



SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)

Meeting to be held in on
Wednesday, 25th January, 2012 at 10.00 am

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

MEMBERSHIP

Councillors

R Charlwood - Moortown;
C Fox - Adel and Wharfedale;
S Armitage - Cross Gates and Whinmoor;
K Bruce - Rothwell;
J Chapman - Weetwood;
A Hussain - Gipton and Harehills;
W Hyde - Temple Newsam;
J Illingworth - Kirkstall;
G Kirkland - Otley and Yeadon;
L Mulherin (Chair) - Ardsley and Robin Hood;
S Varley - Morley South;

Co-optees

Joy Fisher Alliance of Service Users
Sally Morgan Equality Issues
Betty Smithson Leeds LINK
Paul Truswell Leeds LINK

Please note: Certain or all items on this agenda may be recorded

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND THE PUBLIC</p> <p>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.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>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:-</p> <p>No exempt items on this agenda.</p>	

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 AND NOTIFICATION OF SUBSTITUTES

To receive any apologies for absence and notification of substitutes.

6

MINUTES

To approve the minutes of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting held on 21st December 2011

(minutes attached)

1 - 12

7

REDUCING SMOKING - THE DRAFT LEEDS TOBACCO ACTION PLAN 2012 - 2015

To consider a report of the Head of Scrutiny and Member Development on the draft Leeds Tobacco Action Plan 2012 – 2015

A copy of the draft Leeds Tobacco Action Plan 2012 – 2015 will be sent out separately

(report attached)

13 -
16

8		<p>URGENT CARE SERVICES - CONSULTATION</p> <p>To consider a report of the Head of Scrutiny and Member Development on consultation on proposals for the provision of Urgent Care Services in Leeds, which have been categorised as a level 4, ie major/substantial service change</p> <p>(report attached)</p>	17 - 34
9		<p>MAJOR TRAUMA IN YORKSHIRE AND THE HUMBER - LOCAL IMPLICATIONS</p> <p>To consider a report of the Head of Scrutiny and Member Development on proposed changes to the patient pathways for Major Trauma across Yorkshire and the Humber</p> <p>(report attached)</p>	35 - 44
10		<p>REVIEW OF CHILDREN'S NEUROLOGICAL SERVICES - LOCAL IMPLICATIONS</p> <p>To consider a report of the Head of Scrutiny and Member Development updating the Board on the progress of the national review of children's neurological services in England</p> <p>(report attached)</p>	45 - 52
11		<p>WORK SCHEDULE - JANUARY 2012</p> <p>To consider are report of the Head of Scrutiny and Member Development setting out the work schedule for the Board for the current municipal year</p> <p>(report attached)</p>	53 - 98

DATE AND TIME OF THE NEXT MEETING

Wednesday 29th February 2012 at 10.00am – pre-meeting for all Board Members at 9.30am

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Agenda Item 6

SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)

WEDNESDAY, 21ST DECEMBER, 2011

PRESENT: Councillor L Mulherin in the Chair

Councillors C Fox, J Chapman, A Hussain,
J Illingworth, G Kirkland, S Varley,
G Driver, M Robinson and N Walshaw

Co-opted Members – J Fisher and P
Truswell

44 Declarations of Interest

No declarations of interest were made at this point, although a declaration was made later in the meeting (minute 50 refers)

45 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from:

Councillor Bruce who was substituted by Councillor Driver
Councillor Charlwood who was substituted by Councillor Walshaw
Councillor Hyde who was substituted by Councillor Robinson
Councillor Armitage
Sally Morgan – Equality Issues
Betty Smithson – Leeds LINK

The possibility of obtaining substitutes for Co-opted Members who had given their apologies was raised. It was understood that the Council's constitution precluded this, but it was agreed that this would be discussed with the Council's Head of Scrutiny and Member Development

46 Minutes of the Previous Meeting

RESOLVED - That the minutes of the Scrutiny Board (Health and Well-being and Adult Social Care) meeting held on 25th November 2011 be approved

47 Yorkshire Ambulance Service (YAS) - Foundation Trust Proposals

Further to minute 41 of the Board's meeting held on 25th November 2011, where Members received a report on the Yorkshire Ambulance Service (YAS) NHS Trust's proposals to become a Foundation NHS Trust (FT), the Board

Draft minutes to be approved at the meeting
to be held on Wednesday, 25th January, 2012

considered a further report. Appended to the report was a copy of the consultation document prepared by YAS; a list of issues/queries raised by the Board at the previous meeting with written responses provided by YAS together with a copy of the Board's interim consultation response

Attending for this item and representing YAS were:

- David Whiting –Chief Executive – YAS
- Fiona Barr – Foundation Trust Programme Director – YAS
- Paul Mudd – Operations Manager – YAS

Members queried and commented on the following matters:

- funding for new ambulances, with the Board being informed that the A&E ambulances were a relatively young fleet but that some improvements were proposed to the Patient Transport Service fleet
- whether two Local Authority representatives were sufficient to properly represent such a large population which differed considerably in terms of geography, demographics, communities and needs. On this matter, the Board was informed that the Foundation Trust legislation only required one Local Authority representative to be an Appointed Governor but that two places were being proposed; these being one representing rural areas which would be East Riding of Yorkshire Council and one representing cities, which would be Sheffield City Council. It was the view of the YAS Executive that while trying to balance the diversity of the Yorkshire region, the Council of Governors should be manageable in number and be active and well developed. Advice obtained from other FT Ambulance Services had highlighted the importance of a relatively small Council of Governors as a large Governing Body could become unwieldy
- details of the process which had been undertaken to select these two Local Authority representatives was requested. Mr Whiting stated that this had been discussed at their Board level. Concerns were raised by the Board that there had not been a democratic process carried out on this issue
- the process for electing Public Governors; the measures in place to ensure these would properly represent the region across all areas; how hard to reach groups would be represented; the need for equality and whether any positive discrimination would be applied. Ms Barr informed the Board that links had been made with many groups and that early indications were that there was a good mix of people wishing to become governors. YAS sought advice from Leeds City Council on how to ensure all groups were represented
- the importance of recruiting actively from under-represented areas. On this matter, Members were informed that as part of the tests for FT status, YAS would need to demonstrate their membership was representative of its area. The Board was also advised there would be a drive to encourage membership early in 2012
- the Government's position on FTs and whether, given a choice, YAS would currently be seeking to become a FT. Mr Whiting stated that

irrespective of the requirement to either become a FT by April 2014 or be merged with another FT, YAS would be seeking FT status; that the very planning for this had led to improvements in service. It was stated that YAS could make a positive contribution to the quality of services that would align with the Government's aim of providing more services to patients in their own homes – resulting in lower hospital admissions

- the working relationship between the FT and Local Authorities with concerns about whether Leeds would receive what it needed from the service. The Board was informed that moving to FT status would not hinder the way YAS worked locally
- the regulation role of Monitor in the authorisation process and beyond
- funding/financial issues and the transfer of assets to the Foundation Trust. Mr Whiting highlighted the importance of demonstrating financial stability and that it was for YAS to create a level playing field before authorisation. In terms of income, this would not change but FT status would allow for greater borrowing which would help initiate some of the developments and improvements YAS wished to carry out. As part of the work towards FT status, YAS's 5 year plan would be rigorously tested by Monitor
- cross-border work and funding, with Mr Whiting explaining the process of mutual aid which operates across all 11 Ambulance Trusts

Members continued to voice their concerns at the limited Local Authority representation proposed for the Council of Governors particularly that not only was there no representation for Leeds with a population in the region of 750,000 people, but there was no representation for the Leeds City Region or for the whole of West Yorkshire. Whilst accepting there could not be a representative from each of the 13 Local Authorities, the Chair asked that consideration be given to having a representative from each of the traditional 4 Ridings

Mr Whiting agreed to take these concerns back to the YAS Executive Board for detailed debate and consideration and stated that whilst it was inevitable that some Local Authorities would not be represented individually, the suggestion of a Local Authority representative from the East, West, North and South Ridings of Yorkshire could be considered

RESOLVED - To note the information provided and the comments now made and that a further response from the Board would be sent on the proposals for YAS NHS Trust to become a Foundation Trust

48 2011/12 Quarter 2 Performance Report

Members considered a report of the Assistant Chief Executive (Customer Access and Performance) providing a summary of the quarter 2 performance data relevant to the Scrutiny Board (Health and Well-being and Adult Social Care), with two key issues being highlighted; the budget and health

inequalities. Appended to the report were detailed City Priority Plan performance reports in respect of the following priorities:

- Help protect people from the harmful effects of tobacco
- Support people to live safely in their own homes
- Give people choice and control over their health and social care services, and
- Make sure that people who are the poorest improve their health the fastest

The latest performance report from NHS Airedale, Bradford and Leeds was also provided, which gave an overview of performance against key performance indicators for the Leeds element of the NHS Airedale, Bradford and Leeds Cluster

Attending for this item were:

- Councillor Lucinda Yeadon – Executive Member (Adult Health and Social Care)
- Heather Pinches – Performance Manager Planning, Policy and Improvement LCC
- Dr Ian Cameron – Joint Director of Public Health – NHS Leeds and LCC
- Sandie Keene – Director Adult Social Services LCC
- Stuart Cameron-Strickland – Head of Policy, Performance and Improvement Adult Social Services – LCC

Considering the City Priority Performance Plan reports and the Adult Social Care Directorate Scorecard, the key areas of discussion were:

- Safeguarding referrals, the increased focus on safeguarding for adults in view of recent media coverage of incidents in other parts of the country; the multi-agency approach and the importance of Elected Members taking an interested view in Adult safeguarding
- Budgetary pressures; that the overspend was decreasing and that this could be attributed to the work being done to enable people to live in their homes for longer, thereby decreasing the amount of time people needed to spend in residential or nursing home care

Members raised concern that the print used to produce the report was especially small, which may lead to the document not being used to full effect due to the difficulties reading it

Considering the report provided by Airedale, Bradford and Leeds NHS setting out performance for Leeds, the key areas of discussion were:

- Fractured neck of femur operated within 48 hours, with concerns being raised that performance had decreased and that delays could lead to fatalities

- 30 day readmission rates, following elective discharge and that these remained too high
- Emergency home visits and that waiting times of 1 and 2 hours were lengthy
- C.difficile rates
- Diabetes treatment
- Health visitor numbers
- Stroke care, with concerns that the information provided lacked clarity
- Alcohol related harm, particularly whether there was sufficient treatment slots available for those in need

Dr Cameron responded to the points raised by Members and provided the following information:

- That the concerns raised were noted and that much work was being carried out to address the issues highlighted by the performance indicators and as a result it was hoped that an improving picture would be seen when this data was next presented
- There had been significant progress in addressing the occurrence of MRSA and that addressing C.difficile rates was a top priority for the local health economy. It was confirmed that the situation was improving but it was likely that it would take time for improvement activities to translate into an improved performance indicator due to the significance of the issue
- That over recent years greater investment had been directed towards bariatric surgery to help counteract the health impacts associated with obesity, including diabetes and that further trend information would be provided
- That as part of the proposed NHS reforms, responsibility for services for 0-5s would remain with the NHS until at least 2015
- That a further written response would be provided on the performance indicator for stroke care and the actions taken to improve performance in relation to the operation times to treat fractured neck of femur episodes
- It was confirmed that currently there were not enough treatments slots for people with alcohol related issues, although additional financial investment was to be directed to this area next year, subject to priority setting

The Board discussed the possibility of receiving data captured over a longer period of time which would enable trends to be identified. In responding, Dr Cameron informed Members that the way the data had been produced had already been the subject of much debate; that any changes to the format would need to be considered by colleagues in the NHS and that he would take this request back for consideration

The Board also discussed the process for setting targets and whether these should be determined locally

In responding, Dr Cameron referred to the NHS Outcomes Framework which provided a suite of indicators aimed at measuring outcomes. It was suggested that in the future, Scrutiny Board might wish to consider how the 3 Clinical Commissioning Groups and the NHS Commissioning Board were performing against this suite of indicators

RESOLVED –

- i) To note the two key issues of the budget and health inequalities which were highlighted
- ii) To note the overall progress in relation to the delivery of the Health and Wellbeing City Priorities and that a Scrutiny Inquiry into Tobacco would commence in January 2012
- iii) To note the information provided by NHS Airedale, Bradford and Leeds and the comments made by Dr Cameron
- iv) To note that further information would be provided to the Board by Dr Cameron on the following issues:
 - the layout of performance indicator reports
 - bariatric surgery
 - stroke care

49 Scrutiny Inquiry : Health Inequalities

Further to minute 39 of the meeting held on 25th November 2011 which detailed the Board's first session into its Inquiry on Health Inequalities, the Board undertook its second session

Following on from the Director of Public Health's presentation on the JSNA at the meeting on 25th November 2011, the Board considered some specific examples of the data sets which formed part of the JSNA refresh; these providing both statistical information and commentary. Appended to the report were draft data sets in respect of the following:

- Coronary heart disease (CHD)
- Active lifestyles
- Smoking and tobacco

In the context of the Inquiry, premature mortality from CHD was considered with the above data sets being explored as affecting life expectancy

The following people were present for this item

- Dr Ian Cameron – Joint Director of Public Health – NHS Leeds/LCC
- Lucy Jackson – Consultant in Public Health – NHS Airedale, Bradford and Leeds
- Nichola Stephens – Senior Information Manager – NHS Airedale, Bradford and Leeds

Dr Cameron provided information exploring the link between poverty, income and health and to assist the debate, the following draft data sets were also appended to the report:

- Homes and Housing
- Child Poverty
- Deprivation
- Incomes and Benefits

To highlight the health inequalities which existed within Leeds, information had been provided indicating health inequalities citywide as well as in deprived and non-deprived areas of Leeds. Dr Cameron provided a slide presentation which brought the issues into sharp focus when considering data relating to two different areas of Leeds; Gipton South and Adel. Details were also provided on the Leeds Observatory, a website which when completed would be the mechanism for accessing data, enabling links and searches to be made to provide both general and postcode specific profiles of a range of health and wellbeing related data

As the issue of smoking and tobacco would be the subject of a discussion in January 2012, the Chair asked that Members wait until then to discuss any specific issues in this area

In summary, the key areas of discussion were:

- the focus of the Board and whether this should be on the key causes of premature mortality or to look wider and at areas which over the long-term could lead to improved health and less inequalities
- mortality rates and differences between men and women
- housing; the impact of poor housing on health
- the link between poverty and health and the likely negative impact of changes to the benefits system
- the introduction of the health premium with concerns this could lead to pressure being placed on health professionals to register data in a certain way
- the fluid nature of the population in some areas of Leeds and the distortion to the data caused by the large student population
- whether or not significant improvements/results could be achieved
- data quality and reporting rates among local GPs
- the range of data being collected; that winter deaths should be recorded and the importance of including details of residential properties in the city which had been adapted

Dr Cameron and his colleagues responded and provided the following information

- that to secure quick wins, it was appropriate to concentrate on heart and respiratory disease. However it should be recognised that health inequalities were across the life course and that possibly greater

benefits would be seen by focusing on longer-term building blocks/health determinants and how these are affected by Council policies/strategies

- that Leeds Metropolitan University had recently concluded a major piece of work looking at health and gender issues. It was outlined that it was important to make best use of the research skills and expertise that existed within Leeds for the benefit of its citizens
- that encouraging data was being seen to suggest that the NHS Healthcheck was being taken up equally by women and men
- that data packs indicated the number of homes in the city which did not meet decency standards and that through the JSNA it was hoped to raise the profile of this important determinant
- that further information on the health premium would be provided in a future report
- that the areas identified as being deprived were not seen collectively; that there were differences and that understanding the dynamics of each area was vital to help ensure services were tailored accordingly
- that the inequalities within Leeds were often masked due to the size of the City. It was recognised that historically this had led to the City missing out on a number of funding streams

The Chair welcomed Dr Cameron's comments on the best approach to be taken and suggested that the working group looking at this subject in greater depth, invite input from representatives of Housing, Planning, Leisure and Education. It was also suggested that the working group meetings take place at venues in some of the City's deprived areas, ie Inner East, Inner South and Inner West. Consideration should also be given to inviting representatives from Leeds Metropolitan University who had carried out a study on gender and health

RESOLVED - To note the report, the presentation and comments now made and that a series of working groups be held in January, February and March to undertake detailed scrutiny of key issues

50 Scrutiny Inquiry : Consultation

Further to minute 19 of the Board's meeting held on 21st September which detailed the Board's first session on its Inquiry into Consultation, the Board undertook its second session

The Board considered a report of the Head of Scrutiny and Member Development and a report from NHS Airedale, Bradford and Leeds on consultation and patient involvement. Appended to the reports was information from the Clinical Commissioning Groups (CCGs); Leeds Involving People – a user-led charity which championed the voice of service users and carers and an NHS Confederation discussion paper of October 2011 entitled *Patient and public engagement in the new commissioning system*

Attending for this item were the following:

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to be held on Wednesday, 25th January, 2012

- Matt Neligan – Executive Director Commissioning Development – NHS Airedale, Bradford and Leeds
- Dr Andy Harris – Leeds South and East CCG (Leodis)
- Dr Jason Broch – Leeds North CCG (Calibre)
- Dr Gordon Sinclair – Leeds West CCG (H3Plus)
- Barry Naylor – Chair Leeds Involving People
- Jagdeep Passan – Chief Executive – Leeds Involving People
- Tim McSharry – Management Committee – Leeds Involving People
- Joseph Alerdice – Involvement and Development Officer – Leeds Involving People

Joy Fisher declared a personal interest through being a member of the Alliance of Service Experts which was served by Leeds Involving People which were making a presentation to the Board and through knowing many of the people present for this item

The Board heard first from the Executive Director (Commissioning Development) and the CCG representatives, receiving information on:

- the changeover process for responsibilities shifting from the PCTs to the CCGs, including an outline of the authorisation process. It was outlined that CCGs would become formal sub-committees of the PCT and that shadow arrangements would be in place from April 2012, in preparation for CCGs taking over responsibility from April 2013
- the three CCGs, the geographical areas covered, including population and number of GP practices
- the work undertaken by each of the CCGs in respect of patient and public involvement and the importance of this under the proposed NHS reforms
- the on-going feedback and dialogue that CCGs and the constituent GPs had through daily contact with patients. The invaluable resource this provided was also discussed

The Board questioned the CCG representatives, with the key points of discussion being:

- data quality
- the difficulties of setting up and maintaining community groups especially in deprived areas; that multi-issue consultation and engagement was encouraged and the need to work with partners to achieve this
- the importance of retaining and using existing resources, groups and networks
- that adequate time be allowed for consultation
- the variations between the CCGs priorities and the potential impact this may have across the City

- the importance of benchmarking and independently auditing consultations
- the timescales for achieving the required level of meaningful engagement with patients, carers and communities, as part of the authorisation process
- geography – including how cross-boundary issues would be addressed, with some parts of the city split geographically and where other areas bordered different local authority/CCG areas

The Chair stated that once the Inquiry into consultation had concluded, a Scrutiny Inquiry Report would be produced and was likely to include details of what was expected when consulting, with a set of minimum standards. Mr Neligan welcomed the proposed report and stated that any recommendations would be a key part of how the CCGs in Leeds carried out their involvement and engagement processes

The Board then heard from representatives of Leeds Involving People. Details of the work carried out by the organisation and a copy of their latest newsletter were presented for Members' information

The key points presented to the Board were:

- the definition of consultation and its role in involving people
- the amount of consultation being carried out and the importance of ensuring this remained manageable in order to keep people fully engaged
- the importance of feedback to participants following the conclusion of any consultation and associated decisions
- partnership working to obtain better outcomes from consultation and the economic efficiencies of good consultation
- that consultation should be people driven, with accessibility and inclusiveness being core elements
- the need to recognise when evaluating consultation that the number of returned surveys was not necessarily evidence of qualitative consultation and that surveys alone did not necessarily represent a good form of consultation
- that 'making reference to' or enabling people to 'comment on' issues was not involvement
- the benefits of successful consultation and involvement both to large organisations such as the Council and NHS and to groups and individuals and equally the problems which occurred following bad consultation and poor involvement
- that Leeds Involving People was an active Service-User led organisation which was constantly evolving and taking on board modern methods of involvement and could be viewed as a critical friend

The Chair thanked the Leeds Involving People representatives for their comprehensive and informative presentation

RESOLVED - To note the information provided and the comments now made and that the evidence gathered by the Board would be drawn up into a draft report for consideration at the February Board meeting

51 Work Schedule

The Head of Scrutiny and Member Development submitted a report together with a copy of the Board's current work programme. Also appended to the report was the Council's current Forward Plan – 1st December 2011 to 31st March 2012 relating to the Board's portfolio and terms of reference

RESOLVED - To note the information provided and to agree the work schedule presented in Appendix 1

52 Date and Time of the Next Meeting

Wednesday 25th January 2012 at 10.00am (pre-meeting for all Board Members at 9.30am)

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Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 25 January 2012

Subject: Reducing Smoking – the draft Leeds Tobacco Action Plan (2012 -15)

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary of main issues

1. The purpose of the report is to present the draft Leeds Tobacco Action Plan (2012 - 15) – attached at Appendix 1. This action plan aims to implement the national tobacco action plan (*Healthy Lives, Healthy People: A Tobacco Control Plan for England*) at a local level in Leeds and reflects the key themes presented in the National Tobacco Action Plan, namely:
 - Stopping the promotion of tobacco
 - Making tobacco less affordable
 - Effective regulation of tobacco products
 - Helping tobacco users to quit
 - Reducing exposure to second-hand smoke
 - Effective communications for tobacco control

National context

2. Healthy Lives, Healthy People: a Tobacco Control Plan for England (March 2011) sets out how tobacco control will be delivered in the context of the new public health system, focusing in particular on the action that the Government will take nationally over the next five years to drive down the prevalence of smoking and to support comprehensive tobacco control in local areas. It includes commitments to:
 - implement legislation to end tobacco displays in shops;
 - look at whether the plain packaging of tobacco products could be an effective way to reduce the number of young people who take up smoking and to

support adult smokers who want to quit, and consult on options by the end of the year;

- continue to defend tobacco legislation against legal challenges by the tobacco industry, including legislation to stop tobacco sales from vending machines from October 2011;
- continue to follow a policy of using tax to maintain the high price of tobacco products at levels that impact on smoking prevalence;
- promote effective local enforcement of tobacco legislation, particularly on the age of sale of tobacco;
- encourage more smokers to quit by using the most effective forms of support, through local stop smoking services; and
- publish a three-year marketing strategy for tobacco control.

3. Through the actions described in the national plan, the Government aims to reduce smoking rates faster in the next five years than has been achieved in the past five years. The plan sets out national ambitions to:

- Reduce adult (aged 18 or over) smoking prevalence in England to 18.5 per cent or less by the end of 2015 (from 21.2 per cent), meaning around 210,000 fewer smokers a year.
- Reduce rates of regular smoking among 15 year olds in England to 12 per cent or less (from 15 per cent) by the end of 2015.
- Reduce rates of smoking throughout pregnancy to 11 per cent or less (from 14 per cent) by the end of 2015 (measured at time of giving birth).

Local context

4. A Leeds Tobacco Control Management group is currently working to achieve the commitment and agreement of Leeds city Council (LCC) directorates and partners for actions to be delivered within the plan. The key timescales with regard to the production of the plan are as follows.

- Production of 1st Draft of Strategic Action Plan: January 2012
- Consultation on 1st Draft of Strategic Action Plan: February/March 2012
- Production of final Strategic Action Plan: April 2012
- Strategy and Action Plan approved by Health and Wellbeing Board: April 2012
- Action Plan published and launched: May 2012

5. Presenting the draft Action Plan provides an opportunity for the Scrutiny Board to examine and explore the local issues described, alongside the proposed actions and put forward any appropriate recommendations.

6. The Joint Director of Public Health has been invited to attend the meeting to present the draft action plan and address questions raised by members of the Scrutiny Board. In addition, a representative from West Yorkshire Trading Standards has also been invited to attend the meeting to outline the contribution of Trading Standards in both developing and implementing the action plan.

Recommendations

7. To consider the draft Leeds Tobacco Strategy / Action Plan (2012 -15) and determine any specific comments and/or recommendations in relation to the issues an proposed actions outlined.

Background documents

- Healthy Lives, Healthy People: A Tobacco Control Plan for England (March 2011) available at:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124960.pdf

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Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 25 January 2012

Subject: Urgent Care Services – consultation

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. The purpose of the report is to present the consultation document associated with the provision of Urgent Care services in Leeds, attached at Appendix 1.

Health Service Developments Working Group

2. At the recent Health Service Developments Working Group (HSDWG) meeting on 9 January 2012, it was confirmed that the proposals represented a Level 4 (major/substantial) service changes. As such, the Scrutiny Board is required to be consulted on the proposals and provided with an opportunity formally respond.
3. Representatives from NHS Leeds have been invited to attend the meeting to outline the options (set out in the attached consultation document) and address any queries raised by the Board. This provides the Scrutiny Board with the opportunity to explore any identified issues in more detail and formulate a consultation response, as appropriate.

Public consultation

4. NHS Leeds is seeking views on the options detailed in the consultation document. The public consultation is running for 14 weeks from 5 December 2011 and **closes on 4 March 2012**. The 14-week consultation period is more than the statutorily required 12-week consultation period. The Trust Board will make a decision on the future provision of urgent care services after this date and following analysis of the consultation response.

Recommendations

5. To consider the information presented and identify any specific matters that should form the basis of a consultation response and determine any additional scrutiny activity that may be required.

Background documents

- Health Service Developments Working Group – horizon scanning November 2011 and January 2012

Urgent care services

*We would like to hear **your views**
on where urgent healthcare
is provided in Leeds*

Glossary

Accident and Emergency	Accident and Emergency departments assess and treat people with serious injuries and those in need of emergency treatment. People sometimes call them 'casualty' departments.
GPs	General Practitioners (GPs) are doctors who work from a local surgery or health centre. They provide medical advice and treatment to patients who have registered with them. Most GPs are independent contractors providing services to patients through a contract with the NHS.
GP out of hours services	A service which provides urgent access to a GP when practices are closed for healthcare needs which cannot wait until practices reopen.
Minor Injury Units	<p>Minor Injury Units can be used for:</p> <ul style="list-style-type: none"> • cuts • bites • stings • muscle or joint injuries • sprains <p>Minor Injuries Units (MIUs) can treat less serious injuries and illnesses. The units can also do x-rays.</p>
Walk-in Centre	NHS walk- in centres are usually managed by a nurse, and are available to everyone for minor injuries and illnesses. Patients do not need an appointment. GPs are also based in some walk-in centres such as the walk-in centre service at Burmantofts Health Centre in Leeds.
West Yorkshire Urgent Care Services (WYUCS)	West Yorkshire Urgent Care Services is a telephone access and assessment service for anyone in West Yorkshire. WYUCS can arrange an appointment with an out of hours GP or even a home visit from an out of hours GP, direct people to other services and offer self-care advice. They can arrange an appointment with the urgent dental service. WYUCS is a local service for West Yorkshire only.
NHS Direct	A nurse-led telephone advice and information service, also available on the internet. This service is available nationally.
Urgent dental services	These services are provided for patients with an urgent dental need who are either unregistered with a dental practice or whose condition cannot wait until the next available appointment
Primary Care Trust	The organisation responsible for the planning and securing of health services and improving the health of the local population.
Clinical Commissioning Groups (CCGs)	These are new organisations made up of groups of GP practices. In Leeds there are three new Clinical Commissioning Groups. These organisations will become responsible for much of primary care trusts' current work from April 2013.

*We would like to hear **your views** on where urgent healthcare is provided in Leeds.*

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1 About this document and the NHS in Leeds

This document is about options for improving the way urgent healthcare is provided in Leeds.

Leeds is the second largest metropolitan district in England with a population of over 715,000 and covers an area of 552 square kilometres.

NHS Airedale, Bradford and Leeds is the organisation currently responsible for making sure that people of Leeds have all of the health services that they need and that these services are easily reached. These services include GP practices, pharmacists, optometrists, dentists and hospital services

In addition, we undertake a broad range of public health work to raise awareness and support people to improve their health and their quality of life. Important progress has been made in improving the health of the local population, but there is still work to be done in terms of reducing health inequalities and improving access to healthcare for all local people.

The Government has published a new Health and Social Care Bill which is currently making its passage through Parliament. Under the proposed changes, primary care trusts nationally will be abolished in April 2013. Most of the role of NHS Airedale, Bradford and Leeds will become the responsibility of Clinical Commissioning Groups, led by local GPs.

What are urgent healthcare services?

'Urgent care' describes the NHS services you use when you need advice or treatment immediately, but which is not an emergency or life-threatening.

Urgent care is also sometimes called 'Unplanned' or 'Unscheduled' care.

This can be any time of the day or night and any day of the week, including bank holidays.

It includes anything from telephone advice through to face-to-face treatment by a doctor or nurse.

Our urgent care services include:

- Accident and Emergency
- GPs, including the GP out of hours service
- Minor Injury Units
- Walk-in-Centre
- West Yorkshire Urgent Care Services
- NHS Direct
- Urgent dental services
- Pharmacies
- 999

2 Urgent healthcare services in Leeds

Dear Leeds Resident

About four years ago, along with other primary care trusts in West Yorkshire, we asked people how they would like to see urgent care services improved in your area.

This document has been developed because we now want to further improve urgent care services and would like you to give us your feedback by completing the questionnaire on page 11.

In 2007 we asked people:

1. Which urgent care services they were aware of?
2. How easy was it to contact urgent care services?
3. How easy was it to find these services?
4. How satisfied they were with each service?

People said that urgent care services are confusing and frustrating. They said there were often delays and duplication as patients were sent from one service to another.

From what you told us, we wanted to improve our urgent care services, making them:

- easier to contact
- quicker to get to
- clearer to understand
- more convenient and accessible.

What we did

In 2009 we made some changes to the way urgent care was provided in Leeds.

We introduced 'West Yorkshire Urgent Care' telephone contact service 0345 605 99 99 which operates 24 hours a day, 7 days per week. This is a single point of access for patients in West Yorkshire to help them find the most appropriate local urgent care service in their area.

We improved our Minor Injury Units at St George's Centre, Middleton and Wharfedale General Hospital, Otley by extending the opening hours. We also made sure that patients could access the out of hours GP at these locations in addition to the main primary care centre at Lexicon House in Sheepscar.

We introduced a new computer system which meant that in most cases, the out of hours GPs had access to the right information about patients at all times and were able to make your own GP aware of any treatments or advice you received straightaway.

What we want to do

We would now like to hear from you about the best locations for GP out of hours services and other urgent care services in Leeds. Your responses will help us shape the future of urgent healthcare services.

We would also like to let you know about the new NHS 111 service which will be beginning in our area in April 2013. This will be important for local patients because it will replace and improve on the 'West Yorkshire Urgent Care' telephone service. There is more information about NHS 111 on page 10.

We are very grateful for your participation. Please make the time to complete the questionnaire on page 11 or attend one of the public meetings detailed on page 9.

We are consulting with the public for 14 weeks from Monday 5 December 2011 until Sunday 4 March 2012. After this date we will consider your views and comments and our board will make a decision on the best solution.

There is more information online and you can find an electronic version of this document there too at www.leeds.nhs.uk/consultations. You can email us at leedsurgentcare.consultation@nhs.net or you can write to us at: Urgent Care Review, **Freepost RLSJ – BXBH – HZRL, Leeds, LS16 6QG.**

You can also telephone our Patient Advice and Liaison Service if you have any questions or comments. Their number is free to call **0800 052 5270.**

Yours faithfully



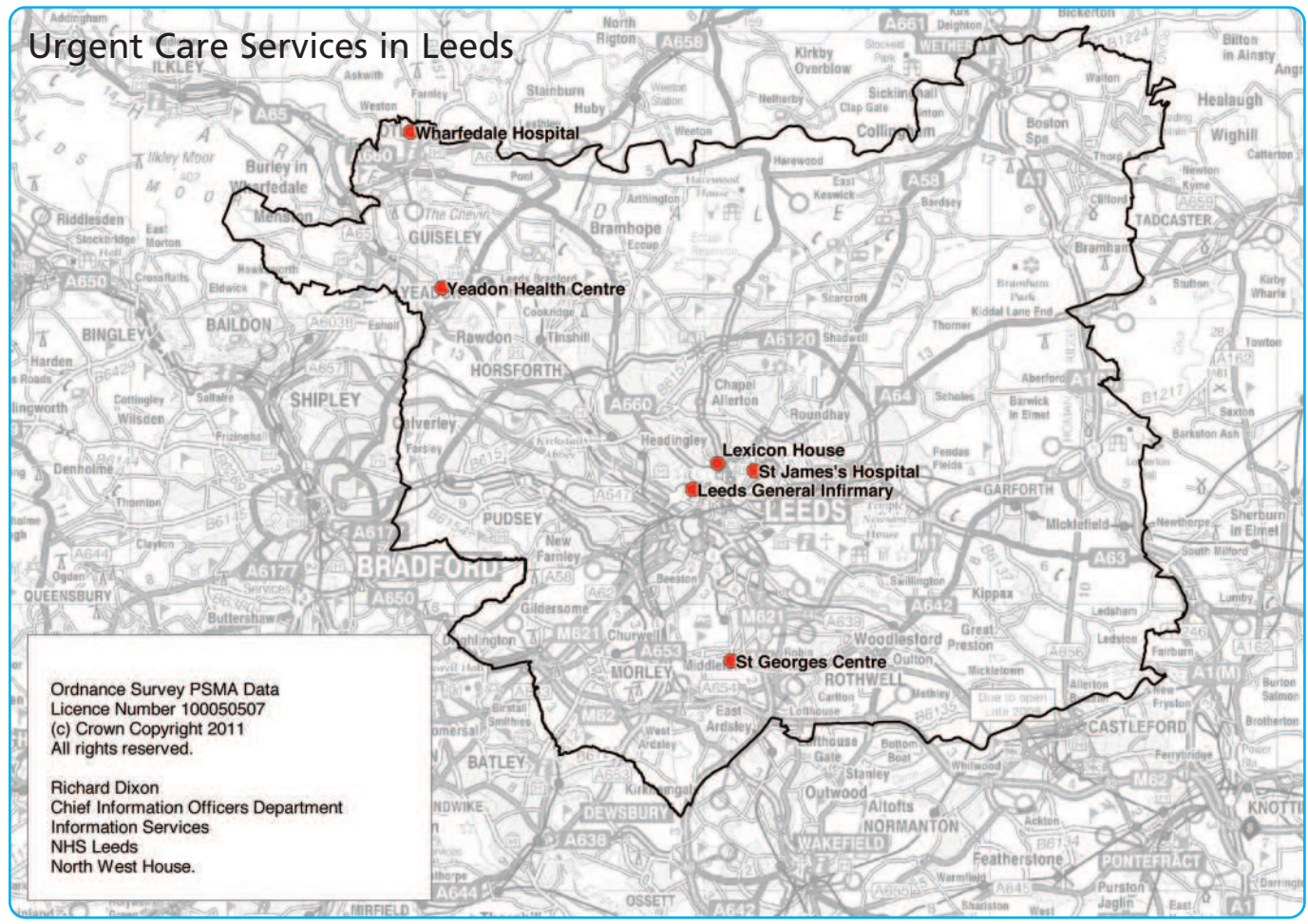
Dr Simon Stockill
Clinical Lead and local GP

3 The urgent care services in Leeds that we want to hear your views about

This review of urgent healthcare services in Leeds includes the services in the table below.

Service	Location	Opening hours
West Yorkshire Urgent Care Services 0345 605 99 99	Telephone call centre	24 hours per day and 7 days per week
GP out of hours A service which provides urgent access to a GP when practices are closed. It is for healthcare needs which cannot wait until the practice reopens	Lexicon House, Sheepscar, Leeds 7 St George's Centre, Middleton Wharfedale General Hospital, Otley	6.30pm until 8.00am Monday to Thursday and then 6.30pm Friday until 8am Monday at weekends
Minor Injury Unit Minor Injuries Units (MIUs) can treat less serious injuries and illnesses. The units can also do x-rays.	St George's Centre, Middleton Wharfedale General Hospital, Otley	8am-10.30pm everyday including bank holidays, closed Christmas Day. 8am-11pm everyday including bank holidays, closed Christmas Day
Urgent dental services	Lexicon House, Sheepscar, Leeds 7 Yeadon Health Centre, Yeadon, Leeds	7 days per week – various bookable sessions* Mon to Sat – various bookable sessions*

* bookable through West Yorkshire Urgent Care Services only – no walk-ins



4 Options for consideration

We plan to provide services that are delivered from the locations which are the most convenient and accessible to the majority of people.

We are building on the changes already made in 2009 because people have told us that there are concerns that:

- services are sometimes hard to find;
- buildings are sometimes in need of some attention; and
- information is being duplicated and patients are being asked the same questions by different people;

We would like to gather your views and opinions on where urgent care services ought to be based. There are three options that we would like you consider. Please would you read the options and then complete the feedback form on page 11.

(OPTION A) we could decide to make no changes to the locations where GP out of hours, urgent dental services and Minor Injury Units are currently delivered from. Your views might tell us that you are happy with the service as it is.

Current locations of services

Service	Location	Opening hours
West Yorkshire Urgent Care Services 0345 605 99 99	Telephone call centre	24 hours per day and 7 days per week
GP out of hours A service which provides urgent access to a GP when practices are closed. It is for healthcare needs which cannot wait until the practice reopens	Lexicon House, Sheepscar, Leeds 7	6.30pm until 8.00am Monday to Thursday and then 6.30pm Friday until 8am Monday at weekends
	St George's Centre, Middleton	
	Wharfedale General Hospital, Otley	
Minor Injury Unit Minor Injuries Units (MIUs) can treat less serious injuries and illnesses. The units can also do x-rays.	St George's Centre, Middleton	8am-10.30pm everyday including bank holidays, closed Christmas Day.
	Wharfedale General Hospital, Otley	8am-11pm everyday including bank holidays, closed Christmas Day
Urgent dental services	Lexicon House, Sheepscar, Leeds 7	7 days per week – various bookable sessions*
	Yeadon Health Centre, Yeadon, Leeds	Mon to Sat – various bookable sessions*

* bookable through West Yorkshire Urgent Care Services only – no walk-ins

Advantages

People are familiar with the Primary Care Centre at Lexicon House and value the services provided there.

People are used to visiting the Minor Injury Units at St George's Centre and Wharfedale General Hospital and are clear about when to use these services.

As no further investment will be needed for this option, funding will not need to be identified by stopping funding somewhere else.

Disadvantages

People have some concerns about the location of the GP out of hours service at Lexicon House.

Some people have told us that the area where Lexicon House is located is not easy to find and that the building itself is not of a good standard.

(OPTION B) we could close Lexicon House and open new urgent care centres next to the A&E departments at Leeds General Infirmary and St James' University Hospital. The Minor Injury Units at St George's Centre and Wharfedale General Hospital would remain open.

Advantages

It would be easy for patients to understand where to go.

There are some patients who sometimes go to A&E who could have seen a GP instead. In this option these patients could be seen in the new urgent care centre next to A&E. This would mean that A&E would be able to focus on sicker patients.

If a patient was seen in the urgent care centre next to A&E and they turned out to be sicker than first thought, they would already be in the hospital and so could be transferred to the right place quickly.

Disadvantages

If we move the services to different locations it will take time for people to recognise that services have moved.

It is not very easy to park at the hospital sites, particularly Leeds General Infirmary.

There would need to be an investment to develop the urgent care centres which would mean using funding that could be used for other health services.

We would need to find a new location for the urgent dental services located at Lexicon House. This could be in an existing dental surgery.

(OPTION C) we could close Lexicon House and open a new urgent care centre in or on an alternative site near to the centre of Leeds. We could also consider opening a new centre in east Leeds as this area currently does not have as much provision as other areas. The Minor Injury Units at St George's Centre and Wharfedale General Hospital would remain open.

Advantages

There would be a centre in three out of town locations in Leeds plus a central location which would ensure better accessibility for most people in the city.

This option would increase patient choice as there would be more centres in operation.

Disadvantages

If we move the services to different locations it will take time for people to become familiar with the new locations.

There would be a significant cost to develop new urgent care centres. This would mean that money would not be able to be used for other health services. We would consult you again to agree which services these should be.

We would need to identify a new location for the urgent dental services located at Lexicon House. This could be in an existing dental surgery.

5 How you can have your say

We want to hear your views on the proposals. The consultation is running from Monday 5 December 2011 until Sunday 4 March 2012. Your views will help us make the final decisions on urgent care services.

There are many ways in which you can have your say. These are:

- Through the web site
You can complete an on line feedback form on our web site at:
www.leeds.nhs.uk/consultations
- By telephone
You can telephone our Patient Advice and Liaison Service (PALS) to make any comments or ask questions. PALS is open Monday to Friday 8.30am to 4.30pm and they can be called free of charge on 0800 052 5270.
- Feedback form
You can complete the form on the back cover of this document and send it back to us using the FREEPOST address. No stamp is necessary.

Urgent Care Review
Freepost RLSJ – BXBH – HZRL
Leeds
LS16 6QG
- By e mail
You can e mail us your comments at leedsurgentcare.consultation@nhs.net
- Get involved – find out more about our plans for urgent care and NHS 111.

Please attend one of our drop-in sessions at:

- | | |
|--|---|
| <p>1) Wednesday 25 January 2012 (there are 3)
6.00pm until 7.30pm
(drop in session - presentation at 6.15pm and 7pm followed by questions and answers)
Shaftesbury Medical Centre
78 Osmondthorpe Lane
Leeds
LS9 9EF</p> | <p>3) Thursday 9 February 2012 (there are 3)
6pm until 8pm
(drop-in session - presentation at 6.15pm and 7pm followed by questions and answers)
Leeds Seventeen
Nursery Lane
Leeds
LS17 7HW</p> |
| <p>2) Saturday 4 February 2012 (there are 3)
10:30am until 12:30pm
(drop-in session - presentations at 10:45am and 11:45am followed by questions and answers)
Denny Room
Leeds City Museum
Millennium Square
Leeds
LS2 8BH</p> | <p>4) Tuesday 21 February
6pm until 7.30pm
(drop-in session - presentation at 6.15pm and 7pm followed by questions and answers)
The Morleian Room
Morley Town Hall
Queen Street
Morley
Leeds
LS27 9DY</p> |

6 How we will use the information we receive?

We would like to get the views of as many people as possible.

When we have received your feedback and comments we will make sure that these are included as part of the final decision making process. We will publish a report summarising what people told us.

The final decision about how to improve urgent care services in our area will be made at a public meeting by our board. Our board will take your views into account when making their decision.

7 About the national NHS 111 service – some information

NHS 111 will replace West Yorkshire Urgent Care 0345 telephone number in providing access to urgent care services from April 2013.

The Government has decided to introduce a new national NHS 111 service for patients who need urgent healthcare services. This will be operational in Yorkshire and the Humber region from April 2013. The NHS 111 service will make it easier for you to access urgent healthcare and will improve the way in which the NHS delivers that care. NHS 111 will also replace the national NHS Direct service.

NHS 111 has been trialled in other parts of the country before being introduced across the whole country.

In West Yorkshire NHS 111 will replace the West Yorkshire Urgent Care services number – 0345 605 99 99 and will be even easier for patients to use.

- NHS 111 is a new telephone service being introduced to make it easier for you to access local health services, when you have an urgent need.
- If you need to contact the NHS in the future for urgent care there are only three numbers to know;
 - 999
 - your GP surgery
 - 111
- When you call 111 you will be assessed, given advice and directed straightaway to the local service that can help you best – that could be an out-of-hours doctor, walk-in centre or urgent care centre, community nurse, emergency dentist or late opening chemist.
- NHS 111 will be available 24 hours a day, 365 days a year from April 2013.
- There will be a publicity campaign just before NHS 111 is launched to let people know more about it.

How is NHS 111 different from West Yorkshire Urgent Care 0345?

- NHS 111 will be free to call
- NHS 111 will replace the West Yorkshire Urgent Care Services telephone number in providing access to urgent care services from April 2013.
- NHS 111 will be available nationally and direct you to a local call-centre
- NHS 111 is easier and simpler to remember for patients
- NHS 111 will use a new 'directory of services' technology. This technology will enable local services to update their availability information in real-time so the NHS 111 can be as responsive and flexible as possible.

Under NHS 111 the GPs and nurses who speak to patients on the phone will be part of the local treatment service. This means that if you go on to have an appointment it will be with the same doctor or one of their colleagues who sees you.

FEEDBACK FORM – URGENT CARE CONSULTATION

You can also complete this form online at www.leeds.nhs.uk/consultations

We would appreciate your response to the questions below. Your views will help us make the final decisions on urgent care services. *Please attach a separate sheet if you require more space.*

Questions

OPTION A

1 Have you used Lexicon House? *(please tick)* Yes No

1a What do you think about the location of Lexicon House? *(please circle)*

Very poor poor OK good excellent

1b If you have used Lexicon House what do you think about the Lexicon House building and facilities? *(if you have not used Lexicon House before please miss this question out)*

Very poor poor OK good excellent

Please tell us below how Lexicon House could be improved / any other comments about option A?

OPTION B

2 Do you think that it's a good idea to move urgent care services to hospital sites? *(please circle)*

Disagree strongly disagree unsure agree agree strongly

Any other comments about option B?

OPTION C

3 What are your views about directing money from other health services in order to develop new urgent care centres? *(please circle)*

Disagree strongly disagree unsure agree agree strongly

Any other comments about option C?

Please cut along dotted line

Equality Monitoring Form

All the information you provide will remain confidential.

In particular, it will only be used in relation to the urgent care review

It will not make any difference to the service you receive if you choose not to answer these questions, but by answering them you will help us to make sure we design and provide services which meet the needs of all our population.

Ethnic origin:

Please tick the appropriate box to indicate your ethnic background:

White:

- British
 Irish
 Gypsy or Irish Traveller
 Other White background (please specify)

Mixed / multiple ethnic groups:

- White and Black Caribbean
 White and Black African
 White and Asian
 Other mixed background (please specify)

Asian or Asian British:

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Other Asian background (please specify)

Black or Black British:

- Caribbean
 African
 Other Black background (please specify)

Other ethnic groups:

- Arab
 Any other ethnic group (please specify)

Country of birth:

Date of birth:

Do you consider yourself to be disabled?

- Yes No

Type of impairment:

- Physical impairment**
(such as using a wheelchair to get around and / or difficulty using their arms)
- Sensory impairment**
(such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
- Mental health condition**
(such as depression or schizophrenia)
- Learning disability**
(such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- Long-standing illness or health condition**
(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

Gender:

- Male Female

Sexual orientation:

- Heterosexual/straight
 Lesbian/gay woman
 Gay man
 Bisexual

Relationship status:

- Married
 Civil Partnership
 Co-habiting
 Single
 Widowed
 Other (please specify)

Religion or belief:

- Buddhist
 Christian
 Hindu
 Jewish
 Muslim
 Sikh
 No religion
 Other (please specify)

Please return this form, free of charge, to:

Urgent Care Review
NHS Leeds
Freepost RLSJ - BXBH - HZRL
North West House
West Park Ring Road
LS16 6QG

Please return this form by 4 March 2012
No stamp is necessary

Thank you for taking the time to contribute your views to the consultation. It will help us if you could indicate whether you are responding as:

Patient Carer On behalf of an organisation Health/social care worker Local resident

If you would like to be included on our mailing list and be sent a copy of the report after 4 March 2012, please complete your details below. It will also be available on our website.

You do not have to give your name and address if you do not want to.

Name: Organisation name (if applicable):

Address:

Daytime telephone number: Email address (optional):

Thank you for taking the time to tell us your views

Choose well

If you're feeling unwell and you are unsure about where to go then our Choose well guide will help you choose the right place for treatment. Here in Leeds we have a range of local NHS services to choose from and it doesn't have to be A&E.

The options are:

- **West Yorkshire Urgent Care Services** – for unexpected or worsening health conditions call **0345 605 99 99** or visit **www.wyucservices.nhs.uk**
- **Self-care** - for treatment of minor illnesses, by combining a well stocked medicine cabinet with plenty of rest. For more information please visit **www.nhs.uk**
- **NHS Direct** - for absolutely any health questions, around the clock, and to find local services. **0845 4647** or visit **www.nhsdirect.nhs.uk**
- **Pharmacist** - for advice on common winter illnesses, and the best medicines to treat them
- **Family doctor (GP)** - for medical advice, examinations and prescriptions for illnesses you just can't shake off
- **NHS Walk-in Centre** - for treatment of minor illnesses or injuries, without an appointment
- **A&E or 999** - for critical or life-threatening situations

A copy of this document can be made available in large print, Braille, on audio tape or translated. Please contact our Patient Advice and Liaison Service on 0800 0525 270 if you would like it in an alternative format.

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Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 25 January 2012

Subject: Major Trauma in Yorkshire and the Humber – local implications

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary of main issues

1. The purpose of the report is to present an outline of the proposed changes to the patient pathways for Major Trauma across Yorkshire and the Humber.

2. In Autumn 2012, proposals to change existing local patient pathways for accessing Major Trauma services across Yorkshire and the Humber first emerged. This included establishing designated Major Trauma Centres (MTC) across the region. It is proposed that Leeds Teaching Hospitals NHS Trust (LTHT) will become a designated MTC from April 2012.

Health Service Developments Working Group

3. At the meeting in November 2011, the Health Service Developments Working Group (HSDWG) was first made aware of the proposed service changes around Major Trauma. However, detailed information (including specific local implications) have not been presented to date and the level of significance attached to the proposals appear to have been open to interpretation – initially presented as Level 4 (major/ substantial) service changes in November, and more recently presented as a Level 3 (significant) change. The rationale for this change in assessment has not been made clear and could not be explained.

4. Furthermore, to date information around the local implications has been limited, particularly in the following:
 - Proposed networks / patient flows - including projected patient numbers;

- Implications / benefits for local patients;
 - Potential impact on other LTHT hospital based services;
 - Impact on other related services and/or organisations, such as Yorkshire Ambulance Service and Embrace.
5. An indication of the above information is necessary to help the working group, through discussion with NHS organisations, agree the appropriate level of service change – and therefore the appropriate level of public engagement and involvement necessary. To help the Scrutiny Board consider this aspect in more detail, the terms of reference for the Health Service Developments Working Group is attached at Appendix 1.

Regional Health Scrutiny Member Network

6. At a regional Health Scrutiny Member Network meeting (which involves the Chairs of each of the 15 local authority Health Overview and Scrutiny Committees), representatives from the Yorkshire and Humber Specialised Commissioning Group attended to provide a briefing on the rationale behind the proposed changes, including the potential benefits to patients and the proposed sub-regional networks. The briefing note provided to that meeting is attached at Appendix 2.
7. Given the regional nature and potential implications of the proposals, consideration was given to proposing a joint regional health scrutiny committee to formally consider the proposals. However, there was limited support for this approach, with a general consensus that individual local authority health overview and scrutiny committees would be better placed to consider the proposals and likely local implications.
8. Appropriate NHS representatives, from a service commissioning, service provider and emergency transport perspective, have been invited to attend the meeting. This will help to provide the Scrutiny Board with the opportunity to explore any identified issues in more detail.

Yorkshire and the Humber Specialised Commissioning Group

9. It should be noted that a further meeting of the Specialised Commissioning Group is scheduled for 27 January 2012 (i.e. after the Scrutiny Board meeting). It is likely that further significant issues around phasing implementation and rehabilitation will be considered at that meeting, with associated decisions arising. As such, it may be necessary for the Scrutiny Board to give further consideration to the proposals and local implications.

Recommendations

10. To consider the information presented and seek to determine the appropriate level of service change.
11. To identify any additional information that may be required and determine any further scrutiny activity that may be required.

Background documents

- Health Service Developments Working Group – horizon scanning November 2011 and January 2012

**SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)
HEALTH SERVICE DEVELOPMENTS WORKING GROUP**

TERMS OF REFERENCE

1.0 Background

1.1 The Health and Social Care Act (2001), subsequently reinforced and amended by the NHS Act (2006) and the Local Government and Public Involvement in Health Act (2007), places a duty local on NHS Trusts, Primary Care Trusts and Strategic Health Authorities to make arrangements to involve and consult patients and the public in:

- Planning service provision;
- The development of proposals for changes; and,
- Decisions about changes to the operation of services.

1.2 The requirement to consult on service changes and/or developments, also includes a duty to consult the Health Scrutiny Board where the NHS Body has under consideration any proposal for:

- a major development of the health service; or,
- a major variation in the provision of such a service in the local authorities area.

2.0 Scope

2.1 The levels of service variation and/or development are not defined in legislation and it is widely acknowledged that the term 'major variation or development of health services' is subjective, with proposals often open to interpretation.

2.2 To assist Health Overview and Scrutiny Committees, and to help achieve some degree of consistency, the Centre for Public Scrutiny (CfPS) published a scrutiny guide, *Substantial Variations and Developments of Health Services*¹. Based on this guidance, and through discussions between NHS Leeds and the Health Scrutiny Board, the following locally developed definitions and examples of service change/development have been agreed and are summarised in Table 1 (below).

Table 1: Summary of levels of change

Degree of variation	Colour code	Contact with Scrutiny
Category 4 – major (substantial)variation (e.g. introduction of a new service)	Red	Consult
Category 3 – significant change (e.g. changing provider of existing services)	Orange	Engage
Category 2 – minor change (e.g. change of location within same hospital site)	Yellow	Inform
Category 1 – ongoing improvement (e.g. proposals to extend or reduce opening hours)	Green	No

2.3 The definitions of reconfiguration proposals and stages of engagement/consultation are detailed in Annex 1.

¹ Published in December 2005 and available from the publications section of the CfPS website: <http://www.cfps.org.uk/>

2.4 The overall purpose of the Working Group is to provide an environment that allow local NHS bodies to have an on-going dialogue with Scrutiny, regarding changes and development of local health services. Therefore, the role of the working group can be summarised as follows:

- Considering, at an early stage, any future proposals for service changes and/or developments of local health services, including:
 - Whether or not the relevant Trust's plans for patient and public engagement and involvement seem satisfactory²; and,
 - Whether the proposal is in the interests of the local health service.
- Maintaining on overview and on-going involvement in current service change proposals and associated patient and public engagement and involvement activity, including details of any stakeholder feedback and how this is being used to shape the proposals.
- Reviewing the implementation of any agreed service change and/or development, including any subsequent service user feedback.
- Referring any matters of significant concern to the Scrutiny Board, for consideration.

2.5 It should be recognised that the statutory duty to consider major changes remains the responsibility of the Scrutiny Board itself. As such, any major changes and/or variations identified will automatically be referred to the Scrutiny Board for consideration.

2.6 Where a major change and/or development is identified, the view of the Working Group on the relevant Trust's plans for patient and public engagement and involvement, and on whether the proposal is in the interests of the local health service will usefully inform the deliberation of the Scrutiny Board when considering such matters.

3.0 Frequency of meetings

3.1 At its meeting on 22 July 2011, the Scrutiny Board (Health and Well-being and Adult Social Care) agreed the following (initial) meeting dates:

- 5 September 2011 (10am)
- 7 November 2011 (10am)
- 9 January 2012 (10am)
- 5 March 2012 (10am)

3.2 However, due to the nature of the work and the potential timing of proposed service changes and/or developments, it is recognised that the Working Group will adopt a flexible approach and may choose to meet outside this timetable.

3.3 It should also be recognised that the purpose of meeting on a bi-monthly basis is not only to ensure the early engagement of members of the Scrutiny Board with regard to emerging service changes and/or developments, but to ensure the continued involvement in relation to previously identified matters.

² This early engagement with Scrutiny will allow the Working Group to discuss and agree the proposed degree of variation, prior to the commencement of any patient and public engagement and involvement activity

4.0 Membership

4.1 At its meeting on 22 July 2011, the Scrutiny Board (Health and Well-being and Adult Social Care) agreed to operate an open membership of all members of the Board for the duration of the current municipal year (2011/12).

5.0 Key stakeholders

5.1 The following key stakeholders have been identified as likely contributors to the Working Group:

- NHS Leeds
- Leeds Teaching Hospitals NHS Trust (LTHP)
- Leeds Partnerships NHS Foundation Trust (LPFT)
- Leeds Community Healthcare NHS Trust
- Director of Adult Social Services (or nominee)
- Director of Public Health (or nominee)

6.0 Monitoring arrangements

6.1 The Scrutiny Board will be kept fully apprised of the activity of the Working Group and regular updates, including reports and minutes from the Working Group, will be provided.

July 2011

Definitions of reconfiguration proposals and stages of engagement/consultation				
Definition & examples of potential proposals	Stages of involvement, engagement, consultation			
	Informal Involvement	Engagement		Formal consultation
<p>Major (substantial) variation or development Major service reconfiguration – changing how/where and when large scale services are delivered. Examples: urgent care, community health centre services, introduction of a new service, arms length/move to CFT</p>				<p>Category 4 Formal consultation required (minimum twelve weeks) (RED)</p>
<p>Significant variation or development Change in demand for specific services or modernisation of service. Examples: changing provider of existing services, pathway redesign when the service could be needed by wide range of people</p>			<p>Category 3 Formal mechanisms established to ensure that patients/service users/ carers and the <u>public</u> are engaged in planning and decision making (ORANGE)</p>	Information & evidence base
<p>Minor change Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries</p>		<p>Category 2 More formalised structures in place to ensure that patients/ service users/ carers and patient groups views on the issue and potential solutions are sought (YELLOW)</p>	Information & evidence base	
<p>Ongoing development Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours</p>	<p>Category 1 Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions (GREEN)</p>	Information & evidence base		

OSC involved
 ↑
 ↓
 OSC may be involved

Note: based on guidance within the Centre for Public Scrutiny *Major variations and developments of health services, a guide*

MAJOR TRAUMA IN YORKSHIRE AND THE HUMBER – BRIEFING NOTE

NATIONAL CONTEXT

1 NATIONAL CONTEXT

- National Audit Office Report on Major Trauma Care in England, February 2010
- Public Accounts Committee hearing March 2010
- National Major Trauma Clinical Advisory Group Report, September 2010
- NHS Operating Framework for 2011/12, June 2010
- Letter to SHA Chief Executives from Sir David Nicholson, September 2010
- Key Message: Improved management of major trauma will improve patient outcomes

2 POTENTIAL BENEFITS

- Major trauma could be managed far more effectively for both adults and children
- Care needs to be rapid, appropriate and well co-ordinated – achieved by acute hospitals, ambulance services and rehabilitation services working together as a whole system in a major trauma network.
- The improved arrangements for major trauma care will:-
 - Significantly improve the number of major trauma patients making a recovery to non dependent life. Currently 75% are left with a significant long term disability
 - Save lives; an estimated additional 30 lives a year
 - Improve access to specialist services, reducing variation in treatment and outcomes
 - Reduce length of stay by an estimated 4 days
 - Improve access to rehabilitation services

3 PROPOSED NETWORKS IN YORKSHIRE AND THE HUMBER

- 3 sub regional networks
 - West Yorkshire (Leeds MTC)
 - South Yorkshire (Sheffield MTC)
 - North East Yorkshire & the Humber (Hull MTC)
- Each MTC linked to a number of trauma units
- Clear patient pathways in place to facilitate transfer of major trauma patients to major trauma centres

4 WORK IN PROGRESS

- Modelling potential patient numbers
 - Definition/severity of injury
 - Patient flows/boundary issues
 - Repatriation
- Workforce modelling
- Financial modelling
- Identifying specialist rehabilitation capability

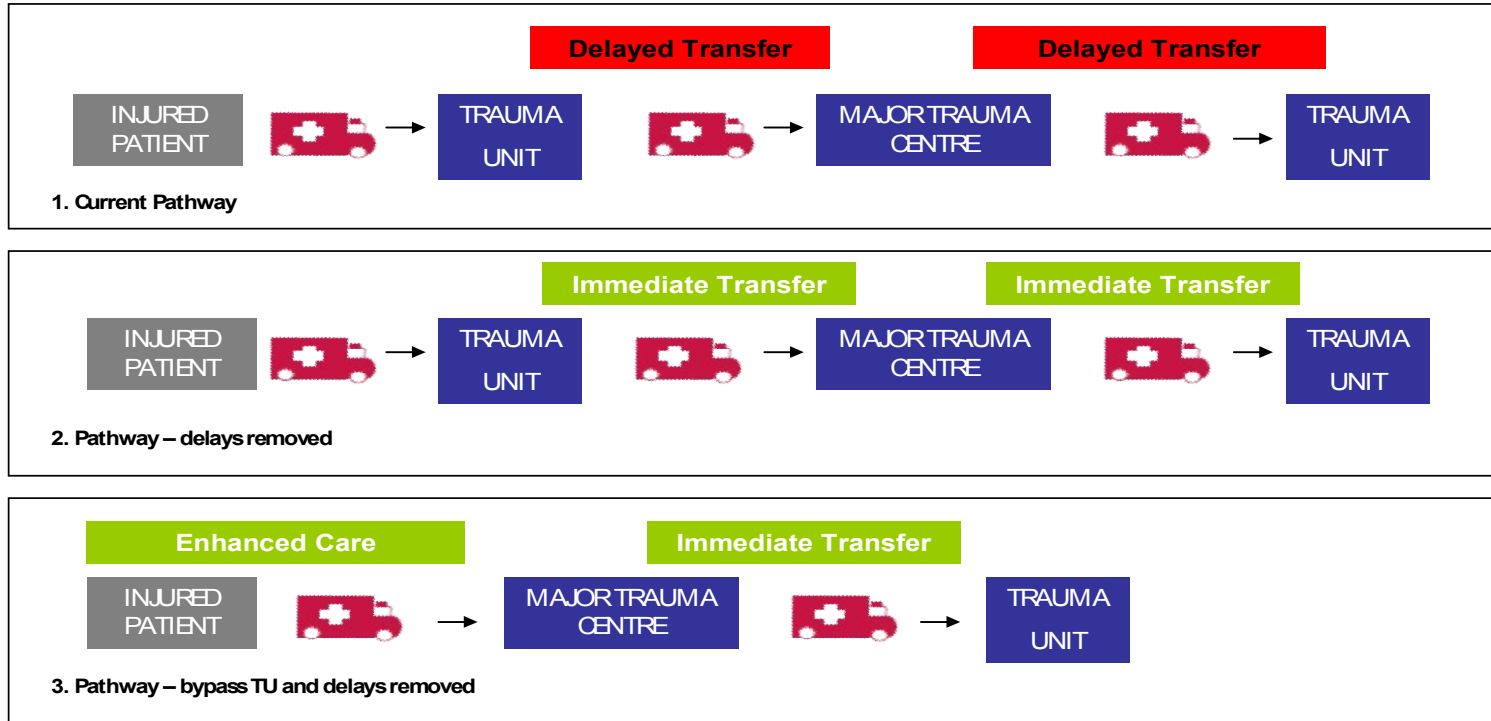
5 IMPLEMENTATION

- Phased, with first phase going live 1 April 2012
- Continued engagement with clinicians to define protocols, patient pathways, work to meet required standards
- Continued engagement with regional charities, groups and, individuals with an interest in this service
- Briefings for individual OSCs on local implications

Yorkshire & the Humber Specialised Commissioning Group

December 2011

Pathway Development



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Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 25 January 2012

Subject: Review of Children’s Neurosurgical Services – local implications

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary of main issues

1. The purpose of the report is to present an update on the progress of the national review of children’s neurosurgical services in England. This will help the Scrutiny Board explore the local implications of the review outcomes.

2. Information regarding this national review first emerged in October 2009 – with services currently delivered through 15 centres across England. At that time, it was highlighted that the review followed on from clinical concerns about the sustainability of the current service arrangements.

3. Members of the Scrutiny Board will be aware of a similar review, associated with Children’s Cardiac Services. However at an early stage in the review process, it was highlighted that each of review would be separate and the findings of one would not directly inform the other. Nonetheless, it was also highlighted that there would be areas of overlap in respect of the impact on paediatric infrastructure, for example, paediatric intensive care capacity; paediatric anaesthetic support and paediatric imaging support.

Regional Health Scrutiny Member Network

4. At a regional Health Scrutiny Member Network meeting (which involves the Chairs of each of the 15 local authority Health Overview and Scrutiny Committees), representatives from the Yorkshire and Humber Specialised Commissioning Group attended to provide an update on the national review. The briefing note provided at that meeting is attached at Appendix 1.

5. Given the regional nature and potential implications of the proposals, consideration was given to proposing a joint regional health scrutiny committee to formally consider the outcome of the review and potential changes to services. However, at this stage there was limited support for this approach.
6. Given that Leeds Teaching Hospitals NHS Trust (LTHT) is currently a provider of such services, this information is being presented to the Scrutiny Board to help members explore the review outcomes and the local implications.

Health Service Developments Working Group

7. At a local level, the Health Service Developments Working Group (HSDWG) has been made aware of the review process, however limited information has been presented to date and it was agreed that more detailed consideration of the review should be undertaken by the Scrutiny Board. The following issues have been raised:
 - A range of additional information is needed, including:
 - A more detailed timetable;
 - Profile of service users – e.g. age of patients, range / average length of stay;
 - An outline of where services are currently accessed and future proposals;
 - Forecast number of patients and likely patient flows (regional and Leeds specific (if available));
 - Confirmation of current facilities (including co-located services) and proposed facilities;
 - Formal consideration needs to be given regarding the ‘significance’ of the proposed changes (The level of significance attached to the proposals appear to have been open to interpretation – initially presented as Level 4 (major/substantial) service changes in November 2011, and more recently (January 2012) presented as a Level 3 (significant) change.
 - Consideration of the impact on other related services and/or organisations, such as Yorkshire Ambulance Service and Embrace.
8. NHS representatives, from a service commissioning, service provider and emergency transport perspective, have been invited to attend the meeting. Attendance is still to be confirmed, but it is hoped that this will help to provide the Scrutiny Board with the opportunity to explore any identified issues in more detail.

Recommendations

9. To consider the information presented and seek to determine the appropriate level of service change and associated level of public involvement and engagement.
10. To identify any additional information that may be required and determine any further scrutiny activity that may be required.

Background documents

- Health Service Developments Working Group – horizon scanning November 2011 and January 2012

Paediatric Neurosurgical Services – Briefing

Background

Over the course of the review there are three distinct work streams that have evolved. The first is the proposal to establish Children's Neurosurgical Networks, the second is the need to provide additional complex epilepsy surgical treatments supported by strong multi-disciplinary team assessments, and the third is establishing a national/regional multi-disciplinary team review to agree the clinical plan for rare and complex Brain Tumours which would support treatments provided in centres across the country. Detail of these work streams is provided within this briefing.

Safe and Sustainable first published draft standards in November 2009. Yorkshire and Humber OSC were invited (and attended) an engagement event on 30 November 2009. OSC's were asked to provide comments on the draft standards.

2010 - The Model of Care Group was established to develop exemplar pathways and standards for brain tumour, brain trauma, hydrocephalus, spinal dysraphism and epilepsy

2010 - Steers and Stower undertook a fact finding visit of the current children's neurosurgical centres and published a report.

November 2010 - Parents interviews and workshops were held around the country and report published with key findings.

November 2010 - A clinical workshop was held to agree the model of care and pathways held in November

June 2011 - The Steering Group agreed the circulation of two documents for comments from Professional organisations

- Children's Neurosurgical Services in England: A Framework for the Future
- Children's Neurosurgery - draft service specification standards May 2011

These documents have been amended and are ready for wider circulation and comment in January 2012

Why the need for change?

As part of the review we have considered national and international evidence regarding children's neurosurgery. This is what we found:

- There tends to be a longer time between the onset of symptoms and diagnosis of brain tumours than other childhood tumours.
- The resection rate for some tumours is lower in the UK than international centres of excellence. (This relates to the clear surgical removal of tumour cells.)
- The 30 day, 1 year and 5 year survival rates for some brain tumours in the UK may be lower than in the US and there are potentially many reasons for this.
- International evidence exists to suggest services performing more ventricular shunt procedures have better outcomes than services performing fewer procedures.
- Shunts performed by a consultant 'out-of-hours' fare better than those performed by a trainee.
- The 30 day shunt revision rate (those that need to be re-done within 30 days) in the UK may be higher than recognised international centres of excellence.
- 1 in 10 admissions for children to an intensive care unit with traumatic brain injury has a fatal outcome. Outcomes vary considerably across England and Wales for these severe cases.
- Wide variation is reported in the detailed processes of care for children with severe traumatic brain injury, with potential impacts on survival.

The Solution?

The document 'Children's Neurosurgical Services in England: A Framework for the Future' (a steering group report) proposes setting up networks of care or managed clinical networks.

It is proposed there should be a number of Children's Neurosurgical Networks in England. Criteria for the networks are currently being considered, for instance how big should each network be and what population should they cover. The challenge will be for Networks to show that whatever the time of day or night, it is possible for any child in England to have advice from or be seen and treated by a consultant paediatric neurosurgeon and associated team, as well as make sure every child that needs it, has access to the same high quality service across the country.

What's in a network?

The Steering Group's report concluded that evolution via a *managed network approach* consisting of all current children's neurosurgical centre's working to agreed standards of care, is the best way forward, and that by all services working closely together in a *managed network* we can make the best use of rare specialist expertise, improving care and access.

So what's in a network?

Networks should help provide coherence and integration from the parent and family point of view, from presentation, diagnosis, treatment, after care and finally ongoing support at home and at school.

Who does it involve?

It involves a whole range of people from:

GPs, Paediatricians in Child Health services, Obstetricians, Children's Neurologists, Radiologists, Neurosurgeons and the multi-disciplinary team with nurses and therapists, Principal Treatment Centres for children's cancer, Major Trauma Centres and local Trauma Units , Adult Neurosurgeons, Specialist Anaesthetists, Rehabilitation Teams and local District General Hospitals

How do they work?

1. They have formal agreements to work together across all the different hospitals and trusts contributing to the child's care, with an identifiable leadership team.
2. They have a shared approach to collecting information, measuring quality and improvement in care.
3. They share policies, clinical guidelines and protocols for care.
4. They share common aspects of training and development.
5. There is a regular shared assessment and review against standards.
6. There is common record keeping.
7. They can share and transfer images and scans between the different hospitals so the right expert can see and advise about care and treatment. An education and training plan for different staff groups within the centre and across the network.
8. They can develop co-ordinated approaches to audit, and research .

An example of how a network for the care of children with hydrocephalus might look is attached at Annex A.

Children's Epilepsy Surgery Service

During the Children's Neurosurgical Services review, clinical evidence has emerged which suggests that there are significant advantages with early epilepsy surgery performed during the first 5 years of life. When examining the current activity for epilepsy surgery in England against international benchmarks, the Steering Group concluded that England performs fewer than half the number suitable procedures in comparison with other countries. The Advisory Group for National Specialised Services (AGNSS) has agreed the case made for commissioning additional complex epilepsy surgical treatments supported by strong multidisciplinary assessment teams.

The process for procuring these services is currently underway with recommendations for national designation being made to AGNSS in February 2012.

Rare and Complex Brain Tumours

As part of the review, it has been identified that establishing a multi-disciplinary team review to agree the clinical plan for rare and complex Brain Tumours would support the services provided in centres across the country. The Steering Group has suggested that there should be a multi-professional team working across larger geographical areas and across current centres with a view to developing skills and improving clinical management and outcomes for these conditions. Discussions with clinicians will be starting in 2012 about how this might work in practice. The Children's Cancer and Leukaemia Group has been asked to nominate representatives for this working group.

Next steps:

- Revised framework and standards document will be issued widely in January for 3 month feedback and comments.
- Comments will be reviewed by the Steering Group at the end of that period.
- Proposals for networks will be developed by regional commissioners together with local services, and reviewed nationally for coherence and fit with other networks.
- Network self assessment against standards will start in early autumn 2012 followed by a peer review process across networks. The self assessment and peer review process will be developed and finalised by summer 2012.

December 2011

An example of how a network for the care of children with hydrocephalus might look



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Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 25 January 2012

Subject: Work Schedule – January 2012

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary of main issues

1. In July 2011, the Board identified the following priority areas for inclusion in its work schedule during the current municipal year:
 - Reducing smoking in the over 18s (as detailed in the Board's Terms of Reference agreed by Council);
 - Service Change and Commissioning in Adult Social Care (as detailed in the Board's Terms of Reference agreed by Council);
 - Reducing avoidable admissions to hospital and care homes (as detailed in the Board's Terms of Reference agreed by Council);
 - The transformation of Health and Social Care Services (as detailed in the Board's Terms of Reference agreed by Council);
 - Consultation (across adult social care and health);
 - Health inequalities; and,
 - Leeds Crisis Centre (follow-up on the work from the previous Adult Social Care Scrutiny Board).

2. These were presented as a draft work schedule at the to the September meeting of the Scrutiny Board. **An updated work schedule is attached as Appendix 1.** This should be considered as a live document and may be subject to change, to reflect any changing and/or emerging priorities identified by the Scrutiny Board. As such, it should be noted that the work schedule is likely to be subject to change throughout the municipal year.

3. Attached at **Appendix 2** and **Appendix 3** are the **minutes arising from the Executive Board meetings held on 14 December 2011 and 4 January 2012**, respectively.
4. Attached at **Appendix 4** is the **Council's current Forward Plan (1 January 2012 – 30 April 2012)** relating to the Board's portfolio and terms of reference.
5. A summary of the proposed approach for the main areas of inquiry, currently detailed on the work schedule, are presented below:

Reducing smoking

6. Consideration of a report on the development of the Tobacco Reduction Strategy from the Director of Public Health (detailed elsewhere on the agenda).

Service Change and Commissioning in Adult Social Care and Reducing avoidable admissions to hospital and care homes

7. Proposed activity will include general input into the Health (and Adult Social Care) Service Developments working group, where an outline of matters detailed on the Council's forward plan will be provided, in addition to horizon scanning of future issues and/or NHS service changes/ developments.
8. At the meeting in October, it was agreed to focus on Health and Social Care Service Integration by considering the implications (including governance issues) for the organisations involved, alongside the benefits for service users. In particular this will cover services / areas such as:
 - (a) Harry Booth House (integration of services provided by Adult Social Services and Leeds Community Healthcare NHS Trust)
 - (b) Integration of community Social Work Teams (integration of services provided by Adult Social Services and Leeds Community Healthcare NHS Trust)
 - (c) Working age adults with enduring mental health issues ((integration of services provided by Adult Social Services and Leeds Partnerships NHS Foundation Trust)
9. Arrangements are in for this to be considered at the Board meeting in February 2012.

The transformation of Health and Social Care Services

10. A further update on the work of the Transformation Board and associated projects / work streams coordinated by NHS Leeds will be presented at the Board meeting in February 2012.

Scrutiny Board inquiry: Consultation

11. The Board held its second session associated with this inquiry at its December 2011 meeting. The Board's draft report and associated recommendations will be presented to a future meeting.

Scrutiny Board inquiry: Health inequalities

12. Further consideration to the Board's health inequalities inquiry were presented and considered at the previous meeting in December 2011.
13. At the previous meeting, it was recognised that some additional meetings will be needed as part of this inquiry and a working group established. A proposed

programme of working group meetings (to be held at different venues across the city) is currently being drafted and will be presented at the meeting for discussion/ approval. elsewhere on the agenda.

Leeds Crisis Centre (follow-up on the work from the previous Adult Social Care Scrutiny Board)

14. As agreed at the October 2011 meeting, in lieu of an inquiry into the impact of the closure of the Crisis Centre, the Director of Adult Social Care has been asked to submit a monitoring report to the Scrutiny Board meeting in February 2012. The aim of this report will be to set out details of the re-provision of services and the impact of change on service users since the closure of the Crisis Centre. This report should be supported by data providing information on the alternative services and pathways offered to those people who used, or would have used the Crisis Centre.

Health Service Developments Working Group

15. In July 2011, the Scrutiny Board established a working group to consider proposed NHS service changes and/or developments and the required level of public engagement and involvement, alongside progress and implementation of agreed developments.
16. Recent working group meeting have been held on 7 November 2011 and 9 January 2012. Draft notes from these meetings will be presented at the meeting.

Request for Scrutiny: Arrangements for meeting needs of blind and visually impaired people in Leeds

17. Following the request for scrutiny received and considered at the October 2011 meeting, a site visit to Fairfax House took place on 9 December 2011.
18. The original working group meeting scheduled for 21 December 2011 was postponed and rescheduled for 16 January 2012. The outcome/ findings of the Scrutiny Board working group will be reported to a meeting of the Executive Board on 10 February 2012.
19. The outcome of the working group meeting will be reported at the meeting.

Recommendations

20. To consider the information presented in this report and supporting appendices, in order to amend and/or agree the work schedule detailed at Appendix 1.

Background documents

- None used

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Scrutiny Board (Health and Well-Being and Adult Social Care)

Work Schedule for 2011/2012 Municipal Year

Schedule of meetings/visits during 2011/12			
	January	February	March
Area of review (detailed in the Scrutiny Board Terms of Reference)			
Reducing smoking in the over 18s	SB 21/12/11 – report from Director of Public Health on Tobacco Reduction Strategy		SB report and recommendations to be agreed
Service Change and Commissioning in Adult Social Care		SB report — 29/2/12 focusing on Health and Social Care Service Integration: considering the implications (including governance issues) for the organisations involved, alongside the benefits for service users.	
Reducing avoidable admissions to hospital and care homes			
The transformation of Health and Social Care Services		SB 29/2/12 – Update report from NHS Leeds	
Board initiated piece of Scrutiny work (if applicable)			
Future options for long term Residential and Day Care Services for Older People			
Consultation (across adult social care and health)			Final SB report and recommendations to be agreed
Health inequalities		Working group meeting – to be confirmed/ agreed	
Leeds Crisis Centre		SB 29/2/12 – monitoring report from ASC (including data from NHS Leeds) on service user access	

**Scrutiny Board (Health and Well-Being and Adult Social Care)
Work Schedule for 2011/2012 Municipal Year**

	Schedule of meetings/visits during 2011/12		
	January	February	March
Request for Scrutiny: Arrangements for meeting needs of blind and visually impaired people in Leeds	SB – 25/1/12 – outcome of working group		
Recommendation Tracking			SB – 21/3/12 – consider progress against previous reviews / recommendations.
Performance Monitoring			SB – 25/1/12 – Quarter 3 report

**Scrutiny Board (Health and Well-Being and Adult Social Care)
Work Schedule for 2011/2012 Municipal Year**

Schedule of meetings/visits during 2011/12			
	April	May	
Area of review (detailed in the Scrutiny Board Terms of Reference)			
Reducing smoking in the over 18s			
Service Change and Commissioning in Adult Social Care	Final SB report and recommendations to be agreed		
Reducing avoidable admissions to hospital and care homes			
The transformation of Health and Social Care Services			
Board initiated piece of Scrutiny work (if applicable)			
Future options for long term Residential and Day Care Services for Older People			
Consultation (across adult social care and health)			
Health inequalities	Final SB report and recommendations to be agreed		
Leeds Crisis Centre			

**Scrutiny Board (Health and Well-Being and Adult Social Care)
Work Schedule for 2011/2012 Municipal Year**

	Schedule of meetings/visits during 2011/12		
	April	May	
Request for Scrutiny: Arrangements for meeting needs of blind and visually impaired people in Leeds			
Recommendation Tracking			
Performance Monitoring			

EXECUTIVE BOARD

WEDNESDAY, 14TH DECEMBER, 2011

PRESENT: Councillor K Wakefield in the Chair

Councillors J Blake, A Carter, M Dobson,
R Finnigan, S Golton, P Gruen, R Lewis,
A Ogilvie and L Yeadon

139 Introduction of the New City Solicitor

The Chair introduced and welcomed Catherine Witham, the newly appointed City Solicitor, to her first meeting of the Executive Board.

140 Late Items

There were no late items as such, however, it was noted that supplementary information had been circulated to Board Members following the despatch of the agenda in the form of a schedule of changes to the Leeds Development Framework Annual Monitoring Report based on comments received at the meeting of the Development Plan Panel held on 6th December 2011. The schedule was considered as part of agenda item 22 entitled, 'Local Development Framework Annual Monitoring Report 2011' (Minute No. 155 refers).

141 Declaration of Interests

Councillors Blake, Dobson, Gruen, Yeadon, Wakefield, Ogilvie, Finnigan, A Carter, R Lewis and Golton all declared personal interests in the agenda item entitled, 'Dog Control Orders – Phase 2', due to their respective positions as school governors (Minute No. 143 referred).

Councillor Wakefield declared a personal interest in the agenda item entitled, 'Commission on the Future of Local Government', due to his position as Chair of the Commission (Minute No. 160 referred).

A further declaration of interest was declared at a later point in the meeting (Minute No. 143 referred).

142 Minutes

RESOLVED – That the minutes of the meeting held on 2nd November 2011 be approved as a correct record.

ENVIRONMENTAL SERVICES

143 Dog Control Orders - Phase 2

Further to Minute No. 110, 3rd November 2010, the Director of Environment and Neighbourhoods submitted a report presenting the outcomes arising from the consultation undertaken on changes to the Dog Control Orders for Leeds. The report also sought approval to implement further specified powers under the Clean Neighbourhoods and Environment Act 2005, with effect from 1st

Draft minutes to be approved at the meeting
to be held on Wednesday, 4th January, 2012

January 2012, in addition to an enforcement policy regarding the walking of more than four dogs at one time. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Following enquiries raised regarding the level of consultation which had been undertaken with schools in respect of their potential inclusion within the updated Dog Exclusion Order, officers undertook to re-engage with those schools which to date had not expressed an interest in being included within the Order.

Responding to comments raised which related to the issue of dog fouling, officers undertook to do further work on this matter, specifically addressing the points made during the meeting, namely, the possibility of additional bin provision and also the potential inclusion within the Orders of those public parks affected by dog fouling which were used as play facilities by young people.

The Board received assurances in respect of the further issues which had been raised, specifically regarding the enforcement and prosecution processes, together with the highly visible approach required when publicising such Orders.

In conclusion, the Chair thanked the Scrutiny Board (Safer and Stronger Communities) for the related work which they had undertaken on this issue.

RESOLVED –

- (a) That the outcomes arising from the consultation be noted.
- (b) That a Dog Control (Dogs on Leads at All Times) Order in the prescribed form be approved, requiring that on the specified land, dogs should be on a lead at all times. (The specified land will comprise all carriageways and adjacent footpaths and grass verges within the Leeds City Council district and in cemeteries and crematoria as detailed within Appendix A to the submitted report).
- (c) That the existing Dog Control (Dogs on Leads by Direction) Order (requiring dogs to be put on a lead when the person in control of it is directed to do so by an authorised officer) be revoked and that a new Order in the same terms be approved, which applies throughout the Leeds district on any land to which the Dog Control (Dogs on Leads at All Times) Order does not apply and to which the public are entitled or permitted to have access (with or without payment).
- (d) That the existing Dog Control (Exclusion) Order be revoked and replaced with a new Order with an updated schedule of land, as detailed within Appendix A to the submitted report, including other land designated for a specific purpose such as remembrance and wildlife gardens and school grounds where the schools have opted in to have such an order.

- (e) That the process for future review and consultation on the schedules of land within the Orders be agreed.
- (f) That the proposed Enforcement Policy for the Dog Specified Maximum Order be approved.

(Councillor Golton declared a personal interest in the decisions referred to within this minute, due to being a dog owner)

144 Recycling Strategy

Further to Minute No. 123, 2nd November 2011, the Director of Environment and Neighbourhoods submitted a report outlining proposals regarding the next phase of implementation for the Council's recycling collection strategy. In summary, the report presented the progress made against the existing recycling strategy, highlighted the extent to which current, planned initiatives would contribute towards recycling performance, detailed the Council's medium and long-term targets for recycling and outlined the strategy which would enable the Council to move towards achievement of its medium-term and longer-term goals. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

The Board considered and received assurances in respect of a number of issues and implications arising from the proposals, including the need to tailor services to meet the differing demands of households, the capacity of the black bins, the need for services to adapt to any missed collections, issues regarding food waste collection, the potential use of neighbouring authorities' sorting sites, the winter cessation of garden waste collection, the financial implications arising from the proposals and the possibility of expanding the recyclable waste collection to include materials such as glass.

RESOLVED –

- (a) That the contents of the submitted report be noted and that the vision and key principles of the Integrated Waste Strategy for Leeds be reaffirmed.
- (b) That the proposed increases to the Council's household waste recycling target to 55% by 2016, with a long-term target to exceed 60% be approved.
- (c) That the proposed expansion of the Rothwell recycling collection service by up to 6,000 properties in 2012/13 be approved, which includes an injection into the Capital Programme of £27,000 for the purchase of food waste bins, and necessary authority to spend this amount.
- (d) That the proposal to implement a pilot of fortnightly collections of recycling and residual waste during 2012/13 be approved.

- (e) That the aim to roll-out of food waste collections to suitable properties city-wide, with the speed of roll-out in line with resource availability be reaffirmed.
- (f) That the need to procure a treatment solution for food waste alongside the city-wide roll-out of food waste collections be noted, together with the intention to undertake a technical options appraisal with a view to promoting the delivery of an anaerobic digestion solution for Leeds, should this represent the best value for money and environmental option.
- (g) That officers' intentions to seek further Member approvals regarding specific collection service roll-out plans be noted.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Carter required it to be recorded that he voted against the decisions taken above)

145 Solar PV Initiative

Further to Minute No. 198, 30th March 2011, the Director of Environment and Neighbourhoods submitted a report advising of the Government's proposed changes to the Feed-In Tariff (FIT) arrangements for Solar PV and the impact of such changes upon the Council's proposals regarding Solar PV initiatives. The report also presented for approval a response to the Government's consultation on the proposed changes, and outlined proposals to undertake further work on developing cost neutral renewable schemes for council housing and the private sector (including PV), funded via FITs and the Renewable Heat Incentive, once further details of FITs for community schemes had been announced. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

In responding to Members' enquiries, the Board received details regarding the process and speed at which the Solar PV initiative had been progressed in Leeds.

Following Members' comments, the Chief Executive highlighted the potential benefits which could be realised from the adoption of an appropriate scheme and suggested that any representations made on behalf of the Council in respect of this matter should be focussed upon the Renewable Heat Incentive.

RESOLVED –

- (a) That the contents of the submitted report and the reasons for putting both PV schemes on hold be noted.
- (b) That the formal response to the Department for Energy and Climate Change consultation, as detailed within Appendix 1 to the submitted report, be approved.
- (c) That officers be requested to continue to investigate the development of cost-neutral renewable schemes for council housing and the private

sector (including PV), funded via FITs and the Renewable Heat Incentive, once further details of FITs for community schemes are announced.

NEIGHBOURHOODS, HOUSING AND REGENERATION

146 Gypsies and Travellers Site Options - Selection Criteria

Further to Minute No. 57, 27th July 2011, the Director of Environment and Neighbourhoods submitted a report seeking the Board's approval to use the proposed site selection criteria, as detailed within the report, for the purposes of identifying potential sites to accommodate Gypsies and Travellers. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

In responding to Members' enquiries regarding access to the list of those potential sites which had been identified across the city, it was confirmed that details of the prioritised sites only would be released once the process of identifying such sites had concluded. In addition, Members emphasised the need for such processes to be undertaken thoughtfully and robustly.

RESOLVED –

- (a) That the contents of the submitted report be noted.
- (b) That the site selection criteria, as detailed within the submitted report, be approved.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Carter required it to be recorded that he voted against the decisions taken above, whilst Councillor Finnigan required it to be recorded that he abstained from voting on the decisions taken above)

147 Police Reform and Social Responsibility Act 2011 - Implications of Elected Police and Crime Commissioner

To consider the report of the Director of Environment and Neighbourhoods providing Executive Board with an overview of the Police Reform and Social Responsibility Act 2011, which received Royal Assent on 15th September 2011. In addition, the report highlighted the initial implications for Leeds arising from the introduction of a publicly elected Police and Crime Commissioner. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Members highlighted the exceptional partnership which had been developed over time between the Police and the Council and emphasised the need for such a productive partnership to continue in the future.

In conclusion, the Chair requested that a report be submitted to a future meeting of the Board in respect of the Police Reform and an assessment of any associated risks to the Council.

RESOLVED –

- (a) That the Police Reform and Social Responsibility Act, which received Royal Assent on 15th September 2011 be noted, together with the fact that a public election will take place in the city in November 2012 to appoint a Police and Crime Commissioner for the West Yorkshire Police Force area.
- (b) That the initial implications associated with the introduction of an elected Police and Crime Commissioner from November 2012, as set out within the submitted report, be noted.
- (c) That it be noted that the West Yorkshire Police Authority will oversee the transitional arrangements in the preparation for the introduction of the Act, and that the excellent work which has taken place between the city and the Police Authority over the years be recognised.
- (d) That a project group be established to consider and make recommendations to the Safer Leeds Executive and the Council's Executive Board, on a range of issues, as outlined within section 5 of the submitted report, in preparation for the appointment of the Police and Crime Commissioner.
- (e) That a report be submitted to a future meeting of the Board in respect of the Police Reform and an assessment of any associated risks to the Council.

CHILDREN'S SERVICES

148 Leeds Youth Offer

The Director of Children's Services submitted a report providing background information about the broader vision for children and young people in Leeds, and how the proposed Leeds Youth Offer fitted into that vision. In addition, the report also presented a summary of current issues in relation to service delivery, service outcomes and investment, and suggested next steps. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Following Members' enquiries, assurances were received in respect of greater emphasis being placed upon the role of the locality. In addition, it was proposed that an all party working group was established in order to progress the matters proposed.

RESOLVED – That the proposed outline vision and next steps for the delivery of a bigger, bolder, better offer for the young people of Leeds be supported.

149 The Ofsted Annual Assessment of Children's Services in Leeds

The Director of Children's Services submitted a report presenting the findings of Ofsted's Annual Assessment of Children's Services in Leeds. The Assessment was reported in the form of a letter to the local authority, as detailed at appendix 1 to the covering report, which was published on the Ofsted website on the 8th November 2011. In determining this matter, the

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Board took into consideration all matters contained within the accompanying report.

On behalf of the Board, the Chair thanked all of those who had been involved in achieving the improved Ofsted Annual Assessment for Leeds.

RESOLVED –

- (a) That the content of the Ofsted Annual Assessment letter, as detailed within appendix 1 to the submitted report be noted.
- (b) That the ongoing improvement work which is taking place across the service be supported.

150 Transfer of Council Owned Land and Buildings to Academies

The Director of Children's Services submitted a report which sought in principle approval to the disposal of land, by way of a 125 year lease, to schools converting to Academy status, in accordance with the Academies Act 2010. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

In response to Members enquiries, the Board was advised that any restrictions placed upon land which was transferred to Academies would be included within the lease.

RESOLVED – That the principle of disposing of land to schools converting to Academies, on the basis set out within the submitted report, be approved, with the final approval of the terms of such disposals being delegated to the Director of City Development, in consultation with the Director of Children's Services, Lead Members and appropriate Ward Members.

LEISURE

151 Scrutiny Board Recommendations - Cemeteries and Crematoria Horticultural Maintenance

Further to Minute No. 85, 7th September 2011, the Director of City Development submitted a report detailing and considering the recommendations arising from the former Scrutiny Board (City Development) inquiry into 'Cemeteries and Crematoria Horticultural Maintenance' and setting out proposals in light of the recommendations made, with particular reference to recommendation 2 of the inquiry report. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

The Executive Member for Leisure thanked the former Scrutiny Board (City Development) for the work which it had undertaken and provided the Board with clarification on a minor error in respect of paragraph 4.6 of the submitted report.

RESOLVED –

- (a) That the contents of the submitted report be noted.

- (b) That approval be given to grave conditions being enforced on cemetery extensions and new cemeteries, following consultation on a site by site basis, in order to determine the proportion of lawned and non-lawned areas.
- (c) That approval be given to the enforcement process set out in paragraph 3.5 of the submitted report, which will take account of any specific faith issues that may be applicable when imposing grave conditions.
- (d) That approval be given to the provision of a designated area for memorials to be placed in strewing areas, as illustrated within Appendix 1 – 3(a) of the submitted report.

ADULT HEALTH AND SOCIAL CARE

152 Proposed Changes to Partnership Arrangements between Leeds City Council Adult Social Care and Leeds Partnerships NHS Foundation Trust

The Director of Adult Social Services submitted a report regarding the proposed integration of the specialist mental health social care services with the specialist secondary mental health service, which would include Leeds Partnership Foundation Trust (LPFT) acting as host organisation for the partnership. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

RESOLVED –

- (a) That the proposal to integrate specialist mental health social care services with specialist secondary mental health service, with LPFT acting as host organisation for the partnership, be approved.
- (b) That the development of a Section 75 agreement, detailing the governance of the partnership between Adult Social Care and LPFT, be approved.
- (c) That the secondment of social care staff to LPFT from 1st April 2012 be agreed.
- (d) That it be noted that further detailed work will be undertaken to ensure the ongoing balance of social care management within the partnership.
- (e) That the review of roles and functions of social work within the partnership be noted.

RESOURCES AND CORPORATE FUNCTIONS

153 Financial Health Monitoring 2011/12 - Month 7

The Director of Resources submitted a report setting out the Council's projected financial health position after seven months of the financial year. The report reviewed the position of the budget after seven months and

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commented upon the key issues impacting on the overall achievement of the budget for the current year. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

In presenting the report, the Director of Resources provided Members with more recent information which had been received regarding financial contributions from the health service and advised that further details on this matter would be submitted to the next meeting of the Board.

Members emphasised concerns which had previously been raised regarding the need for issues relating to city centre car parking provision to be further considered and addressed. In response, the Director of City Development undertook to liaise with the Director of Environment and Neighbourhoods and report back to the Board on this matter.

Following Members' enquiries, the Board received an update both on the current overall position regarding Looked After Children and also in respect of Residential and Nursing Care Placements.

RESOLVED –

- (a) That the projected financial position of the authority, after seven months of the financial year, be noted.
- (b) That a report be submitted to a future meeting of the Board regarding city centre car parking provision.

154 Initial Budget Proposals

The Director of Resources submitted a report presenting the initial budget proposals for 2012/2013, which together with a forecast for 2013/2014 and 2014/2015, would form the basis of the Council's new medium term financial strategy. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Members were updated on the Local Government Finance Settlement, which had been announced following the publication of the report. The Board then thanked officers for all of their efforts on the savings which had been achieved to date.

RESOLVED – That the submitted report be agreed as the initial budget proposals and that such proposals be submitted to Scrutiny for consideration, with the proposals also being used as a basis for wider consultation with stakeholders.

(Under the provisions of Council Procedure Rule 16.5, Councillors A Carter and Golton required it to be recorded that they both abstained from voting on the decisions taken above)

(The matters referred to within this minute were not eligible for Call In, as decisions regarding the Council's budget are reserved to Council)

DEVELOPMENT AND THE ECONOMY

155 Local Development Framework Annual Monitoring Report 2011

The Director of City Development submitted a report presenting for approval the Leeds Local Development Framework (LDF) Annual Monitoring Report 2011 for the purposes of submission to the Secretary of State, which was pursuant to Regulation 48 of the Town and Country Planning (Local Development) (England) Regulations 2004. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Full copies of the Leeds LDF Annual Monitoring Report 2011 had been provided to Board Members for their consideration at the time of the agenda despatch. In addition, following the circulation of the agenda, supplementary information in the form of a schedule of changes to the Monitoring Report, based upon comments received at the meeting of the Development Plan Panel held on 6th December 2011, had been circulated to Board Members for their consideration.

Members discussed the content of the submitted report with respect to the matter of localism.

RESOLVED –

- (a) That the contents of the submitted report be noted.
- (b) That the Leeds Local Development Framework Annual Monitoring Report 2011 be approved for submission to the Secretary of State by 31st December 2011.

156 The Community Infrastructure Levy - Background Information, the Leeds context, and consultation response to the Government's draft regulations for reform

The Director of City Development submitted a report presenting for approval the Council's proposed response to the Government consultation exercise being undertaken in respect of the Community Infrastructure Levy (CIL). In addition, the report also provided background to the CIL and its implementation in Leeds, whilst also addressing the recommendation of the Scrutiny Board (Regeneration) on the proportion of CIL that should be allocated to local communities, a matter which was previously considered at the Executive Board meeting held on 2nd November 2011 (Minute No 117 referred). In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Concerns were expressed that the level of the CIL which would be retained in local areas, as suggested within the submitted report as part of the draft response to the Government's related consultation exercise, may be too low and did not represent a 'meaningful proportion'. Concerns were also raised regarding the proposal, also within the draft response to the Government's related consultation exercise, to remove the cap on the amount of levy funding that charging authorities may apply to administrative expenses. In

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response, the Chair requested that further work be undertaken in relation to all the concerns raised, with a further report on such matters being submitted to the Board in due course, in order to inform the Council's position.

RESOLVED –

- (a) That the background information relating to the implementation of the Community Infrastructure Levy in Leeds be noted.
- (b) That a Community Infrastructure Levy Charging Schedule be developed as a matter of priority, and that the necessary funding, as set out within paragraph 4.4.2 of the submitted report, be approved.
- (c) That further work be undertaken in relation to all the concerns raised during the discussion, with a further report on such matters being submitted to the Board in due course.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Carter required it to be recorded that he abstained from voting on the decisions taken above)

RESOURCES AND CORPORATE FUNCTIONS

157 2011/2012 Quarter 2 Performance Report

The Assistant Chief Executive (Customer Access and Performance) submitted a report presenting a summary of the Quarter 2 performance data for 2011/12 which provided an update on progress in delivering the Council Business Plan 2011-15 and the City Priority Plan 2011-15. In addition, the report also provided an update on the related work undertaken to implement an Outcomes Based Accountability approach within the Council as considered by the Board, at its meeting on 22nd June 2011. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

RESOLVED –

- (a) That the five key issues which have been highlighted: Budget, Looked-after children, Rate of Domestic Burglary, Transport and Planning Performance be noted, together with the work underway to address such issues.
- (b) That it be ensured that all reports Executive Board receive clearly evidence that effective consultation has taken place as appropriate and that due regard has been given to equality.
- (c) That the intention for the strategic partnerships to ensure that the focus remains on delivery be noted and that they lead a robust debate with partners on the performance reports for the shared city priorities.

158 Response to Scrutiny Board (Resources and Council Services) Inquiry Report into Employees' Register of Interests

The Director of Resources submitted a report responding to the recommendations arising from the Scrutiny Board (Resources and Council Services) inquiry into Employees' Register of Interests and outlining the actions proposed as a result. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

RESOLVED – That the proposals, as set out within the submitted report, be adopted.

159 Equality Improvement Priorities 2011-2015

The Assistant Chief Executive (Customer Access and Performance) submitted a report presenting for approval the Equality Improvement Priorities 2011-2015, together with the revised Equality and Diversity Policy which outlined the Council's continued commitment to equality, detailed the Council's equality objectives, identified how progress would be measured and how the Council would continue to improve and further embed the equality agenda. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Members discussed the involvement of the Member Working Group in the work undertaken on the Equality Improvement Priorities, whilst the Chair congratulated all of those officers who had been involved in the Diversity Peer Assessment, which had received an 'excellent' rating against the Equality Framework for Local Government.

RESOLVED –

- (a) That the contents of the submitted report be noted.
- (b) That the Equality Improvement Priorities for 2011 to 2015 be agreed and approved.
- (c) That the revised Equality and Diversity Policy be agreed and approved.
- (d) That the proposal to circulate the submitted report to Area Committees, so that all Members are aware of the Council's Equality and Diversity Policy and Improvement Priorities, be noted.

160 Commission on the Future of Local Government

The Assistant Chief Executive (Customer Access and Performance) submitted a report providing an update on the work of the Commission on the Future of Local Government, which was exploring the concept of Civic Enterprise as a way to respond to the extreme change and challenges facing local government. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

The Chair invited all relevant parties to provide their submissions to the Commission on the matters relating to the future role of Local Government, as detailed within the submitted report. The Chair advised that following further

work being undertaken by the Commission, the matter would be brought back to the Board for further consideration in the Spring of 2012.

RESOLVED –

- (a) That the work currently being undertaken by the Commission be noted.
- (b) That Executive Board continue to engage with the process, as detailed within the submitted report, with further updates being received by the Board as the Commission progresses.

DATE OF PUBLICATION: 16TH DECEMBER 2011

**LAST DATE FOR CALL IN
OF ELIGIBLE DECISIONS:** 23RD DECEMBER 2011 (5.00 P.M.)

(Scrutiny Support will notify Directors of any items called in by 12.00 p.m. on 28th December 2011)

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EXECUTIVE BOARD

WEDNESDAY, 4TH JANUARY, 2012

PRESENT: Councillor K Wakefield in the Chair

Councillors J Blake, M Dobson,
R Finnigan, S Golton, P Gruen, R Lewis,
A Ogilvie and L Yeadon

Councillor J Procter – Substitute Member

161 Substitute Member

Under the terms of Executive Procedure Rule 2.3 Councillor J Procter was invited to attend the meeting on behalf of Councillor A Carter.

162 Exempt Information - Possible Exclusion of the Press and Public

RESOLVED – That the public be excluded from the meeting during the consideration of the following parts of the agenda designated as 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) Appendix 1 to the report referred to in Minute No. 168 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that it relates to the financial or business affairs of a particular person, and of 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 since this information was obtained through one to one negotiations for the disposal of the property/land then it is not in the public interest to disclose this information at this point in time. Also it is considered that the release of such information would, or would be likely to prejudice the Council's commercial interests in relation to other similar transactions in that prospective purchasers of other similar properties would have access to information about the nature and level of consideration which may prove acceptable to the Council. It is considered that whilst there may be a public interest in disclosure, much of this information will be publicly available from the Land Registry following completion of this transaction and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.
- (b) Appendix 1 to the report referred to in Minute No. 173 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information). It is considered that the public interest in maintaining the content of

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to be held on Friday, 10th February, 2012

Appendix 1 as exempt outweighs the public interest in disclosing the information at this point in time.

163 Late Items

The Chair admitted to the agenda, the following late items of business:

- (a) A report entitled, 'East Leeds Regeneration Board' (Minute No. 169 referred). It was deemed appropriate that this matter be considered by the Board as a matter of urgency in order to ensure that the Board received at the earliest opportunity the latest information and clarification with regard to the governance arrangements for the East Leeds Regeneration Board.
- (b) A report entitled, 'Letter from the Minister for Children and Families, Tim Loughton, regarding the Children's Services Improvement Notice', (Minute No. 182 referred). Following receipt of the correspondence from the Minister for Children and Families on the 21st December 2011, it was deemed appropriate that Executive Board members be provided at the earliest opportunity with the latest information regarding the lifting of the Improvement Notice upon Children's Services in Leeds.

164 Declaration of Interests

Councillor Dobson declared a personal interest in the agenda item entitled, 'Response to the Consultation on the Foundation Trust Application by Leeds NHS Trusts' due to being a member of Leeds Teaching Hospitals NHS Trust (Minute No. 173 referred).

Councillors Yeadon declared a personal interest in the agenda item entitled, 'Community First', due to her position on the Kirkstall Community First Panel and also a personal interest in the agenda item entitled, 'Response to the Consultation on the Foundation Trust Application by Leeds NHS Trusts', due to being a member of the Leeds Initiative: Health and Wellbeing Board (Minute Nos. 167 and 173 referred respectively).

Councillor Wakefield declared a personal interest in the agenda item entitled, 'Response to the Consultation on the Foundation Trust Application by Leeds NHS Trusts' due to being a member of the Leeds Initiative: Health and Wellbeing Board (Minute No. 173 referred).

Councillor Ogilvie declared a personal interest in the agenda item entitled, 'Community First', due to his position on his local Community First Panel (Minute No. 167 referred).

On behalf of Councillor Blake, who was scheduled to join the meeting at a later point, Councillor Wakefield declared that Councillor Blake had a personal interest in respect of the agenda item entitled, 'Community First', due to her position on her local Community First Panel and also a personal interest in the agenda item entitled, 'Response to the Consultation on the Foundation Trust Application by Leeds NHS Trusts', due to being a member of the Leeds

Initiative: Health and Wellbeing Board (Minute Nos. 167 and 173 referred respectively).

A further declaration of interest was made at a later point in the meeting (Minute No. 178 referred).

165 Minutes

RESOLVED – That the minutes of the meeting held on 14th December 2011 be approved as a correct record.

DEVELOPMENT AND THE ECONOMY

166 Deputation by Leeds Cycling Action Group

The Director of City Development submitted a report responding to the issues raised by the Leeds Cycle Action Group during the organisation's deputation to the Council meeting held on 16th November 2011. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Correspondence on behalf of the National Federation of the Blind addressed to the Leader of Council had been tabled at the meeting for Board Members' consideration. The correspondence detailed the Federation's specific concerns regarding the proposed cycle way for Cookridge Street and Portland Crescent.

In responding the correspondence circulated, the Executive Member for Development and the Economy undertook to schedule a meeting between representatives of the Council and the Federation, in order to discuss their specific concerns.

RESOLVED –

- (a) That the contents of the submitted report be noted.
- (b) That the concerns of the Leeds Cycling Action Group be acknowledged together with the programmes and initiatives which are being pursued by the Council which aim to satisfy such concerns, whilst also maintaining a balance of provision for all road users.
- (c) That the Chief Officer of Highways and Transportation be invited to address the Cycling Consultation Forum.
- (d) That a meeting be scheduled between representatives of both the Council and the National Federation of the Blind, in order to discuss the specific concerns which had been highlighted by the Federation.

NEIGHBOURHOODS, HOUSING AND REGENERATION

167 Community First

The Assistant Chief Executive (Customer Access and Performance) submitted a report which aimed to raise awareness of the Community First

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and Community Organiser programmes. In addition, the report sought the Board's support for the Council's active engagement and co-operation in establishing the Community First Programme in Leeds, together with the undertaking that other programmes, where appropriate, would be aligned with the Community First initiative. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Members welcomed the additional funding which would be received within targeted Wards, however, concerns were raised regarding the process by which the funding would be allocated, the extent to which the local authority had been involved in that process and how the targeted Wards had been identified.

Concerns were raised regarding the remit and the accountability arrangements for the Community Organisers. In addition, Members further considered the criteria which had been used to identify the targeted Wards and enquired how the funding would be used to specifically address those issues on which the selection criteria had been based, such as benefit claimant levels. In response, it was requested that a report was submitted to a future meeting of the Board in order to clarify such matters.

RESOLVED –

- (a) That the Council's active engagement and co-operation in establishing the Community First Programme in Leeds be supported.
- (b) That the alignment of the programme with other relevant initiatives be endorsed.
- (c) That the Board's awareness of the Community Organisers' Programme and the potential relationships with other related programmes, be noted.
- (d) That a further report be submitted to a future meeting of the Board in order to clarify those matters relating to the initiative which had been raised during the discussion.

168 60, Sholebroke Avenue, Chapeltown, LS7

Further to Minute No. 21, 22nd June 2010, the Director of Environment and Neighbourhoods submitted a report which sought approval to sell 60, Sholebroke Avenue, Chapeltown, to Unity HA at a less than best consideration in order to bring the property back into use as a 7 bedroomed family home for a family to be housed from the housing register. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Following consideration of Appendix 1 to the submitted report, designated as exempt under Access to Information Procedure Rule 10.4(3), which was considered in private at the conclusion of the meeting it was

RESOLVED – That 60, Sholebrook Avenue be sold at a less than best consideration and on the terms detailed within the exempt appendix to the submitted report to Unity HA, in order that the property can be refurbished to Code Level 3 for Sustainable Homes, and brought back into use as a 7 bedroomed family house.

169 East Leeds Regeneration Board

The Director of Environment and Neighbourhoods submitted a report outlining proposals regarding the establishment of area regeneration sub-boards to the overarching Housing and Regeneration Strategic Partnership Board, whilst also seeking Executive Board's endorsement of the governance arrangements set out for the East Leeds Regeneration Board. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Copies of the report and appendices had been circulated to all relevant parties following the publication of the agenda papers.

Following Members' enquiries, the Board received clarification with regard to the status of the Shadow Board. It was also emphasised that the Sub Board, when it became operational, would be an advisory body only. In addition, assurances were received regarding the composition of, and the appointment process to the East Leeds Regeneration Board. Enquiries were also raised regarding the geographical area covered by the Board and the added value that the proposals would bring.

Responding to a specific request that opposition representation on the Board was allowed to be taken from the overall membership of each opposition group, rather than just from those opposition Members representing the affected Wards, it was stated that this request would be given serious consideration.

In conclusion, the Chair acknowledged that further work was required to be undertaken with regard to regeneration in other parts of the city. Specifically in relation to the work currently being undertaken in East Leeds, further consideration could be given to the current model by Executive Board, should concerns remain.

RESOLVED –

- (a) That the proposal to establish area regeneration sub-boards, be noted.
- (b) That the arrangements for the East Leeds Regeneration Board, as detailed within the submitted report, be endorsed.

LEISURE

170 Review of Leeds City Council Gymnastics Training Scheme

The Director of City Development submitted a report seeking approval to transfer the operation of the Leeds Gymnastics Training Scheme from Leeds City Council to the City of Leeds Gymnastics Club Community Interest

Company, which would help develop gymnasts to reach their full potential, with a reducing contribution from the Council. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

The Executive Member for Leisure paid tribute to all of those who had been involved in getting the scheme to its current position, particularly the City of Leeds Gymnastics Club.

Assurances were received in response to enquiries regarding the consultation process which had been undertaken.

RESOLVED –

- (a) That the transfer of the Leeds Gymnastics Training Scheme from Leeds City Council to the City of Leeds Gymnastics Club Community Interest Company from 1 April 2012 be approved.
- (b) That approval be given to Leeds City Council providing financial support to City of Leeds Gymnastics Club Community Interest Company up to a maximum of £250,000 over the next 4 year period.
- (c) That approval be given to Leeds City Council acting as guarantor on the leasehold (Unit 1 Limewood Business Park) for a period of 4 years commencing on 1st February 2012 and terminating 31st January 2016.

ADULT HEALTH AND SOCIAL CARE

171 Response to the Deputation to Council by the Access Committee for Leeds about celebrating volunteers of Leeds

The Assistant Chief Executive (Customer Access and Performance) together with the Director of Adult Social Services submitted a joint report responding to the issues raised by the Access Committee for Leeds during the organisation's deputation to the Council meeting held on 16th November 2011. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

On behalf of the Board, the Chair thanked of those volunteers and voluntary organisations throughout Leeds who made an excellent contribution to the city.

RESOLVED –

- (a) That the contents of the submitted report be noted.
- (b) That the work which is taking place to support volunteering and the Third Sector be noted.
- (c) That Adult Social Care's approach towards ensuring that a diverse care market thrives in Leeds, and where localism and volunteering are

valued and encouraged alongside a wide variety of other providers, be noted and endorsed.

172 Outline Plan for Brook House, St Anne's on Sea

The Director of Adult Social Services submitted a report outlining proposals with regard to the future of Brook House. In summary, the report proposed to cease the use of Brook House, sell the property and pass the proceeds of the sale to Leeds Community Foundation, which would hold the sum in trust for those people of Leeds who broadly met the requirements of the bequest, in order to support their access to their individual choice of holiday arrangements. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

In responding to enquiries, officers undertook to provide Members with details of any similar properties within the Council's possession which were located outside of the city boundary.

RESOLVED – That the following be approved, subject to the acceptance of the proposed course of action by the Charity Commission:-

- The Council submit a proposal to the Charity Commission for the disposal of the property known as Brook House demonstrating why the intended new purpose is in the best interest of the charity.
- That if approval is given by the Charity Commission to the Council's proposals, the Council proceeds with the sale of the property known as Brook House.
- The Council continues to work with Leeds Community Foundation to further an agreement on the establishment of a trust fund to continue to meet the broad requirements of the bequest from Harry Brook.

173 Response to the consultation on Foundation Trust application by Leeds' NHS Trusts

The Director of Adult Social Services submitted a report providing details of the Foundation Trust application process being undertaken by the Leeds NHS Trusts and which enabled the Board to consider and respond to the potential impact of such matters upon the local authority. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Following consideration of Appendix 1 to the submitted report, designated as exempt under Access to Information Procedure Rule 10.4(3), which was considered in private at the conclusion of the meeting it was

RESOLVED -

- (a) That the implications for the Local Authority arising from the Foundation Trust applications being undertaken by the Leeds NHS Trusts, be noted.
- (b) That the submission of the formal consultation responses be approved.
- (c) That a report providing further details regarding the current landlord and tenant issue between the Council and the Teaching Hospitals Trust, as outlined within exempt appendix 1 to the report, be submitted in due course.

174 Public report of the Local Government Ombudsman regarding a complaint about a joint service provided by the Council and Leeds Community Healthcare NHS Trust

The Director of Adult Social Services submitted a report which informed the Board of a finding of maladministration with injustice, in a report issued by the Local Government Ombudsman in November 2011. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

On behalf of the Council, the Board and the Chief Executive conveyed their full and unreserved apologies to the family concerned for the service which they had received. In addition, the Board acknowledged the swift and positive actions taken by both the Council and Leeds Community Healthcare NHS Trust following receipt of the complaint, whilst tributes were also paid to the invaluable work which continued to be undertaken throughout the city within the area of Adult Social Care.

RESOLVED -

- (a) That the Ombudsman's Report and findings, together with the Council's response be received and noted.
- (b) That it also be noted that this case dates back as far as 2008 and since then the Council has provided a significant training programme to workers in the areas of Safeguarding Vulnerable Adults and the Mental Capacity Act.

RESOURCES AND CORPORATE FUNCTIONS

175 Financial Health Monitoring 2011/12 - Month 8

The Director of Resources submitted a report setting out the Council's projected financial health position after eight months of the financial year. The report reviewed the position of the budget after eight months and commented upon the key issues impacting on the overall achievement of the budget for the current year. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Following Members' enquiries, the Board was provided with the latest budgetary position within Environmental Services, specifically in relation to the

provision of waste disposal. In addition, clarification was also provided to Members regarding the proposed allocation of the income which had been received from NHS Leeds.

In conclusion, the Chair welcomed the all party approach which continued to be taken towards addressing the Council's current budgetary position. In addition, he paid tribute to all the actions which had been taken to achieve the savings made to date, whilst emphasis was also placed upon the vital nature of the services the Council continued to provide to vulnerable groups.

RESOLVED - That the projected financial position of the authority after eight months of the financial year be noted.

176 Large Casino - Approval of revised Gambling Act 2005 Statement of Licensing Policy 2010-2012

The Director of Resources submitted a report presenting comments from the Scrutiny Board (Resources and Council Services) on the revised Gambling Act 2005 Statement of Licensing Policy which contained a statement of the principles that the Council would apply when determining the large casino licence. In addition, the report also presented the comments from the same Scrutiny Board on the Consultation Report which was the proposed Council response to the public consultation exercise on the large casino section in the Policy, and the draft application pack. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Copies of the Statement of Licensing Policy 2010-2012 together with the Consultation Report had been circulated to Board Members for their consideration at the time of the agenda despatch.

RESOLVED –

- (a) That the comments made by Scrutiny Board (Resources and Council Services) on the revised Gambling Act 2005 Statement of Licensing Policy 2010-2012 and the consultation report be noted as the Council's response to the public consultation.
- (b) That the Statement of Licensing Policy 2010 – 2012, together with the associated Consultation Report be referred to full Council for approval.

(The matters referred to within this minute were not eligible for Call In, as the ultimate determination of such matters are reserved to Council)

DEVELOPMENT AND THE ECONOMY

177 Response to Deputation from Scott Hall and Sholebroke Tenants' and Residents' Association regarding the need for a Formal Crossing Facility on Scott Hall Road

The Director of City Development submitted a report responding to the issues raised by the Scott Hall and Sholebroke Tenants' and Residents' Association during the organisation's deputation to the Council meeting held on 16th

November 2011. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

The Executive Member for Development and the Economy advised that the matters raised by the deputation would continue to be monitored.

RESOLVED –

- (a) That the contents of the submitted report be noted.
- (b) That the concerns raised by residents be acknowledged.
- (c) That approval be given to a further survey being undertaken at a different time of year in order to capture any potential additional seasonal pedestrian demand.

178 Interim Affordable Housing Policy

Further to Minute No. 221, 18th May 2011, the Director of City Development submitted a report providing a response to the recommendation of Scrutiny Board (Regeneration) agreed by the Scrutiny Board on 29th November 2011, which asked that the Executive Board “reconsiders this interim housing policy as a matter of urgency with a view to reinstating the 2008 affordable housing targets in relation to Greenfield sites”. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Councillor J Procter, as Chair of the Scrutiny Board (Regeneration) highlighted the issues which had been raised during the Scrutiny Inquiry, which had led to the recommendation to Executive Board.

Concerns were raised in relation to the retrospective applications which had been submitted by some developers in line with the lower affordable housing provision percentage targets of the interim policy, despite already having planning permission with agreements for provision of affordable housing at the previous higher level, with specific emphasis being placed upon those instances concerning Greenfield sites.

Responding to the concerns raised, it was emphasised that the interim policy needed to be maintained in order to stimulate the industry, however, Members noted that the matter would be closely monitored and would be resubmitted to the Board for review as appropriate, in order to adapt to any changes within the housing market.

In instances where permissions had been granted at appeal, but developers had yet to submit new planning applications for reduced contributions, Members highlighted as a potential way forward, the scope that the Local Planning Authority had to reconsider Section 106 packages on a case by case basis, and in consultation with local Members and communities could seek increased affordable housing contributions as a priority at the expense of other funding areas.

RESOLVED –

- (a) That the existing 2011 Interim Affordable Housing policy targets as agreed by Executive Board in May 2011 be retained.
- (b) That a monitoring report on the progress of the revised policy be received by the Board in Summer 2012.
- (c) That it be clarified that the implementation period is 2 years from the date of the decision to grant planning permission, subject to Section 106 obligations in order to secure the early delivery of affordable housing and that at the end of 2 years if not implemented, the percentage of affordable housing will revert to whatever the policy is at the time.
- (d) That on those Greenfield sites which are granted at appeal with higher levels of affordable housing, and where lower levels of affordable housing is sought in accordance with the interim policy, regard is had to the content of the overall Section 106 package together with local priorities, in consultation with Ward Members and local communities.

(Councillor Golton declared a personal interest in this matter, due to having relatives working within the building trade)

(Under the provisions of Council Procedure Rule 16.5, Councillor Finnigan required it to be recorded that he voted against the decisions taken above)

179 Bradford's Core Strategy: Further Engagement Draft 2011

The Director of City Development submitted a report identifying a number of policies and proposals detailed within Bradford's Core Strategy: Further Engagement Draft 2011, which had the potential to impact significantly upon Leeds. In addition, the report also recommended the submission of a response to Bradford's Core Strategy, as appended to the submitted report. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Members welcomed the recommendations within the report, but highlighted that similar issues may need to be addressed in respect to other neighbouring Local Authorities' Core Strategy documents. Responding to a specific enquiry, the Board noted that Kirklees Council's Core Strategy was not yet at the same stage as Bradford's and therefore the opportunity had not yet arisen to provide a response to it.

Following comments raised regarding the role which could be played by the Leeds City Region on this issue and the benefits of a cohesive approach being taken between authorities, the Chief Executive emphasised the good working relationships which existed between Leeds and Bradford and advised that further re-engagement could be made with other local authorities and on a Leeds City Region basis in addressing such matters, whilst further officer time could also be invested.

RESOLVED – That the Board formally object to Bradford’s Core Strategy: Further Engagement Draft, on the basis that:

- (i) proposals for redrawing the Green Belt boundary to enable development at Holme Wood and Menston would encroach into the strategic gap between Leeds and Bradford leading toward a merging of the two cities.
- (ii) traffic congestion and hazards would be created to roads in Leeds, particularly the A657 and routes to Drighlington and beyond, and the A65.

180 Neighbourhood Planning - Consultation Response to the Government's Draft Regulations for Reform

Further to Minute No. 121, 2nd November 2011, the Director of City Development submitted a report which presented for approval and subsequent submission to the Department for Communities and Local Government (DCLG), the Council’s draft response to the Government’s proposals regarding the reform of Neighbourhood Planning; Community Right to Build and Neighbourhood Development Orders. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Concerns were raised regarding the resource and budgetary implications arising from the Government’s proposals which would be placed upon the Council and it was suggested that representations were made to the Government emphasising that in order to ensure the proposals were implemented successfully, additional resource would be required.

The Board considered the differing approaches towards the initiative which would be adopted by individual communities and Parish and Town Councils, and highlighted the role of Area Committees and Area Management in neighbourhood planning matters.

RESOLVED –

- (a) That the contents of the submitted report, in association with the previous background information received by the Board at the meeting held on 2nd November 2011, be noted.
- (b) That the response to the Government’s proposals for reform of Neighbourhood Planning; Community Right to Build and Neighbourhood Development Orders, as set out within section 3 of the submitted report and also in the questionnaire attached as Appendix 1 be approved, and that the response be submitted to the Department for Communities and Local Government before 5th January 2012.
- (c) That the submitted report be circulated to Town and Parish Councils for their information.

(The matters referred to within this minute were not eligible for Call In, due to the 5th January 2012 deadline for responding to the DCLG consultation process on the draft neighbourhood planning regulations)

Draft minutes to be approved at the meeting to be held on Friday, 10th February, 2012

CHILDREN'S SERVICES

181 Primary Basic Need 2013 - Outcome of Consultation on Proposals for Expansion of Primary Provision in 2013

The Director of Children's Services submitted a report which detailed the outcomes arising from the public consultation exercises undertaken regarding the expansion of primary provision across the city. In addition, the report made several recommendations with respect to the next steps for each of the proposals detailed within the submitted report. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

In presenting the report, it was noted that regarding the Florence Street proposal, further consideration would need to be given to the activities on the existing refuse site which was in the proximity of the proposed school site. In addition, the strong representations which had been made regarding the proposal for the South Leeds Sports Centre site were acknowledged, and it was noted that work was ongoing in considering whether both leisure and educational provision could be accommodated on that same site.

In discussing this matter, Members highlighted the proposed significant expansion of Morley Newlands Primary School, received assurances regarding the work being undertaken in respect of Free Schools in Leeds and were provided with details regarding the costing exercise with respect to the decontamination work required at the Florence Street site. Having received details of what the temporary accommodation arrangements proposed within the submitted report entailed, assurances were provided that implementing such measures would be done in consultation with local Ward Members.

RESOLVED –

- (a) That the publication of an 'invitation to bid' statutory notice for a proposed new 420 place school with 26 place nursery on land at Florence Street to serve families in that area, be approved.
- (b) That the publication of an 'invitation to bid' statutory notice for a proposed new 420 place school with 26 place nursery on land at the former South Leeds sports centre to serve families in that area, be approved.
- (c) That the publication of a statutory notice for the expansion of Morley Newlands Primary School from 420 pupils to 630 pupils be approved.
- (d) That it be noted the authority will commission temporary increases in a number of areas whilst further evidence is gathered to identify permanent expansion proposals.

182 Letter from the Minister for Children and Families, Tim Loughton, regarding the Children's Services Improvement Notice

The Director of Children's Services submitted a report presenting for consideration a letter from the Minister for Children and Families, Tim Loughton, to the Leader of the Council, which confirmed that the Improvement Notice placed upon Leeds Children's Services in March 2010 had been lifted with immediate effect. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Copies of the report and appendices had been circulated to all relevant parties following the publication of the agenda papers.

The Board paid tribute to and thanked all officers involved, members of the Improvement Board, the Executive Member for Children's Services and the Director for all of their efforts which had led to the Minister for Children and Families lifting the Improvement Notice for Children's Services in Leeds. However, it was acknowledged that work would continue in order to ensure that Children's Services provision across the city continued to improve.

RESOLVED –

- (a) That the removal of the Improvement Notice from Children's Services in Leeds be noted, and it be acknowledged that this is an important milestone for the ongoing improvement journey.
- (b) That the important role which the Improvement Board has played in supporting the improvements made be formally acknowledged, and in particular, the Independent Chair, Bill McCarthy, together with the Support and Challenge Advisor, Penny Thompson, and all the partner agencies on the Board be thanked for their key contributions.
- (c) That the workforce of the Council together with its partners be thanked for achieving this significant milestone, in addition to their continued support in rising to the outstanding performance challenges faced.

DATE OF PUBLICATION: 6TH JANUARY 2012

**LAST DATE FOR CALL IN
OF ELIGIBLE DECISIONS:** 13TH JANUARY 2012 (5.00 P.M.)

(Scrutiny Support will notify Directors of any items called in by 12.00 p.m. on 16th January 2012)

Draft minutes to be approved at the meeting
to be held on Friday, 10th February, 2012



FORWARD PLAN OF KEY DECISIONS
Relating to Scrutiny Board (Health & Wellbeing and Adult Social Care)

1 January 2012 – 30 April 2012

APPENDIX 4

LEEDS CITY COUNCIL

FORWARD PLAN OF KEY DECISIONS

For the period 1 January 2012 to 30 April 2012

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
Learning Disability Framework Procurement The award of the Framework Agreement to provide supported living services for people with learning disabilities	Director of Adult Social Services	1/1/12	Adult Commissioning Board	The report requesting the award of the Framework Agreement to provide supported living services for people with learning disabilities from December 2010 for a period of 2 years until December 2012 with an option to extend for a further 1x12 month and 1x12 month periods	Director of Adult Social Services janet.wright@leeds.gov.uk

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
<p>Carers Leeds - Advice, Support and Information Service for unpaid family carers</p> <p>To award the final one year contract extension from 1/4/2012 to Carers Leeds for the provision of the advice, support and information service for all carers across Leeds. The contract commenced on 1/4/08 for three years plus two one year extensions.</p>	<p>Director of Adult Social Services</p>	<p>5/1/12</p>	<p>Consultation took place for initial award of this contract</p>	<p>Report to DASS to approve extension of contract</p>	<p>bridget.maguire@leeds.gov.uk</p>

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
request to invoke contracts procedure rule 8.5 to call-off from : the pro5 framework agreement for community and assistive technology equipment for daily living and the buying solution framework Approval to purchase equipment using the YPO and Buy Solutions Framework	Director of Adult Social Services	8/1/12	Procurement Unit. The Services buy equipment to meet individuals needs. These needs will determined which company the equipment is purchased from. The frameworks are used to provide availability and cost effectiveness.	Report to the Director	katie.cunningham@leeds.gov.uk

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
<p>Telecare Equipment for Leeds Telecare Services 2012/13 Capital Scheme 15989</p> <p>Executive Board authority to release capital expenditure of £1,000,000 on Telecare Equipment for the Leeds Telecare Service from April 2012 to March 2013</p>	<p>Executive Board (Portfolio: Adult Health and Social Care)</p>	<p>10/2/12</p>	<p>Original consultation with NHS Leeds, Environments and Neighbourhoods and Service Users</p>	<p>The report to be issued to the decision maker with the agenda for the meeting</p>	<p>katie.cunningham@leeds.gov.uk</p>

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
Leeds Community Equipment Service Partnership Agreement Approval of the Director of Adult Social Services to agree to Leeds City Council continuing to be a partner, with Leeds Community Health Care, in the provision of community equipment services, with effect from 1 st April 2012 for a three year period with the option of a further two one year extensions	Director of Adult Social Services	1/3/12	NHS, Children's Service, User Involvement, ASC Disability Services Team	Report to the Director of Adult Social Services	katie.cunningham@leeds.gov.uk

NOTES

Key decisions are those executive decisions:

- which result in the authority incurring expenditure or making savings over £250,000 per annum, or
- are likely to have a significant effect on communities living or working in an area comprising two or more wards

Executive Board Portfolios

Executive Member

Resources and Corporate Functions	Councillor Keith Wakefield
Development and the Economy	Councillor Richard Lewis
Environmental Services	Councillor Mark Dobson
Neighbourhoods Housing and Regeneration	Councillor Peter Gruen
Children's Services	Councillor Judith Blake
Leisure	Councillor Adam Ogilvie
Adult Health and Social Care	Councillor Lucinda Yeadon
Leader of the Conservative Group	Councillor Andrew Carter
Leader of the Liberal Democrat Group	Councillor Stewart Golton
Leader of the Morley Borough Indep	Councillor Robert Finnigan

In cases where Key Decisions to be taken by the Executive Board are not included in the Plan, 5 days notice of the intention to take such decisions will be given by way of the agenda for the Executive Board meeting.

LEEDS CITY COUNCIL

BUDGET AND POLICY FRAMEWORK DECISIONS

Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be considered by Decision Maker	Lead Officer
Vision for Leeds	Council	To be confirmed	Via Executive Board, all Scrutiny Boards	Report to be issued to the decision maker with the agenda for the meeting	Assistant Chief Executive (Planning, Policy and Improvement)
Council Business Plan	Council	July 2013	Via Executive Board, all Scrutiny Boards	Report to be issued to the decision maker with the agenda for the meeting	Assistant Chief Executive (Policy, Planning and Improvement)

NOTES:

The Council's Constitution, in Article 4, defines those plans and strategies which make up the Budget and Policy Framework. Details of the consultation process are published in the Council's Forward Plan as required under the Budget and Policy Framework.

Full Council (a meeting of all Members of Council) are responsible for the adoption of the Budget and Policy Framework.

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