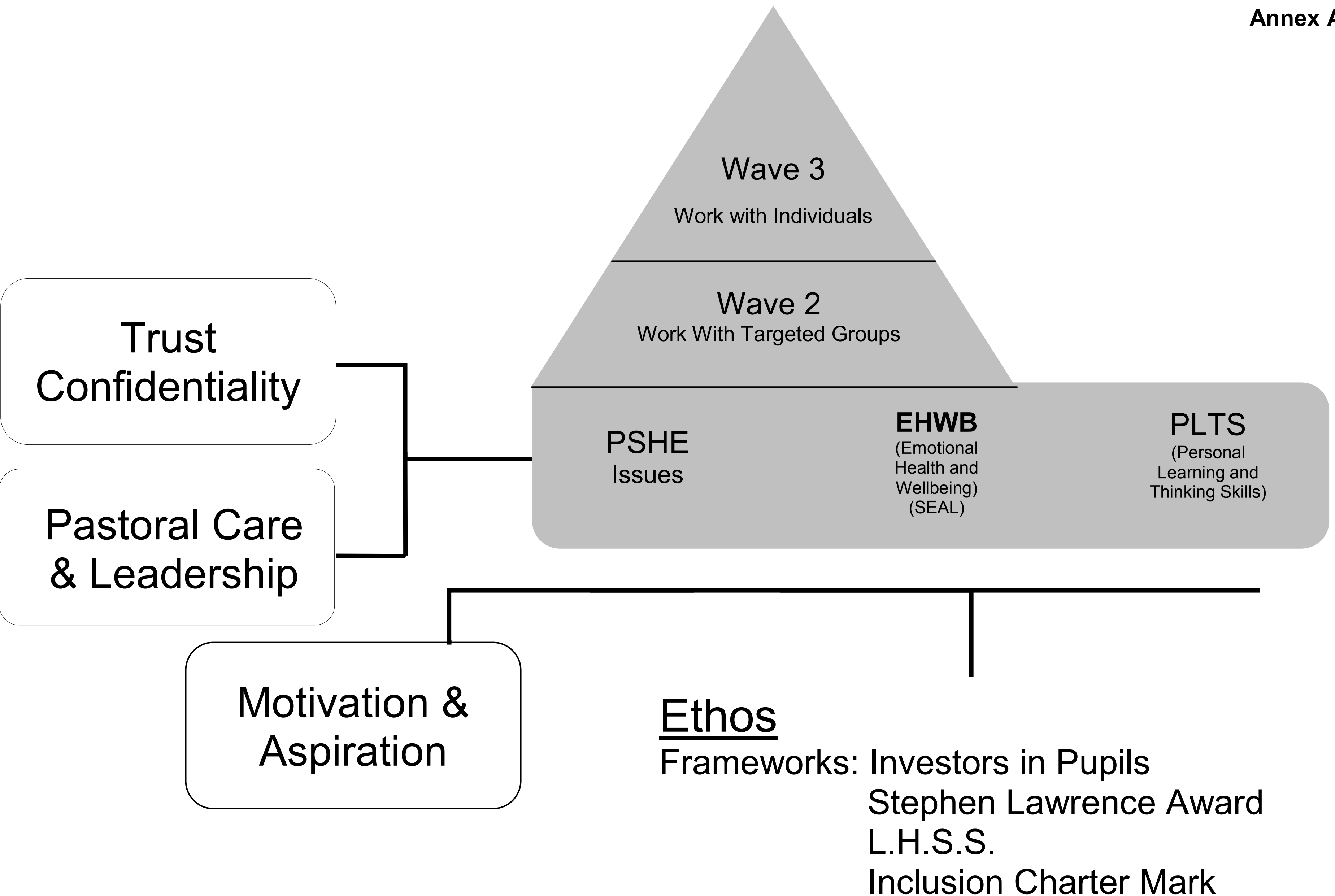
Quite a few statutory and voluntary agencies in the field all offering to support a part of the curriculum but obviously not offering a comprehensive service. They can be exploited by schools, hence the development of the ABC (Agencies Benefiting Children) protocol.

What should it be like?

Delivery of PSHE is not straightforward and one size does not fit all.

Each school should have a senior member of staff (Assistant Head / Director of Studies) responsible for providing the pattern of activities which builds up into a coherent and differentiated personal development programme for all. (see Annex A)

Annex A



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Agenda Item 8

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 12 December 2008

Subject: GP-led Health Centre – scrutiny inquiry

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

1.0 Introduction

1.1 At its meeting on 22 July 2008, the Scrutiny Board (Health) agreed the terms of reference for undertaking a scrutiny inquiry to consider the proposals for and implications of developing GP-led Health Centres (Polyclinics) in Leeds. The scope of the inquiry is to make an assessment of and, where appropriate, make recommendations on the following areas:

- The likely impact of Lord Darzi's interim report (NHS Next Stage Review) on healthcare in Leeds in the short, medium and longer term.
- The impact which the proposed GP-led health centre will have on healthcare provision and Council Services (particularly Adult Social Care and Children's Services) in Leeds.
- How the PCT can best manage the establishment of the new health centre in order to maximise the benefits for the population of Leeds and minimise any negative impact.
- How the Council ought to approach the issue, and its overall role in managing public expectation.

1.2 At the July 2008 meeting, the Board also agreed the membership of a working group to undertake some aspects of the inquiry. Updates on the work undertaken by the working group have been provided at the Board meeting held on 21 October 2008 and 18 November 2008.

2.0 Inquiry issues

2.1 At its meeting in November 2008, the Board considered an update on the inquiry. The Board was presented with notes of the meetings of the Working Group and a submission from NHS Leeds that provided additional information following the consultation on the GP-led Health Centre. The Board was also advised that the final consultation analysis report had been completed, published and was available from NHS Leeds' website.

2.2 At its meeting in November 2008, the Board raised the following issues:

- That expectations of a 'walk-in' style centre had not been met;
- That the Burmantofts Health Centre building was not fit for purpose and did not have satisfactory facilities for the disabled;
- Some of the information provided by NHS Leeds appeared to be contradictory;
- Local people within the Burmantofts area deserve and have been led to expect a 21st Century health centre that will provide 21st Century health care services. The role of the Scrutiny Board is to help ensure that this is delivered.
- The health needs of local people within the Burmantofts area demand a long-term and sustainable solution.

2.3 Following discussion, the Board requested that:

- A further report from the Director of Adult Social Services be presented to the Board to provide a Leeds City Council perspective on the proposal emerging from the NHS Next Stage Review; and,
- Representatives of NHS Leeds be invited to attend the Board to address any comments and/or questions.

2.4 The additional report referred to in 2.3 (above) is presented as Appendix 1. In addition, the Chief Executive and Director of Primary Care from NHS Leeds will attend the meeting to respond to issues raised by the Board.

<u>Additional considerations</u>

2.5 Board members will note the terms of reference for this inquiry include making an assessment of *'the likely impact of Lord Darzi's interim report (NHS Next Stage Review) on healthcare in Leeds in the short, medium and longer term'.* In this regard, a submission from NHS Leeds is presented elsewhere on the agenda and may usefully inform the Board's consideration of this aspect of the inquiry.

3.0 Recommendations

3.1 The Board is requested to:

3.1.1 Consider the information provided in this report and appendix and any specific matters discussed at the meeting;

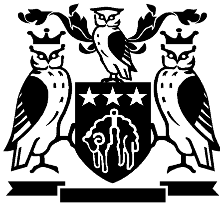
3.1.2 Identify any additional information that may be required and determine any specific matters that require further scrutiny;

3.1.3 Determine and confirm the next steps of the inquiry.

4.0 Background Papers

Terms of reference – Inquiry into GP-Led Health Centres/Polyclinics (agreed 22 July 2008)

Agenda Item 9



Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 12 December 2008

Subject: Provision of Stroke Care

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

1.0 Introduction

1.1 At its meeting on 18 November 2008 the Scrutiny Board (Health) identified the provision of stroke care as a particular area of interest, in particular the vision for improving stoke care, including preventative measures and urgent medical and surgical interventions.

1.2 As such, representatives from NHS Leeds and Leeds Teaching Hospital NHS Trust have been invited to attend the Board to provide an overview of stroke care provision and to address any questions and/or comments from the Board.

2.0 Recommendations

2.1 The Board is requested to:

2.1.1 Consider the information provided and discussed at the meeting;

2.1.2 Identify and determine the scope and timing of any additional information that may be required and/or any specific matters that require further scrutiny.

3.0 Background Papers

None

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Agenda Item 10

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 12 December 2008

Subject: Mental Health Act 2007 – Supervised Community Treatment

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

1.0 Introduction

1.1 At its meeting on 21 October 2008 the Scrutiny Board (Health) received and considered a report which set the main changes to the Mental Health Act 1983 through the provisions set out in the Mental Health Act (MHA) 2007. The Scrutiny Board was advised of the overall progress in implementing the requirements of the MHA 2007 through the Implementation Self Assessment Tool (ISAT) submitted to the Department of Health at the end of June 2008.

1.2 The Scrutiny Board was also advised of the overall preparedness across the partnership in meeting the requirements of the provisions of the Act, which included a discussion around Supervised Community Treatment (SCT). The Board was advised that, following a period of detention in hospital, the provisions around SCT were expected to allow a small number of patients with a mental disorder to live in the community whilst subject to certain conditions.

1.3 At the meeting the Board was advised that the basis of Supervised Community Treatment would involve robust care plans and monitoring processes that would ensure patients complied with any necessary treatment regime. However, the Board expressed some concern regarding the practical implications around Supervised Community Treatment, highlighting the possibility of patients not maintaining the appropriate treatment regime and a range of associated problems that may arise. As such, the Board requested a more detailed briefing on the introduction of Supervised Community Treatment.

1.4 The attached summary, provided by the Leeds Partnership NHS Foundation Trust (LPFT), seeks to provide the more detailed information requested by the Board and is presented for the consideration.

1.5 Appropriate representatives have been invited to attend the meeting to address any comments and/or questions from the Board.

2.0 Recommendations

2.1 The Board is requested to:

2.1.1 Consider the information provided and discussed at the meeting;

2.1.2 Identify and determine the scope and timing of any additional information that may be required and/or any specific matters that require further scrutiny.

3.0 Background Papers

Report to the Health Scrutiny Board: *Implementation of the Mental Health Act 2007* – 21 October 2008

Supervised Community Treatment: Summary Report to the Health Scrutiny Board 12th December 2008.

Introduction

This is a summary document to the Health Scrutiny Board on the introduction of Supervised Community Treatment with reference to the local protocol for Supervised Community Treatment and guidance for care coordinators, both of which are available on request.

Supervised Community Treatment (SCT) is one of the key amendments to the Mental Health Act (1983) as amended by the Mental Health Act (2007). This amendment to the Mental Health Act (1983) came into force on the 3rd November 2008. SCT introduces compulsory treatment in the community by suspending a detention to hospital for treatment (as described in the body of text).

> *'The purpose of SCT is to allow suitable patients to be safely treated in the community rather than under detention in hospital, and to provide a way to help prevent relapse and any harm-to the patient or to others-that this might cause. It is intended to help patients to maintain stable mental health outside hospital and to promote recovery.' Mental Health Act (1983), Code Of Practice, (25.2)*

Background information

The Mental Health Act (1983), (MHA) enabled Supervised Discharge under Section 25A before the new amendment came into force. Under Section 25 patients discharged from detention could be required to reside at a particular place of residence such as a care home; enable access to professionals; attend for treatment (medication could not be enforced); attend for occupation & education. Within this provision there were no legal powers to recall a patient to hospital for treatment. With the amendment to the Mental Health Act (MHA) Supervised Discharge has been phased out due to being ineffective because of the lack of legal powers within the provision and as such there are very few people in Leeds who are subject to Supervised Discharge.

In both the new and old legislation there is provision for 'Leave of Absence' under Section 17 Mental Health Act (1983). Section 17 leave enables a patients Responsible Medical Officer (now Responsible Clinician) to authorise a period of leave from hospital. This allows for patients detained to hospital for assessment and/or treatment to have periods of leave from hospital, as leave from hospital can be an essential part of an individual patient's treatment plan. With Section 17 leave, a Responsible Clinician can attach conditions to a period of leave and if needs be a patient can be recalled from leave back to hospital. The period of detention remains in place until a patient is discharged from detention or the period of detention is allowed to lapse (therefore the detention is not renewed).

Supervised Community Treatment (Section 17A)

As with Section 25 Supervised Discharge, the lead for the use of the section is the patients Responsible Clinician (RC) (formerly Responsible Medical Officer). The SCT's emphasis is treatment and the focus is on the criteria for use of this Section on those patients:

- Who have an established diagnosed mental disorder(s).
- For whom a treatment is available.
- Who stop or are likely to stop taking treatment on discharge with a resulting decline in their mental state and who may become a risk to themselves or others, or may become a risk even if they do continue treatment.

The revised MHA introduces new provisions that allow some patients with a 'mental disorder' to live in the community while still being subject to residual powers under the MHA. SCT enables patients to return home whilst receiving treatment and care on a compulsory basis similar to being subject to Section 17 leave of absence. SCT provides a framework to assist the support of patients who might otherwise lose contact with services on discharge and subsequently relapse, leading to a cycle of compulsory re-admissions. SCT can promote stability for some 'revolving door' patients.

Patients are put onto SCT by a Community Treatment Order (CTO), which sets out the conditions the patient is asked to comply with to ensure they receive the treatment they need to prevent harm to the patient or to others. The principles underpinning the MHA need to be taken into account when considering SCT, particularly the principles of minimising restrictions on liberty balanced against that of patient and public safety.

Only people already detained for treatment on Section 3 (or similar unrestricted forensic sections) can be considered for SCT. Section 17 (2A) suggests that where longer-term leave is being considered (defined as more than seven days) the Responsible Clinician (RC) should consider whether it is more appropriate to use a CTO (s17A). This order that gives effect to SCT. The order is addressed to the hospital managers. SCT is not only for people who need medication as 'Medical Treatment' goes much wider than medication. Medical Treatment (as defined) in the Act also includes psychological interventions, nursing, habilitation and rehabilitation. Recall to hospital can be for out-patient treatment as well as for in-patient admission. A RC may not necessarily be a hospital clinician though a hospital clinician will be the one who makes the CTO; but after that the RC can change as appropriate.

The process for making a CTO

The order is made in writing by the RC and has to be agreed in writing by an Approved Mental Health Professional (AMHP). Legally the effect is to suspend the treatment section, namely:

- the requirement to take medication under Part 4 of the Act.
- the liability to be detained in hospital.

Therefore, when a patient is recalled, their requirement to take medication and be detained in hospital comes back into effect. People on SCT are subject to Part 4A to take medication.

Criteria

The RC's role in the process: The RC may make a CTO where s/he believes the following criteria are met, provided that this judgement is also held by an AMHP:

- The patient is suffering from a mental disorder of a nature or degree which makes it appropriate for him to receive medical treatment.
- It is necessary for his health or safety or for the protection of other persons that he should receive such treatment.
- Subject to his being liable to recall… such treatment can be provided without his continuing to be detained in hospital.
- It is necessary that the RC should be able to exercise the power…. To recall the patient to hospital.
- Appropriate medical treatment is available.

Nature or Degree

Because SCT is intended to support people who have been in hospital for a while, and have been receiving treatment, it is likely that although the 'degree' (current symptoms or manifestation of mental disorder) will be relevant to the decision to process an order it is the 'nature' of the person's mental disorder that will be more important for making that decision.

Conditions

When on SCT there are requirements or conditions a person will be expected to follow (s17B MHA). These are both 'compulsory' conditions that will apply to all patients on SCT and other 'specific' conditions that can be placed on a particular patient. If imposed, these conditions must be necessary or appropriate to ensure the person receives medical treatment, or to prevent risk of harm to self or to protect others. The additional conditions can only be imposed if an AMHP agrees they are necessary or appropriate for the individual patient's circumstances. The AMHP plays a major role in the SCT process and they provide some of the most significant protections for patients. Neither the CTO nor additional conditions can be made if an AMHP does not agree. They also have to agree to the renewal of an order and for the order to be revoked (revert back to a detention in hospital for treatment).

Safeguards

From April 2009, anyone who is on SCT will have a right of access to an Independent Mental Health Advocate (IMHA) who will be able to provide advice and support. This right continues throughout the time the person is on SCT. Those on

SCT can appeal both to the Mental Health Review Tribunal (MHRT) or the hospital managers for discharge. The Second Opinion Appointed Doctor (SOAD) rules also ensure those receiving section 58 medication have their treatment plan approved. A patient with capacity cannot be forced to accept treatment while in the community. Neither can a patient without capacity except in rare emergency situations. The patient's nearest relative can apply for discharge in the same way as section 2 or 3. A person who is on SCT must also be discharged from the CTO as soon as they no longer meet the criteria for its use.

Summary on Progress of Local Implementation/Local Provision

SCT is a new legal function under the amended Mental Health Act which can be applied from the 3rd November 2008. As a new process it is difficult to predict the numbers of people who may be affected by this piece of legislation due to the number of variables involved in the decision making process. The application of SCT will depend on 'nature' or 'degree' of the disorder and is likely to affect only a small number of people who experience mental health difficulties and the numbers could be as low as 1-2% of the population of people with diagnosed mental disorder. At the time of writing this report there are no patients currently subject to a CTO within Leeds.

In preparation for the introduction of SCT the Leeds Partnerships Foundation Trust (LPFT) has devised a local protocol with inter-agency agreement (as attached) to advise health professionals of the legal and clinical procedure in accordance with the Mental Health Act. Additional supporting guidance has been produced locally (example attached), regionally and nationally to assist professionals in the implementation of SCT. The LPFT and Local Authority (LA) has facilitated mandatory training around the amendment to the Mental Health Act, (which incorporates SCT) to all key professionals therefore all Responsible Medical Officers are authorised to act as Responsible Clinicians. All Approved Social Workers have become authorised to act as Approved Mental Health Professionals and a new course for Approved Mental Health Professional training will be facilitated by the Leeds Metropolitan University commencing in January 2009.

A comprehensive training plan has been undertaken within LPFT across the Trust directorate around the key amendments to the Mental Health Act with plans for further training which will be more specific to SCT. LPFT is involved in the process of the updating and development of further protocols with key stake holders such as West Yorkshire Police, Yorkshire Ambulance Service and the Local Authority. LPFT will remain as an active participant with the Inter-agency Mental Health Act Steering Group which will continue to function as an Implementation Group. Within the LPFT communications strategy is the inclusion of facilitating awareness sessions for service users, carers, GPs and the voluntary/independent sector.

As identified in the local protocol effective care planning will form the guiding framework to provide a care management structure for SCT patients and a care coordinator will need to be identified in addition to the RC. In Leeds the Care Programme Approach (CPA) will provide the structure to ensure a care plan and risk assessment is produced, subject to regular review and involves a multi-disciplinary approach: this will include the patient, nearest relative, any carers and GP. The

Crisis Resolution & Home Treatment Team (CRHT) carries out the functions of: bed management, place of safety and alternative to hospital admission as a 24 hour service. CRHT may be involved in a CPA for a SCT patient and may form the basis of an out of hour's crisis plan which could be accessible to carers and relatives of a SCT patient. CRHT will have access to a data base (including care plan) for all SCT patients and may be involved in the recall process for patients depending on the patient's clinical need. The hospital sites identified for recall are the Becklin Centre for working age adults; The Mount for older people; Parkside Lodge for people with learning disabilities and The Newsam Centre for Intensive Care and specialist services (including forensic and eating disorders). Two full time administrators have been appointed to manage the legal administration of SCT to ensure the legal process is effectively maintained including the monitoring and timely access to the Tribunal system. As a new legal requirement and new care intervention' the process of SCT will initially be closely monitored and evaluated to maintain an effective implementation and aim to minimise any potential or future difficulties that may arise in care delivery.

Jeff M Barlow
Mental Health Legislation Implementation
Project Manager.

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Agenda Item 11

Originator: Steven Courtney

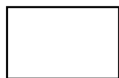
Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 12 December 2008

Subject: NHS Next Stage Review – High Quality Care for All

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

1.0 Introduction

1.1 In July 2008, the Scrutiny Board (Health) agreed the terms of reference for undertaking a scrutiny inquiry to consider the proposals for and implications of developing GP-led Health Centres (Polyclinics) in Leeds. The scope of the inquiry includes making an assessment of and, where appropriate, making recommendations on the likely impact of the NHS Next Stage Review on healthcare in Leeds in the short, medium and longer term.

1.2 The general purpose of this item is to provide the Board with an overview of how the recommendations of the NHS Next Stage Review report are being taken forward. In addition, while there is a specific item regarding the Board's inquiry into GP-led Health Centres elsewhere on the agenda, this may also usefully inform the Board's consideration of this aspect of the inquiry.

1.3 The NHS Next Stage Review sets out to help patients, staff and the public make the changes they need for their local NHS and it has been well documented that the review could bring about radical change in what the NHS delivers across England and how it is delivered. To assist the Board consider the likely impact of the review in the short, medium and longer term, each of the NHS Trusts have been asked to provide a briefing note on how this is being taken forward within their organisation. The following submissions have been received and are appended to this report:

- NHS Leeds – Appendix 1
- Leeds Teaching Hospitals NHS Trust – Appendix 2

1.4 Representatives from the Trusts have been invited to attend the Board meeting to present the submissions and address any comments and/or questions from the Board.

1.5 Regionally, the NHS Next Stage Review report has informed the development of '*Health Ambitions'* – which sets out the Strategic Health Authority (SHA) vision for the NHS across the Yorkshire and Humber region for the next decade. This vision is summarised through a series of recommendations across eight pathways, namely the:

- Staying Healthy Pathway
- Maternity and Newbourn Pathway
- Long term conditions Pathway
- Children's Pathway
- Planned Care Pathway
- Acute Episode Pathway
- Mental Health Pathway
- End of Life Pathway

1.6 Recently, the SHA has produced an update on the implementation of *Healthy Ambitions,* which provides an overview of activity on a number of levels. This update is provided at Appendix 3.

2.0 Recommendations

2.1 The Board is requested to:

2.1.1 Consider the information provided in this report and appendices and any specific matters discussed at the meeting;

2.1.2 Identify any additional information that may be required and determine any specific matters that require further scrutiny;

2.1.3 Determine how consideration of the information presented in this report may inform the Board's inquiry into GP-Led Health Centres.

3.0 Background Papers

Terms of reference – Inquiry into GP-Led Health Centres/Polyclinics (agreed 22 July 2008)
Healthy Ambitions – the outcome of the Next Stage Review in Yorkshire and Humber

NHS
Leeds

Implementing the NHS Next Stage Review report *High Quality Care for All*, and the NHS Yorkshire and the Humber Vision Document *Healthy Ambitions*

Scrutiny Board (Health) Briefing Paper December 2008

1. Purpose

This briefing aims to explain how the visions described by Lord Darzi in the NHS Next Stage Review report *High Quality Care for All*, and the recommendations of NHS Yorkshire and the Humber report *Healthy Ambitions* will be embedded in NHS Leeds strategic and operational business.

2. Alignment of NHS Leeds Strategy with Darzi Visions

Since the initial publication and launch of the NHS Leeds strategy in March 2008, the Department of Health and NHS Yorkshire and the Humber have respectively published the NHS Next Stage Review and Healthy Ambitions. These documents describe a clear vision for a world class NHS. NHS Leeds has responded by reviewing and updating its own strategic plan to reflect, within the context of its 10 strategic objectives, how it will support delivery of a world class NHS for Leeds and the region.

3. Implementing *High Quality Care for All* at NHS Leeds

In July 2008 the Department of Health published the final report of Lord Darzi's Next Stage Review. The report, the result of a wide ranging consultation exercise makes a series of recommendations on how the NHS should be developed over the coming years.

The report sets out a vision of an NHS that "gives patients more information and choice, works in partnership and has quality of care at its heart". It is structured around four main themes:

- High quality care for patients and the public
- Quality at the heart of everything we do
- Freedom to focus on quality
- High-quality work in the NHS

Some of these significant recommendations are fundamentally for local delivery. Set out overleaf are some examples of the work to be led by NHS Leeds.

High Quality Care for Patients and the Public

Every primary care trust will commission comprehensive wellbeing and prevention services, in partnership with local authorities, with the services offered personalised to meet the specific needs of their local populations. NHS Leeds will be investing in a number of initiatives to support health and wellbeing including:

a) *Staying Healthy*: Investing in services that support patients to stop smoking, reduce alcohol consumption and manage their weight in order to reduce All Age All Cause Mortality (particularly in the worst Super Output Areas).

b) *Sexual Health*: Improving access to services, along with targeting support at those who are most vulnerable

c) *Mental Health*: Developing a range of services to support mental health and wellbeing, for example, improving information, advice and advocacy services, increasing psychological therapies and reviewing acute care pathway and community mental health teams to align with Darzi expectations

Raised awareness of vascular risk assessment through a new 'Reduce Your Risk' campaign. NHS Leeds is investing in its "Putting Prevention First" initiative, under which it will roll out the new national programme of vascular risk assessment for people aged between 40 and 74 and use the awareness raised through the nationwide "Reduce Your Risk" campaign to support targeting of services so that the population knows when they need to get help and where to get it.

Support GPs to help individuals and their families stay healthy. This recommendation is supported nationally through work with leading professionals and patient groups to improve the Quality and Outcomes Framework. NHS Leeds will ensure that the QOF is implemented accordingly.

Extend choice of GP practice. NHS Leeds will ensure that patients have greater choice of GP practice and better information to help them choose. NHS Leeds will, through a specific project, actively promote the NHS Choices website to ensure that patients know where they can find information about services to support choice.

Ensure everyone with a long-term condition has a personalised care plan. NHS Leeds is through its "Care Closer to Home" programme to support service development and improvement for those with long term conditions. Service integration at a community level is a priority for NHS Leeds.

Quality at the Heart of Everything we Do

Getting the basics right first time, every time. NHS Leeds and partners are committed to ensuring care is safe. We will continue to seek improvements in safety and reductions in healthcare associated infections and are investing to support improved screening and prevention.

Measures to ensure continuous improvement in the quality of primary and community care. All GP practices and dental practices will fall within the scope of the new health and adult social care regulator, the Care Quality Commission. The Quality and Outcomes Framework (QOF) will develop an independent and transparent process for developing and reviewing indicators. NHS Leeds will support practice accreditation schemes, like that of the Royal College of General Practitioners, and will adopt where appropriate.

Developing new best practice tariffs focused on areas for improvement*.* NHS Leeds and partners support the proposed move to tariffs based on best practice rather than average cost, to ensure that NHS organisations will need to improve to keep up with the best.

Freedom to Focus on Quality

Placing a new emphasis on enabling NHS staff to lead and manage the organisations in which they work*.* NHS Leeds is seeking to re-invigorate practice-based commissioning and give greater freedoms and support to high performing GP practices to develop new services for their patients, working with other primary and community clinicians. NHS Leeds proposes running a number of community integration pilots and is reviewing potential models of locality commissioning to support development of locally integrated services that are responsive to patients' needs.

Enhancing professionalism*.* There will be investment in new programmes of clinical and board leadership, with clinicians encouraged to be practitioners, partners and leaders in the NHS. NHS Leeds will challenge all organisations that do business as part of, or with it to give clinicians more control over budgets and HR decisions.

New pledges to staff*.* The NHS Constitution makes pledges on work and wellbeing, learning and development, and involvement and partnership. NHS Leeds and partners support statutory duty of pledges to staff outlined in the Constitution.

High Quality Work in the NHS

A threefold increase in investment in nurse and midwife preceptorships. These offer protected time for newly qualified nurses and midwives to learn from their more senior colleagues during their first year. This initiative is supported and welcomed by NHS Leeds and partners.

Doubling investment in apprenticeships. Healthcare support staff – clinical and non-clinical – are the backbone of the service. NHS Leeds and partners support increase in supported apprenticeships.

Strengthened arrangements to ensure staff have consistent and equitable opportunities to update and develop their skills. NHS Leeds and partners are committed to ensuring staff have opportunity and time to enable them to keep their skills and knowledge up to date. NHS Leeds is to invest in organisational development and training and development to support care services and commissioners in further developing their skills.

4. Implementing *Healthy Ambitions* at NHS Leeds

In Yorkshire and the Humber eight groups of doctors, nurses and other healthcare staff worked together to consider the problems to be solved over the next decade, the evidence of what works from around the world, and what potential solutions might be. The reports of each group came together in *Healthy Ambitions*

Staying healthy	**Planned care**
Maternity and newborn care	**Acute care**
Long term conditions	**Mental Health**
Children's services	**End-of-life care**

Recommendations relating to each of the eight pathways (above) will be implemented in Leeds within the context of NHS Leeds' 10 strategic objectives. Their implementation plans will be set out in the organisation's five year operational plan. Reference is made throughout the refreshed PCT strategic plan to the commitments and actions that will support delivery of each pathway.

NHS Leeds is in a unique and key position to lead the Darzi agenda and to support the delivery of Health Ambitions across Yorkshire and the Humber. Some examples are included below.

One of the key deliverables in Healthy Ambitions is shifting care out of the acute setting. This brings the Leeds health economy and NHS Leeds both opportunities and challenges – the opportunity to develop further the capacity and skills available to serve wider community and the challenge to accelerate the movement of care currently delivered in a hospital setting into a setting closer to home.

It also implies the increasing centralisation of complex care. NHS Leeds will drive this agenda locally, working in partnership with Leeds Teaching Hospital NHS Trust to deliver the significant improvement in clinical outcomes across a range of specialties. This will include working in partnership with the Yorkshire and Humber Specialised Commissioning Group, key clinical networks, other PCTs and through NHS Leeds' role as host PCT responsible for contracting with Leeds Teaching Hospitals NHS Trust.

NHS Leeds

November 2008

Implementing the NHS Next Stage Review report *High Quality Care For All,* and the Yorkshire & Humber SHA vision document *Healthy Ambitions*

- Scrutiny Board (Health) briefing paper December 2008

1. Purpose

This briefing explains how the NHS Next Stage Review report *High Quality Care For All*, and the Yorkshire & Humber SHA report *Healthy Ambitions* are being implemented by this Trust. Key recommendations will inform the Trust's corporate strategic plan. They will also be part of our operational business planning.

2. Summary

High Quality Care For All is a different type of strategic document than many previously published by the Department of Health. Lord Darzi's report was driven by the NHS itself; it is a bottom-up plan rather than a top-down one.

Both *Healthy Ambitions* and *High Quality Care For All* are 10-year strategic vision documents. As a result the implications at this early stage are for planning and strategy rather than immediate implementation. Because the strategy is built on the input of the NHS locally, it will be driven locally. Early implementation plans will be included in the Trust's business plan for 2009/10.

The report is based on a national process of engagement with clinicians, stakeholders and the public. Each strategic health authority created its own vision based on local engagement. This approach means it reports on current best practice as well as advising further changes to provide the highest quality care. Some of this best practice is already being used at this Trust. Some examples are provided as appendices.

In *Chapter 10: Implications for Delivery Models*, the report states how its recommendations might impact upon various types of organisation. Paragraphs 28 – 47 discuss the role of hospitals. Paras 31 – 35 specifically address facilities such as those provided by LTHT.

3. Alignment of Trust strategy with vision created by Darzi review process

The next LTHT business plan for 2009/10 will be the first one since publication of the national and local Darzi review documents. It will contain specific elements that correspond to the direction set by the review.

In considering the Darzi review and Trust strategy, senior clinicians and managers suggest that for LTHT overall a number of themes will emerge:

- Partnerships with other health care organisations
- Integration of our services with other health organisations in primary and secondary care
- Making sure patients are not disadvantaged by changes in contracting arrangements and partnership working
- Making sure services remain efficient as changes happen

- Translating research into practice more quickly
- Requirement for local teams to analyse and interpret new national policy directions
- Training and education for all staff to make changes in healthcare.

The same group considered the implications for LTHT clinical directorates and suggested the following themes:

- Current priorities remain current priorities
- A number of issues arise across the Trust
    - the journeys that patients follow,
    - changes in service provision,
    - day surgery,
    - the number of times patients are asked back after surgery,
    - creating more reliable processes,
    - safety,
    - patient-centred care
- Some specific issues for each division/directorate that will influence business planning and operational management; these will be included in the Trust risk register and assurance process.

4. Trust business planning process

The process for business planning at LTHT takes into account national and local factors. The two Darzi review reports form 2 of the 4 high-level strategic factors underpinning Trust business planning:

- Trust vision and strategic goals
- NHS Operating Framework
- *High Quality Care For All*
- *Healthy Ambitions*

LTHT Strategic Objectives are:

- Achieving excellent clinical outcomes
    - Improve the safety and quality of our clinical services
    - Reduce the rates of healthcare associated infections
    - Continue to reduce mortality and morbidity rates

- Improving the way we manage our business
    - Develop key processes and systems - planning, risk management and patient administration
    - Improve our efficiency and effectiveness, our capacity and our financial sustainability.
    - Become a Foundation Trust

- Becoming the hospital of choice for patients and staff
    - Improve the experiences for our patients, referrers and commissioners
    - Strengthen our reputation

- Deliver ongoing improvements in our organisational culture and staff survey outcomes

There were 4 key areas of focus for 2008/09 which will be reviewed and amended or supplemented as part of the 2009/10 planning round:

- Patient safety
- Patient administration
- Patient Level Information and Costing system (PLICs)
- Organisational Development

5. Implementing *High Quality Care For All* at LTHT

Section 3 of this document makes it clear that the national and local Darzi review reports do not form blueprints for local services. Changes made at LTHT will build year upon year to meet local priorities.

The following boxes indicate some of the summary recommendations from *High Quality Care For All* and provide examples of work taking place in the Trust.

Chapter 3 - High Quality Care For Patients And The Public:

Defines what is meant by high quality care for patients and the public. The focus is on partnership working between NHS and other agencies to:

- Help people to stay healthy
- Empower patients
- Provide the most effective treatments
- Keep patients as safe as possible

LTHT response:

LTHT provides treatment for people who are ill and within that setting there are things that can be done to promote good health. We are working with partners in the city to understand the contribution that can most effectively be made. A public health strategy is being developed and will be consulted upon through the local strategic partnership body Leeds Initiative.

LTHT is already leading the way with new treatments in cardiovascular disease (CVD), a major cause of early death. In addition to pioneering work in cardiac disease **(see Appendix A)**, the Trust is working with partners in the health community to put the national stroke strategy into practice.

Chapter 4 - Quality At The Heart Of The NHS

Looks at how quality becomes an integral part of managing the NHS. The focus is on making quality of care *an organising principle* for the service.

- Safety, including HCAIs
- Quality standards set by national board
- Publish quality indicators
- Link between hospital funding and patient assessment of experience
- Provide incentives/rewards for clinical leadership, service delivery and innovation

LTHT response:

Patient Safety is an integral part of the LTHT strategic objectives; the Trust is developing a new Patient Safety Strategy and is signed up the National Patient Safety Campaign.

LTHT is rolling out work to improve the quality of caring within our hospitals. The *Productive Ward - Releasing Time To Care* is a change programme to influence behaviour change among NHS staff. The work focuses on improving processes and environments by changing behaviour and culture. The aim is to help nurses and therapists spend more time on patient care thereby improving safety and efficiency.

LTHT aims to fully implement guidance issued by the National Institute for Health and Clinical Excellence (NICE). As NICE expands its focus to include wider quality standards and best practice in high quality care, our Trust will take account of this shift. LTHT will comply with national guidance on measuring quality and publishing performance in 'Quality Accounts' as it is introduced into the NHS.

Chapter 5 - Freedom To Focus On Quality

Considers how to unlock the talents of NHS staff and provide freedom and opportunity for them to contribute to managing as well as delivering high quality services. It provides a framework for this to happen by:

- Giving greater freedom to the frontline
- Creating a new accountability
- Empowering Staff
- Fostering Leadership for quality

LTHT response:

LTHT is working with its partners and the strategic health authority to agree a timetable for application to Foundation Trust status. A full programme of consultation and engagement will be developed to involve stakeholders and the public in this step. The Trust Board understands the key benefits of FT status. We are committed to preparing the organisation so that we can gain local support as well as approval from the approving bodies.

LTHT recognises that clinical engagement is crucial to ensure that those who provide care drive improvements. The Trust has recently completed a review of its senior management structure. There is now a team of very senior clinicians working alongside general managers in each part of the organisation. We now have more effective clinical input to decision-making in the Trust. This includes business planning and performance management.

Chapter 6 - High Quality Work In The NHS

Focuses on supporting staff to deliver high quality care by ensuring there is a positive and developmental working environment. It considers:

- High quality workplaces
- High quality education and training

LTHT response:

LTHT human resource strategy supports the Trust's strategic objectives. It outlines workforce planning and management taking into account:

- Agenda for Change
- European Working Time Directive
- National Consultant Contract
- Partnership with staff organisations
- Organisational Development

The strategy is to use national frameworks such as the Agenda for Change Knowledge and Skills Framework to provide

- effective training,
- development,
- appraisal, and
- increased productivity.

We are committed to increased medical engagement and productivity as key to organisational success.

We intend to improve the way we manage our business. We will do this through a new management structure. We will manage our staff better. We will develop an underpinning OD strategy focussing on individual and team coaching. We are also increasing our service improvement capacity and capability.

In order to become the employer of choice locally and nationally we are promoting and developing work on culture and behaviours. We are revising and improving induction arrangements to transform the new employee's first contact with the Trust. We are also designing interventions to develop the Trust as a model employer, including:

1. Using the annual staff survey to identify specific local priorities for action;
2. Better HR performance indicators;
3. Providing the lead for initiatives such as workplace stress project, employee recognition schemes.

6. Implementing the Yorkshire & Humber SHA vision document - *Healthy Ambitions*

There were four key aims of the SHA vision document and the engagement process leading to publication:

1. To ensure clinical decision-making is at the heart of the future NHS
2. To improve patient care.
3. To deliver more accessible and community based care.
4. To establish a vision for the next decade in time for the 60th anniversary of the NHS

Priorities for action arising from the report include:

- A better system with fewer journeys for patients, carers and families.
- Healthier lifestyles – with a halt in the rise in obesity.
- Rising breastfeeding rates – with reduced variation across the region.
- Halving the number of children admitted to hospital with asthma.
- Mental health services available without waiting.
- Half the number of preventable admissions from diabetes.
- Highly experienced staff making decisions at the front door of every hospital
- Saving 600 premature deaths every year with better stroke care.
- Double the number of people able to choose to die at home rather than hospital

7. LTHT clinical engagement

Senior clinical leaders from LTHT were represented on each of the appropriate Y&H SHA pathway groups including chairing or co-chairing groups.

Maternity & Newborn Care
Bryan Gill, Consultant Neonatologist
Julie Scarfe, Head of Midwifery
Mary Armitage, Matron

Long Term Conditions
Eileen Burns, Consultant Geriatrician
Peter Wanklyn, Consultant Stroke Specialist
Greg Reynolds, Clinical Director Cardiology

Children
(Chair) Ian Lewis, Consultant Paediatric Oncologist
Fiona Campbell, Consultant Paediatrician
Roly Squire, Paediatric Surgeon
David Crabbe, Paediatric Surgeon

Planned Care
(Chair) Professor Mark Baker, Lead Cancer Clinician

Acute Episode
Graham Johnson, Consultant Emergency Medicine

End of Life
Fiona Hicks, Clinical Director Palliative Care

Through the contribution of these individuals some of the outstanding examples of local NHS achievements form part of the vision created by the Darzi review process.

LTHT
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Appendix A - Case studies

The following case studies illustrate the way the vision in *High Quality Care For All* and *Healthy Ambitions* is based on the very best care already being provided in the NHS in Leeds and in the Trust. They show how local implementation is already under way.

a) LTHT case study - PPCI

What Health Ambitions says:

Acute Episode Pathway: recommendation #32

New models of care should be developed as detailed in the Acute Clinical Pathway Group report for:

- Stroke
- Heart attack
- Trauma
- Older people

What LTHT is doing

When a patient suffers a heart attack, their care during the first few hours is critical to their survival and long term health.

LTHT is leading clinical practice in the early treatment of heart attacks, making a dramatic impact; saving lives and increasing the efficiency in the use of NHS resources. The treatment is called Primary Percutaneous Coronary Intervention (PPCI).

Since the 1980s, patients with suspected heart attack have been taken to hospital and treated with clot busting drugs (thrombolytics). Although thrombolysis is an effective treatment, it is only works in 50 – 60% of patients. It is associated with major side effects including haemorrhagic stroke and bleeding.

Traditionally, the role of the ambulance has been to stabilise the patient and transfer them to the nearest hospital for diagnosis and treatment. Now, the ambulance service makes a diagnosis and brings heart attack patients directly to the Cardiac Catheter labs at Leeds Teaching Hospital. This can mean bypassing a local hospital to reach the PPCI centre.

A small balloon at the tip of a catheter tube is inserted via the groin and is guided to the blocked artery under X-ray control. The balloon is then inflated and removed leaving a “stent” in place in the patient’s heart artery. The stent is a stainless steel scaffold that allows the blood flow to be restored and maintained. The procedure takes 30-60 minutes.

Patients treated with PPCI are much more likely to survive the heart attack and have a shorter hospital stay. Leeds now has performed over 1,400 PPCIs and has developed into one of the largest centres in the UK. The outcome of this project is being used to

guide the development of services nationwide. This treatment also reduces overall costs to the NHS.

Primary Angioplasty (PPCI) is now acknowledged to be the 'gold standard' treatment for patients having a STEMI (ST elevation Myocardial Infarction).

The new type of care shows how improvements in the future will be based on increased partnership working, in this case with PCT and ambulance Trust.

Changes will also require NHS staff to work together in different ways than before. PPCI requires the combined skills of a consultant cardiologist, cardiac nurse, radiographer and cardiac technician. One of the biggest challenges has been the need to provide this service at all times of the day and night. This has required significant changes to clinicians' work (and sleep) patterns.

The procedure is a complex one, illustrating how important it can be to provide some types of care at hospitals where there is very specialist knowledge and expertise.

b) LTHT case study – Maternity Care

What Health Ambitions says:

Maternity and Newborn Pathway: recommendations #15

There should be a focus on reducing health inequalities and improving health outcomes for both mothers and babies with the aim to reduce infant mortality rates for the manual groups by 20% by 2010

What LTHT is doing
A pilot is under way to improve access to high quality maternity for vulnerable and disadvantaged women and families. It aims to improve positive outcomes for women and their babies by providing a new model of midwifery care. The emphasis for health organisations is on partnership working and providing individualised care.

The Maternity and Newborn Pathway (*Healthy Ambitions*, 2008) recommends the introduction of selective midwifery 'caseloading'. This means that vulnerable and disadvantaged women receive 'a high degree of continuity of care'. The report says the focus should be to reduce health inequalities and improving health outcomes for both mothers and babies with the aim to reduce infant mortality rates.

Absolute rates of infant mortality in Leeds are above the national level. Analysis shows higher infant death and low birth weights are associated with higher levels of deprivation. Analysis of deprived areas in Leeds shows that the infant mortality rate is 8 per 1000 live births in these areas compared to 4.3 in the not-deprived areas.

The two geographical areas for the newly structured and resourced teams in Beeston and Chapeltown were chosen using a variety of health needs assessments, including:

- birth weight,
- indicators of deprivation by area
- infant mortality.

Where this model has been evaluated previously it has shown improved outcomes for women and babies. There was earlier access to midwifery care and an increase in home births. Breast feeding rates and normal deliveries also increased. Improved satisfaction both from women and families was recorded as well as among midwives themselves.

Midwifery in Leeds has traditionally been delivered by midwives based wholly in either the hospital or community setting. The two pilot teams will be based in Children's Centres. This means maternity services are much easily accessible to suit the lives of the women in these areas. Services are visible within community facilities and recognition is a way to engage with vulnerable families in disadvantaged areas.

The two teams will be providing care before, during and after birth for a defined caseload of women. Antenatal and postnatal care will be offered at home or the Children's Centre. Care at the time of birth will include an early labour 'at home' assessment, where appropriate, and delivery at home if it is the woman's choice. For women who choose not to deliver at home, the team will accompany the woman to the hospital and continue to care for her during labour and birth and encourage early transfer home.

The teams will be working alongside a PCT initiative offering help to tackle child poverty, obesity, smoking, breast feeding, sudden infant death, teenage pregnancy, domestic violence and drug and alcohol misuse.

c) LTHT case study – End of Life Care

What Health Ambitions says:

End of Life Pathway: recommendations #20, 23, 24

- Effective use of IM&T to support seamless care to ensure patient choices, DNR etc are known, shared and worked with
- Advanced Care Planning – shift in place of dying from hospital to home
- Workforce Development – palliative care as everyone's business

What LTHT is doing

Leeds is participating in a Marie Curie Cancer Care *Delivering Choice* programme to improve choice and care at the end of life. Leeds is the first major urban centre to do this and work to date has helped to shape the National Strategy on End of Life Care and the Darzi review.

The Leeds project involves:

- LTHT

- NHS Leeds
- Leeds social services
- Yorkshire Ambulance Service
- St Gemma's Hospice and Sue Ryder Care Wheatfields Hospice

Approximately 7000 people die in Leeds each year with 4000 deaths per year within LTHT. Some of these are acute, unexpected deaths. The majority however, are expected – occurring as a result of a terminal illness (eg malignancy or progressive organ failure).

High quality end-of-life care requires co-ordination between health and social services and between community, hospice and hospital-based teams. One measure of the quality of end-of-life care is the proportion of patients who die in a setting of their choice. When asked, the majority of patients would choose to die at home. In Leeds, only 21% at home, whereas 55% die in hospital (2005 figures).

Following an investigation phase, eight work-streams (listed below) have been developed to enable more patients to receive care in the place of their choice.

Improving hospital/hospice discharges
A dedicated individual is working to streamline the process for getting people home. For patients who need it, a nurse can come to the hospital or hospice, travel home with the patient and stay there, providing care for up to 24hours until the district nursing service can step in.

Community teams who can respond quickly to need
A new service model started in Jan 2008 – the "complex and palliative continuing care service" (CAPCCS). This spans health and social care and supports the district nursing service to provide a rapid response to patients in their own homes who qualify for continuing health care funding.

Dedicated Transport
A dedicated palliative care ambulance enabling patients to be transferred to the place of their choice in comfort and at a convenient time.

Care Homes
35 care homes have been selected to enrol in a training and development programme (CHESS) to enable them to deliver better terminal care and keep appropriate patients from coming to hospital for their last days. This began in October 2007 and if successful, it will be rolled out to other care homes in Leeds.

Support for patients and carers
There is a new day hospice at St George's Centre in South Leeds, jointly run by Wheatfields and St Gemma's hospices and Marie Curie which opened in March 2008. Further work on models for supporting patients and carers is ongoing.

Education and Training
Two posts have been appointed to develop education and training for all health and social care staff groups in Leeds to support the programme. This will concentrate on communication skills – asking patients about their choices and communicating

prognosis, as well as advance care planning and symptom management. A website has been developed to support this, at www.leedspalliativecare.co.uk

Ethnicity and Diversity
A link worker has been appointed to ensure that palliative and end-of-life services reach all sections of the community in Leeds.

Palliative Care Register
A systems integration analyst is undertaking a feasibility study into generating a palliative care register that spans primary and secondary care, and records patient preferences for end of life care. It is hoped that this will enable more streamlined working between settings.

LTHT has been at the forefront of these exciting developments and continues to work with partners to develop and implement the vision of supporting patients' choices for end of life care.

An independent, parallel research study into the quality of care before and after the interventions is commissioned from Lancaster University. The Kings Fund is undertaking the financial analysis and action research.

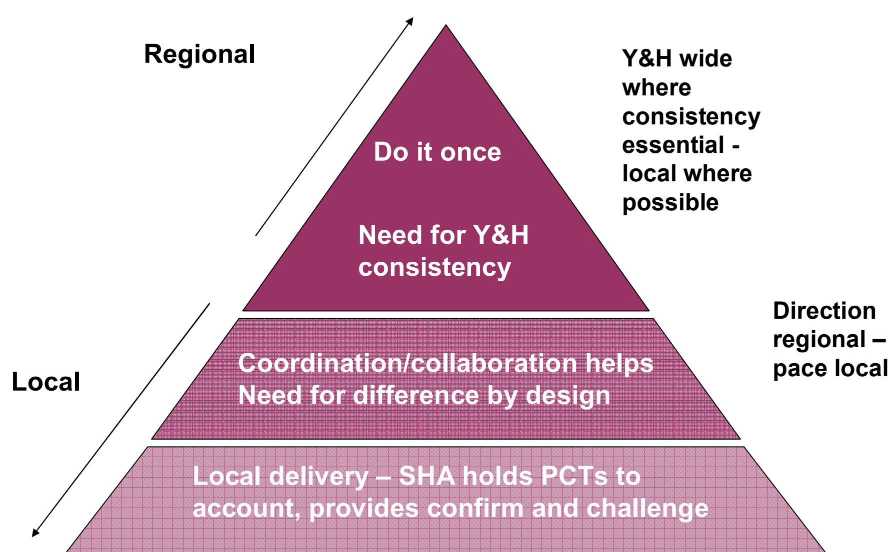
LTHT
December 2008

NHS

IMPLEMENTING HEALTHY AMBITIONS

This paper provides an update on the implementation of *Healthy Ambitions* – our regional strategic service framework for improving health and health care.

Background
In September we outlined a framework for delivery at three levels.



Lead PCT chief executives, together with the clinical leads for each pathway, have been reviewing the recommendations against these three levels and submitted a report to the SHA in September. I be incorporated into the proposed document "*Delivering Healthy Ambitions*" for publication next year.

This paper reports on progress at each level, together with progress on communications and engagement.

Local level of delivery

As anticipated, the bulk of recommendations are for implementation at a local level. We asked each PCT to prioritise the recommendations in *Healthy Ambitions* in light of the needs of their local community and the current position of their services. We have now, with the help of our Clinical Reference Panel, reviewed all the PCTs' draft strategic plans against Healthy Ambitions and fed back detailed comments. The plans have then been revised, and will be assessed as part of the world class commissioning assurance process during late 2008 and early 2009.

Our assessment revealed that:

- All PCTs have made efforts to align their strategic plans with the Healthy Ambitions recommendations
- Most PCTs have described the action that they will take to make the recommended improvements in the areas considered to be region wide priorities for urgent action e.g. stroke.
- It is evident that some PCTs have carried out an in depth analysis of:
    - the recommendations in *Healthy Ambitions*,
    - the extent to which different pathways should be prioritised locally, and the work that they will need to take forward.
- Some PCTs have made full use of the more detailed models of care described in *Healthy Ambitions* and the underpinning clinical pathway group reports.

Regional level of delivery

Working with our PCTs we have identified a number of areas where the recommendation was best implemented at a regional level. Regional action encompasses both action by the SHA itself, and action led by the Specialised Commissioning Group (SCG) which is the body with delegated authority from the 14 PCTs to make specialised commissioning decisions.

There are a number of significant regional pieces of work, which will support and ensure local delivery. These include:

- developing performance indicators for each pathway. In some instances, these could be part of contracting dialogues between PCTs and providers.

- developing better primary care intelligence to allow practices to see how they are doing on key quality indicators. The first phase of this project is now complete, with over 800 practice profiles now available across Yorkshire and the Humber. This is part of our commitment to tackle variation in primary care.

- starting to commission regional reviews in those areas recommended by the clinicians. The regional reviews will begin with a review of vascular services to be carried out by the SCG.

- assessing the workforce implications of *Healthy Ambitions* and then turning that into the education commissioning strategy for the region

- considering the development of a regional social marketing support unit, to drive some of the behavioural change implicit or required in some of the model pathways

- work to develop a strategy for clinical leadership and engagement – this will seek to ensure that there is support for key clinical leaders and that key initiatives (e.g. the development of a clinical leadership network making use of Connecting for Health resources) are in line with the direction of travel outlined in *Healthy Ambitions*.

Cross-regional or sub-regional levels of delivery

A key principle that the PCTs have adopted as part of designing implementation is that we should use existing infrastructure as much as possible. There are two key sets of vehicles therefore which PCTs are looking to utilise. In addition to the Specialised Commissioning Group mentioned above, these are:

- the PCT Collaborative – the 14 PCTs have formed a collaborative which enables them to work together on key projects. This enables them to co-ordinate effort and "do once and share" wherever possible. The PCT Collaborative has undertaken a review of clinical networks across the region, and identified where these networks should be driving implementation.

- Networks – there are a range of networks in place with different governance, and terms of reference. The Review of Networks carried out by the PCTs has identified the need to be explicit about the governance arrangements in place. For the implementation of *Healthy Ambitions* there are some key networks e.g. the three cardiac networks, each chaired by a PCT chief executive, will take responsibility for ensuring implementation of the cross-regional elements of the model stroke pathway.

Oversight and monitoring of progress

We have now established the Healthy Ambitions Oversight Board, chaired by the SHA Chief Executive, with membership both from the NHS chief executive and clinical community. The Board's purpose is to oversee the transition from the model pathways outlined in the report, to concrete plans of action embedded within mainstream processes.

We have now mapped out what needs to be done to publish a document *Delivering Healthy Ambitions* and the timetable for publication is February 2009

Communications, engagement and feedback

Since the publication of Healthy Ambitions in May, there have been a wide range of events and opportunities for staff and stakeholders to hear and offer feedback on the content of the report, and on the design of implementation. Alongside these events, there have been numerous discussions at local levels where *Healthy Ambitions* has formed the backdrop for the development of local strategies.

In addition, we have had a number of written comments from organisations and individuals on the report. The feedback has been properly documented, and will be reported in our publication in early 2009.

Conclusion

Significant progress is being made in seeing the transfer of the model pathways in *Healthy Ambitions* into practice. There is still however more work to do to address the key risks around implementation. We need accountability for the cross- regional elements for all the

pathways; and to widen leadership and engagement of clinicians.

Agenda Item 12

Leeds
CITY COUNCIL

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 12 December 2008

Subject: Scrutiny Board (Health) – Work Programme

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

1.0 INTRODUCTION

1.1 At its meeting in July 2008, the Board agreed its outline work programme. Attached at Appendix 1, for the Board's further consideration is an updated work programme for the Scrutiny Board (Health) for the remainder of the current municipal year.

1.2 The Executive Board Minutes for the meeting held on the 5 November 2008 are presented at Appendix 2 for information. Matters within the Adult Health and Social Care portfolio considered by the Executive Board and within the remit of the Scrutiny Board (Health) are as follows:

(i) The Mental Capacity Act 2005 (minute 126)
(ii) Implementation of the Mental Health Act 2007 (minute 128)

2.0 WORKING PROGRAMME MATTERS

2.1 The current work programme (Appendix 1) provides an indicative schedule of items/ issues to be considered at future meetings of the Board. The work programme should be considered as a live document that will evolve over time to reflect any changing and/or emerging issues that the Board wishes to consider.

2.2 The work programme also provides an outline of other activity being undertaken on behalf of the Board outside of the formal meetings cycle.

3.0 RECOMMENDATIONS

3.1 From the content of this report, its associated appendices and discussion at the meeting, Members are asked to:

3.1.1 Note the general progress reported at the meeting;

3.1.2 Receive and make any changes to the attached work programme; and,
3.1.3 Agree an updated work programme.

4.0 BACKGROUND DOCUMENTS

None

Scrutiny Board (Health)
Work Programme 2008/09

Item	Description	Notes	Type of item
Meeting date – 12 December 2008			
Improving Sexual Health Among Young People Scrutiny Inquiry	To consider a report on teenage conception and sexual health as part of the Board's inquiry.	Part of the Boards inquiry	RP
GP-led Health Centre – scrutiny inquiry	To consider a report that provides a perspective on behalf of Leeds City Council on the proposal emerging from the NHS Next Stage Review.	Requested at November Board meeting	B
Vision for improving Stroke Care	To consider an outline of the vision for improving stoke care, including preventative measures and urgent medical and surgical interventions.	Requested at November Board meeting	B
Mental Health Act	To consider an update on the implementation of the Act, including examples of changing clinical pathways	Requested at October Board meeting	B
NHS Next Stage Review – High Quality Care for All	To consider the short, medium and long-term implications for the Health Trusts in Leeds and the people they serve.	Input from each NHS Trust is required.	B

Key:

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

Scrutiny Board (Health)
Work Programme 2008/09

Item	Description	Notes	Type of item
Meeting date – 20 January 2009			
Children's Hospital Services and Clinical Services Reconfiguration	To consider an update on the development of proposals.	Requested at Board meeting in November 2008	B
Review of National Blood Service Strategy	To consider an update on the proposed changes to the structure of NHS Blood and Transplant.		B
Performance Management	Quarter 2 information for 2008/09 (July-Sept)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Performance Report	To consider the latest performance report considered by the Primary Care Trust Board alongside the outcome of that consideration.	Performance Report presented to the Primary Care Trust Board on 20 November 2008.	PM
Health Proposals Working Group	To consider an update from the working group		B
Recommendation Tracking	This item track progress with previous Scrutiny recommendations on a quarterly basis		MSR

Key:

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

Scrutiny Board (Health)
Work Programme 2008/09

Item	Description	Notes	Type of item
Meeting date – 17 February 2009			
Renal Services	To consider an update on the services provided for renal patients, including transport arrangements, and an outline of any improvements made.	Previous update provided in October 2008. Invite Dennis Crane – National Kidney Federation	B
Health and Wellbeing Plan	To consider and comment on the draft plan, prior to it being considered by the Executive Board.	Added to the Budget and Policy Framework on 22/5/08(CG&A on 14/5/08) Scheduled to be considered by the Executive Board on 1st April 2009 and Council on 22nd April 2009	DP
Mental Health Act	To consider an update on the implementation of the Act.	Focus on specific work streams (TBC)	B
Joint Strategic Needs Assessment (JSNA) - update	To consider a further update on the development of a joint assessment that identifies the future needs of the populous of Leeds.	Previous report in November 2008.	B
Health Proposals Working Group	To consider an update from the working group		B

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

Scrutiny Board (Health)
Work Programme 2008/09

Item	Description	Notes	Type of item
Recommendation Tracking	This item track progress with previous Scrutiny recommendations on a quarterly basis.		MSR
Meeting date – 24 March 2009			
Neonatal Services	To consider an update report on the level of service provided and related performance.	The timing of the report may be affected by the outcome / publication of the review being undertaken by the joint NHS Task Group established to look at Neonatal Services across the country.	B
Performance Report	To consider the latest performance report considered by the Primary Care Trust Board alongside the outcome of that consideration.	Performance Report presented to the Primary Care Trust Board (to be confirmed).	PM

Key:

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

Scrutiny Board (Health)
Work Programme 2008/09

Item	Description	Notes	Type of item
Annual Health Check	To receive and consider the local NHS Trusts self assessment against the 24 "core standards" set by Government under the domains: • Safety; • Clinical and Cost Effectiveness; • Governance; • Patient Focus; • Accessible and Responsive Care; • Care Environment and Amenities; and, • Public Health	Precise timing to be confirmed	PM
Meeting date – 28 April 2009			
Renal Services	To consider an update on the transport arrangements for renal patients	Further update from January 2009 (TBC)	B
Mental Health Act	To consider an update on the implementation of the Act.	Focus on specific work streams (TBC)	B
Performance Report	To consider the latest performance report considered by the Primary Care Trust Board alongside the outcome of that consideration.	Performance Report presented to the Primary Care Trust Board (to be confirmed).	PM

Key:

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

Scrutiny Board (Health)
Work Programme 2008/09

Item	Description	Notes	Type of item
Performance Management	Quarter 3 information for 2008/09 (Oct-Dec)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Health Proposals Working Group	To consider an update from the working group		B
Annual Report	To agree the Board's contribution to the annual scrutiny report		

Key:

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

Scrutiny Board (Health)
Work Programme 2008/09

Working Groups			
Working group	**Membership**	**Progress update**	**Dates**
Health Proposals	Cllr Grahame Cllr Lamb Cllr McKenna Cllr Rhodes-Cayton Eddie Mack	➢ Initial terms of reference agreed on 22 July 2008 ➢ Revised terms of reference agreed on 16 September 2008 ➢ 8 September 2008 - notes attached for SB meeting held on 21 October 20 ➢ 6 October 2008 - issues discussed included: ▪ Project updates on: ○ Changes to GP services; ○ Urgent care services ▪ New Proposals around Older Peoples Mental Health service	*8 Sept. 2008* *6 Oct. 2008* *15 Dec. 2008* *3 Feb. 2009* *30 March 2009*
Improving Young Peoples Sexual Health	Cllr Grahame Cllr Monaghan Cllr Kirkland Cllr McKenna Somoud Saqfelhait	➢ Initially proposed to consider the issue of teenage pregnancy, the Board agreed to expand the scope of this inquiry to cover sexual health among young people in general. ➢ Terms of reference agreed 16 September 2008 ➢ Initial meeting held on 9 September 2008 – notes presented to the SB meeting held on 21 October 2008 ➢ Report scheduled for SB meeting in December 2008 ➢ Further working group meeting dates to be confirmed	*9 Sept. 2008*

Key:

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

Working Groups			
GP-led Health Centres	Cllr Grahame Cllr Kirkland Cllr Illingworth Eddie Mack	➢ Initial terms of reference agreed on 22 July 2008 ➢ Initial meetings / discussions held on 19 August 2008 and 21 August 2008. ➢ Summary of information provided by the Director of Primary Care presented to the SB meeting on 16 September 2008. ➢ Consultation analysis report presented to the SB on 16 September 2008 and referred to the working group further consideration. ➢ Site visit and discussion on refurbishment proposals held on 7 October 2008 ➢ Further working group meeting dates to be confirmed	*19 Aug. 2008* *21 Aug. 2008* *7 Oct. 2008* *(site visit)* *29 Oct. 2008*

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
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Scrutiny Board (Health)
Work Programme 2008/09

Unscheduled / Potential Items		
Item	**Description**	**Notes**
Review of National Blood Service Strategy	To consider the specific implications of the planned changes to the structure of NHS Blood and Transplant, including the closure of the blood testing and processing centre within Leeds.	At its meeting in July 2008, the Board considered proposed changes to the structure of NHS Blood and Transplant and the specific implications of closing the blood testing and processing centre within Leeds and transferring its operation to other centres in the North of England. The Board requested and received additional information regarding the proposals. A further update is expected in January 2009. It is likely that the Board will need to re-consider all the information provided to agree its position regarding the proposals and any additional scrutiny activity.
Children's Hospital Services and Clinical Services Reconfiguration	To consider an update on the full business case for the proposed service reconfiguration.	Originally scheduled for November 2008. Likely to be reported in Spring 2009, but the precise timing is to be confirmed

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

Scrutiny Board (Health)
Work Programme 2008/09

Unscheduled / Potential Items		
Item	**Description**	**Notes**
Specialised commissioning arrangements	To consider the current arrangements for specialised commissioning within the region and the role of scrutiny.	The planned Department of Health (DoH) consultation on developing / strengthening Health Scrutiny may have an impact.
Continuing Care Implementation	To consider the local impact and future activity associated with implementing the national framework for continuing NHS care, further to the report presented to the Executive Board in October 2007.	Lead Officer – Dennis Holmes. Need to consider format and timing of any report, the potential role and activity of the Board and that of the Adult Social Care Scrutiny Board.
Health and Well-being needs of local communities	To consider an outline of how the Health and Well-being needs of local communities are considered as part of process for the disposal/ re-assignment of Council assets.	Requested at Board meeting in November 2008. Precise nature/ scope to be confirmed.
Leeds Teaching Hospitals NHS Trust – foundation status	To consider the process and implications of the Leeds Teaching Hospitals NHS Trust bid to achieve foundation hospital status.	

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

EXECUTIVE BOARD

WEDNESDAY, 5TH NOVEMBER, 2008

PRESENT: Councillor R Brett in the Chair

Councillors A Carter, J L Carter, R Finnigan, S Golton, R Harker, P Harrand, J Procter, S Smith and K Wakefield

Councillor J Blake – Non voting advisory member

113 Exclusion of the Public

RESOLVED – That the public be excluded from the meeting during consideration of the following parts of the agenda designated exempt 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 public were present there would be disclosure to them of exempt information so designated as follows:

(a) Appendices 7 and 8 to the report referred to in minute 120 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the information contained in the appendices relates to the financial or business affairs of Bellway Homes Ltd, Bellway PLC, and the council. This information is not publicly available from the statutory registers of information kept in respect of certain companies and charities. It is considered that it is not in the public interest to disclose this information at this point in time as this could prejudice the commercial interests of the parties to the Shareholders Agreement. In particular, if Bellway or the Council wished to negotiate terms with other potential developers of a phase or part of a phase, those developers might gain an advantage in those negotiations by knowing the full commercial terms agreed in respect of exclusivity, competition and incentivisation, and how costs are met in respect of the phase approval process.

It is considered that whilst there may be a public interest in disclosure, the council's statutory obligations under sec 123 of the Local Government Act 1972, and under sec 32 of the Housing Act 1985 and the General Housing Consents 2005 to achieve the best consideration that can reasonably be obtained are unaffected by these arrangements, and indeed the phase approval process provides for this to be demonstrated at the initial stage of the process. In addition, much information about the terms of particular land transactions between the parties will be publicly available from the Land Registry following completion and registration. Consequently it is considered that the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.

(b) Appendices 1 and 2 and associated plans as referred to in minute 133 under the terms of Access to Information Procedure Rule 10.4(3) and

on the grounds, that as they evaluate the short listed bidders' proposals and their financial offers to develop the arena, compares the bidder's financial offers with the evolving Public Sector Comparators and set out the basis of the Council's legal agreements and funding contribution to facilitate the development of the arena, it is considered that the public interest in maintaining this information as exempt outweighs the public interest in disclosing the developer's proposals, the terms of the respective legal agreements and funding provision, as disclosure may prejudice the outcome of the procurement process and the cost to the Council for developing the arena.

114 Late Items

The Chair admitted the following late item to the agenda as follows:

Department of Health Extra Care Housing Fund Bid 2008-2010 (Minute 127)

The signed partnership agreement for the development must be in place by November 2008 in accordance with the terms of the grant by the Department of Health.

115 Declaration of Interests

Councillor J Procter declared a personal interest in the item entitled, 'Proposed Leeds Arena – Selection of Preferred Developer/Site', (minute 133) as the Chair of one of the subject companies was known to him.

Councillor Brett declared a personal interest in the item entitled, 'Older People's Day Services: Service Improvement Plan', (minute 125) as a member of Burmantofts Senior Action Committee.

Councillor Finnigan declared a personal interest in the item entitled, 'Skills Pledge, Train to Gain and Apprenticeships', (minute 131) as a Governor of Joseph Priestley College.

Councillor Blake declared a personal interest in the item entitled, 'Implementation of the Mental Health Act 2007', (minute 128) as a member of Leeds NHS Primary Care Trust.

116 Minutes

RESOLVED – That the minutes of the meeting held on 8th October 2008 be approved.

DEVELOPMENT AND REGENERATION

117 Adoption of the Supplementary Planning Document of the Street Design Guide and Response to the Deputation of the National Federation of the Blind

The Director of City Development submitted a report on the outcome of consultation on the Street Design Guide, on its proposed adoption as a Supplementary Planning Document and as a response to the concerns

expressed by the Leeds Branch of the National Federation of the Blind in their deputation to Council on 10th September 2008.

The Board noted that additional information which related to this matter had been received from the Leeds Branch of the National Federation of the Blind.

RESOLVED – That the report be deferred, with a further report being submitted to the Board following the consideration of the additional information received from the Leeds Branch of the National Federation of the Blind.

NEIGHBOURHOODS AND HOUSING

118 Area Delivery Plans for 2008/09

The Director of Environment and Neighbourhoods submitted a report seeking endorsement of the 10 Area Delivery Plans.

RESOLVED – That the 2008/09 Area Delivery Plans produced by the Area Committees be endorsed.

119 Public Private Finance Initiative Round 6 - Submission of Expression of Interest

The Chief Regeneration Officer submitted a report on the development of an expression of interest for the implementation of a programme of new house building in the city in order to create a range of Extra Care and Lifetime Homes provision in key locations through the support of Housing PFI Credits.

RESOLVED –

(a) That approval be given for the submission of the Expression of Interest to the CLG for Round 6 Housing PFI Credits of £271,000,000.

(b) That an Outline Business Case be developed for the implementation of a programme of new house building in the City to create a range of Extra Care and Lifetime Homes housing through the support of Round 6 Housing PFI Credits.

(c) That a further report be brought to this Board in early 2009 identifying land which will be required to deliver the programme.

120 EASEL Joint Venture Partnership

The Directors of Environment and Neighbourhoods and City Development submitted a joint report on a proposal to set up and operate a joint venture partnership through a private limited company with Bellway plc and Bellway Homes Ltd to deliver the Council's regeneration programme in east and south east Leeds.

Following consideration of appendices 7 and 8 to the report, designated as exempt under Access to Information Procedure Rule 10.4(3), which were considered in private at the conclusion of the meeting it was

RESOLVED –

(a) That the Board reaffirms that the primary objective of the EASEL initiative is to promote and improve the economic, social and environmental wellbeing of the EASEL area and its residents, having considered all of the matters in section 2 of the Local Government Act 2000 as set out in the report, and having also considered all of the evidence set out in the report relating to how the initiative is likely to promote and improve wellbeing in the EASEL area, and agrees that each aspect of the arrangements set out in the report is likely to promote or improve the economic, social and environmental wellbeing of the EASEL area and its residents in the manner set out in the report.

(b) That the terms of the Shareholders' Agreement for the Joint Venture Company as set out in the report be approved by Executive Board, together with the establishment of the JVCo with Bellway.

(c) That the first EASEL phase plan, showing the sixteen sites considered as priority for development in the EASEL area be approved.

(d) That the initial eight sites to be developed through the JVCo be approved.

(e) That delegation to the Director of City Development be authorised to make amendments to the phase plan to ensure the effective operation of the JVCo as set out in appendix 3 of the report.

(f) That the Directors of City Development and Environment and Neighbourhoods and Assistant Chief Executive (Corporate Governance) be authorised to conclude and execute the Shareholders' Agreement on behalf of the Council as set out in the report.

(g) That the development, by the JVCo, of the five neighbourhood plans be approved and that the Chief Regeneration Officer be authorised to manage the production of the neighbourhood plans with the JVCo subject to the completed plans being brought to this Board for final approval.

(h) That the use of the business case for project development to be operated by the JVCo be approved subject to final approval (by the Council as JVCo shareholder) of a project by Executive Board.

(i) That the delegations to the Chief Regeneration Officer and Director of City Development for the development of projects as set out in appendix 3 of the report be approved.

(j) That, as prospective shareholder, approval be given to the initial draft business plan and draft budget for the JVCo and to the delegations to officers to participate in the management of the JVCo as set out in appendix 3 of the report.

(k) That approval be given to the use of entry premium to fund the working capital of the company subject to approval of the JVCo draft business plan and draft budget.

(l) That the arrangements for providing additional working capital to the company once the entry premium is spent be noted.

(m) That the company dividends policy be approved and that responsibility on these issues be delegated to the Director of Resources as set out in appendix 3 of the report.

(n) That the development of an equity loan scheme on the first phase of the EASEL development sites using a commuted sum mechanism be authorised.
(o) That the delegations to the Chief Housing Services Officer on the details of the scheme be authorised.
(p) That the transfer of the remaining funds from the Amberton Park equity loan scheme to the EASEL equity loan scheme be approved.
(q) That the nomination of the Council's initial directors to the company be the Directors of City Development and of Environment and Neighbourhoods as unpaid directors subject to their acceptance of office and of the directors mandate.
(r) That the directors mandate for the Council's directors and the provision by the Council of the necessary indemnity insurance for the Council's directors be approved.
(s) That the arrangements for the appointment of future directors and deputies as set out in appendix 3 of the report be approved.
(t) That a report be submitted to the Board providing further information on the regenerative aspects of the project in addition to other potential sources of funding which could be pursued.

121 A Strategy for Improving Leeds Private Sector Housing

The Director of Environment and Neighbourhoods submitted a report on proposed future investment and regeneration proposals for private sector housing in Leeds with reference to findings of recent research into back-to-back housing and the most recent Leeds Private Sector Housing Condition Survey.

RESOLVED –
(a) That the findings of the report together with the actions undertaken by the Council to improve the private rented sector stock be noted.
(b) That a further report be brought to this Board on urgent action to tackle poor quality private housing.
(c) That a detailed submission be made to the Homes and Communities Agency setting out a costed programme of investment over the next five years.
(d) That a report be brought back to this Board on the outcome of discussions as part of a comprehensive plan to improve private sector housing in Leeds with a focus on back-to-back housing.

CHILDREN'S SERVICES

122 Deputation to Council - The need of Local Schools and Communities for Sports Facilities in the Hyde Park Area

The Chief Executive of Education Leeds submitted a report in response to the deputation to Council from local Hyde Park residents on 10th September 2008.

A revised version of the report which provided more detailed information in the form of paragraphs 5.3 to 5.5, and minor clarification to wording in paragraph 5.1, had been circulated to Members prior to the meeting.

RESOLVED – That the report be deferred, with a further report being submitted to the Board for consideration in due course.

123 Inclusion and Early Support: Hawthorn Centre Deputation to Council

The Acting Chief Officer Early Years and Integrated Youth Service submitted a report in response to the deputation to Council from representatives of Leeds Mencap on 10th September 2008.

RESOLVED – That the Board accept the report showing how Hawthorn had the opportunity to be involved throughout the commissioning process and how as a result of that process, services will continue to be provided that meet the needs of disabled children and their families and look to further develop the quality of that support in the future.

(Under the provisions of Council Procedure Rule 16.5, Councillor Wakefield required it to be recorded that he abstained from voting on the decisions contained within this minute)

LEISURE

124 Radio Frequency Identification (RFID) New Technology in Libraries - Phases 3 and 4.

The Director of City Development submitted a report on a proposal to complete the installation programme of Radio Frequency Identification technology in libraries to enable self service within libraries allowing them to open for longer hours at a reduced cost.

RESOLVED – That approval be given for the injection of £1,249,950 into the 2008/09 Capital Programme, funded by the Strategic Development Fund, and that scheme expenditure in the same amount be authorised.

ADULT HEALTH AND SOCIAL CARE

125 Older People's Day Services: Service Improvement Plan

Further to minute 46 of the meeting held on 16th July 2008 the Director of Adult Social Services submitted a report on progress of work undertaken to implement the proposals which were approved and on other ongoing work in relation to the pilots and developing locality plans which will set out how the service model will be delivered city wide.

RESOLVED –

(a) That the Board notes the work which has been done to implement the decision of July 2008 relating to Richmond Hill Day Centre, Farfield, the Willows and Pendas Way and agrees the proposal that day services no longer be provided on those sites.

(b) That the related commitment to reinvest in older people’s services be noted together with the progress being made to develop locality plans to deliver the new service model through pilots, consultation and other detailed work.

(c) That further reports be brought to this Board in 2009 as the change process progresses.

(Under the provisions of Council Procedure Rule 16.5, Councillor Wakefield requested it to be recorded that he abstained from voting on the decisions contained within this minute).

126 The Mental Capacity Act 2005

The Director of Adult Social Services submitted a report on the principal requirements and implications associated with the implementation in Leeds of the Mental Capacity Act 2005 and outlining the requirements of the Deprivation of Liberty Safeguards which are incorporated into the Act.

RESOLVED –

(a) That the key features of the Act, as highlighted in the report, be noted together with progress made to date in its full implementation and the plans which are being progressed to raise greater awareness among the public of its provisions and implications.

(b) That the content of the annual report of the Articulate Advocacy Service also be noted.

127 Department of Health Extra Care Housing Fund Bid: 2008-2010

Further to minute 94 of the meeting held on 8th October 2008, the Chief Officer Adult Social Care submitted a report which clarified the cost implications of the proposal to redevelop Hemingway House older persons residential home in Hunslet.

RESOLVED –

(a). That the proposal to develop 45 units of Extra Care Housing for older people on the site of Hemingway House, in partnership with Methodist Homes Association and the Primary Care Trust be approved.

(b). That the sale of the land at Hemingway House at less than best value to a value foregone of £525,000 be endorsed.

128 Implementation of The Mental Health Act 2007

The Director of Adult Social Services submitted a report advising of the main changes to the Mental Health Act and on the submission of the Implementation Self Assessment Tool to the Department of Health in June of this year.

RESOLVED – That the report be noted.

<u>CENTRAL AND CORPORATE</u>

129 Financial Health Monitoring 2008/09 - Half Year Report

The Director of Resources submitted a report on the Council's financial health position for 2008/09 after six months of the financial year, covering revenue expenditure and income to date compared to the approved budget, the projected year end position and proposed actions to work towards achieving a balanced budget by the year end. The report also provided an

update on the general fund capital programme and highlighted the position in relation to other key financial indicators.

RESOLVED –
(a) That the projected financial position of the authority after six months of the new financial year be noted.
(b) That directorates continue to develop and implement action plans.
(c) That Council be recommended to approve the budget adjustments as described in section 3 of the report.

(Under the provisions of Council Procedure Rule 16.5, Councillor Wakefield required it to be recorded that he abstained from voting on the decisions contained within this minute).

130 Treasury Management Strategy Update 2008/09
The Director of Resources submitted a report providing a review and update of the Treasury Management Strategy for 2008/09 which was approved by the Board on 8th February 2008.

RESOLVED –
(a). That the report be noted.
(b). That the Board's thanks be extended to those colleagues employed within the field of Treasury Management for the valuable work which they continue to undertake.

131 Skills Pledge, Train to Gain and Apprenticeships
The Director of Resources submitted a report on three key initiatives arising from the national skills improvement agenda, namely 'The Skills Pledge', 'Train to Gain Funds' and 'Apprenticeships'.

RESOLVED –
(a) That this Board endorses the signing of the Skills Pledge and the associated action plan to ensure maximisation of Train to Gain funding and improved skills levels.
(b) That the changes in approach to the provision of apprenticeships in the Council be noted.

132 Information Governance Framework
The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report on a proposed Information Governance Framework as the corporate model for implementing information governance across the Council.

RESOLVED –
(a) That the Information Governance Framework be approved as a method for defining the Council's approach to information governance and setting out the policies, procedures and standards required to deliver the information governance objectives.
(b) That the intention of the Assistant Chief Executive (Planning, Policy and Improvement) to sign-off relevant policies and procedures

associated with the Framework under the Council's delegated decision making arrangements be endorsed.

DEVELOPMENT AND REGENERATION

133 Proposed Leeds Arena, Selection of Preferred Developer/Site

The Director of City Development submitted a report on progress made with the procurement of a developer and site for the proposed Leeds Arena, on the proposed preferred and reserve sites for the development and necessary financial approvals.

Appendices 1 and 2 and associated plans were designated as exempt under Access to Information Procedure Rule 10.4(3). Appendix 2 and associated plans were circulated at the meeting.

Following consideration of the 2 exempt appendices and associated plans in private at the conclusion of the meeting it was

RESOLVED –

(a) That the developer procurement competition for the arena be terminated without the award of a contract.

(b) That Claypit Lane be approved as the preferred site for the development of an arena.

(c) That Elland Road be approved as the reserve site for the development of an arena.

(d) That in the event that the preferred site cannot be delivered or it ceases to be the most economically viable or it no longer offers the best value for money to the Council, the Director of City Development with the concurrence of the Executive Member for Development and Regeneration be authorised to take appropriate action to pursue the development at Elland Road as the reserve site for the proposed development of an arena.

(e) That the acquisition of the site of the Brunswick Building from Leeds Metropolitan University on the terms detailed in the report be approved.

(f) That the Directors of Resources and City Development be authorised to enter into a legal agreement with Town Centre Car Parks Ltd on the terms as detailed in the report on the basis that such an agreement is economically advantageous to the Council and will financially support the development of an arena on the preferred site.

(g) That authority be given to incur expenditure as detailed in the report from existing Capital Scheme No 13307 on the acquisition of the site of the Brunswick Building, its demolition and the cost of fees to progress design/cost proposals and the project delivery model.

(h) That officers report back on the proposed project delivery model and scheme proposals/costs for the development of an arena on the preferred site.

(i) That the transfer of funds as detailed in the report from the Strategic Development Fund into existing Capital Scheme No 13307 be authorised.

(j) That authority be given for an injection of funds as detailed in the report into existing Capital Scheme No 13307, comprising funding from Yorkshire Forward (subject to formal approval from the Yorkshire Forward Board) with the balance in the first instance to be funded from unsupported borrowing.

(The matters referred to in this minute were not eligible for Call In on the basis that the City Council took the decision to pursue a two stream procurement process to select a preferred developer/site for the proposed arena at a meeting of the Executive Board on 13 December 2006. Thereafter, at its meeting on 4 July 2007, Executive Board authorised the Director of City Development under the Council's scheme of delegation, to approve the short listing of potential developers/sites during the Competitive Dialogue Procurement process. Both decisions taken by the Executive Board were subject to the Council's Call In procedures. The decisions contained within this minute which relate to the selection of the preferred site for the arena are consistent with the decisions taken by Executive Board in December 2006 and July 2007.

The matters relating to the proposed legal agreements to be entered into to progress the arena development on the preferred site, the proposed funding arrangements and the authority to incur expenditure, were also designated as exempt from Call In. This is due to the fact that under the Council's Constitution, a decision may be declared as being Exempt from Call In if it is considered that any delay in concluding the funding arrangements and legal agreements may result in parties to the agreements seeking to renegotiate the terms of such agreements and as such could increase the level of public sector gap funding required to facilitate the arena development.)

134 Former Horsforth Library - Refurbishment for Youth Centre and Area Management Team Accommodation

The Director of City Development submitted a report on the proposed refurbishment of the former Horsforth library building to provide accommodation for a youth centre and the area management team and for use by the Area Committee.

RESOLVED – That authority be given for expenditure of £895,000 on this scheme.

135 Proposed Takeover of HBOS by Lloyds TSB

The Director of City Development submitted a report providing an update on the action being taken locally in relation to the proposed takeover of HBOS by Lloyds TSB; the takeover of Bradford and Bingley by the Government, and sale of some of its assets.

The Board was advised of the recent announcement that the Carlsberg Tetley Brewery in Leeds was due to close in 2011. In response the Board discussed potential ways in which the Council could assist those affected by the closure.

RESOLVED – That the report be noted, that the actions being taken be endorsed and that further reports be brought back to the Board as the position becomes clearer.

ENVIRONMENTAL SERVICES

136 Waste Solution for Leeds - Residual Waste Treatment PFI Project - Evaluation Methodology and Update

The Director of Environment and Neighbourhoods submitted a report on progress of the project, on proposed criteria and sub-criteria for the evaluation of bids, identifying a price ceiling above which bidders may be disqualified and on the proposed approach to dealing with third party waste.

RESOLVED –

(a) That the report be noted and approval given to the criteria, sub-criteria and weightings for the evaluation of bids received for the project.

(b) That the revised Price Ceiling resulting from the change in the waste flow model be noted and that this Board approves that any bids received above this ceiling may not proceed further in the procurement.

(c) That the approach towards third party waste be approved.

(Under the provisions of Council Procedure Rule 16.5, Councillor Wakelfield required it to be recorded that he voted against the decisions taken in this minute)

DATE OF PUBLICATION: 7TH NOVEMBER 2008
LAST DATE FOR CALL IN: 14TH NOVEMBER 2008

(Scrutiny Support will notify Directors of any items Called In by 12.00 noon on Monday 17th November 2008)

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