Recommendation 1
That all planners and providers of children and young people’s services endorse the recommendations set out within the draft Leeds Childhood Obesity Strategy.

Recommendation accepted by Children Leeds and the Director of Public Health for the 5 PCTs in Leeds.

Where we are up to now:
The strategy was presented and endorsed by the Board of Leeds PCT, in August 2007.
Choosing Health funding has been identified to fund two whole time posts, with programme costs to implement the plan. In addition a full time Health Improvement Specialist (Physical Activity Children and Young People) post was created in the PCT restructure. Service level agreements with key PCT services including dietetics, health visiting and school nursing have increased the level of capacity available to address this issue. Mainstream funding has been made available to both Watch It and Carnegie Weight Management Services in order to develop local service provision and add to the national evidence base information on the effectiveness of interventions for treatment of overweight and obese children. The National Child Measurement Programme was effectively delivered by the School Nursing Service, with data from 94% of our Reception and Year 6 children being submitted (target was 80%). This has been used to establish a baseline against which local performance to reduce childhood obesity will be measured. The Public Health Directorate of Leeds PCT lead this work. Reporting of progress on the strategy to Children Leeds is undertaken by the Director of Children and Young People’s Commissioning and Service Development, a shared post between the PCT and Children Leeds, as part of the arrangement for the PCT to host this agenda on behalf of Children Leeds.
The issue remains a priority in Every Child Matters, Leeds Children and Young People’s Plan, and Leeds PCT Business Plan. It is anticipated that Childhood Obesity will continue to be an LAA target.

Stage: 2 (achieved)

Recommendation 2
That the Council’s Executive Members responsible for Children’s Services and Health and Social Care play a proactive role in the implementation of the Leeds Childhood Obesity Strategy.

Both Executive Members accepted this recommendation and said they would
- ensure the topic is a regular agenda item in discussions with Directors
- ask for formal reports at least twice a year
- hold regular meetings with the Children Leeds obesity champion
- make themselves available to endorse, whenever practical, specific activities in schools, residential homes, leisure centres and anywhere else as a demonstration of their commitment to the campaign

Where we are up to now:
Councilor Richard Brett Executive Lead Member for Children’s Services has attended Leeds Childhood Obesity Strategy Group and a Watch It Steering Group Meeting. In addition he has met and discussed the provision of services with
Recommendation 3
In welcoming the new Leeds Childhood Obesity Strategy, we recommend that Children Leeds ensures that the evidence base, findings and recommendations within the Strategy are disseminated across all health and social care sectors, including voluntary and community sectors, to help raise greater awareness of childhood obesity.
- Dissemination of the evidence base, findings and recommendations started at the launch event. 95 delegates attended from health and social care sectors, including voluntary and community sectors.
- Articles were published locally and in professional journals.
- Childhood Obesity Group members briefed their own service staff.
- Presentations were given to Children’s Services Locality “Be Healthy” groups. Stakeholder event held in the South.
- Links to the Strategy are on the Leeds PCT and Children Leeds website front pages.
- The Strategy identifies the development of a social marketing strategy as an early key action, with the intention of highlighting the problem and potential solutions to childhood obesity in Leeds, particular to children’s services providers.

Where we are up to now:
The National Centre for Social Marketing was commissioned by the Department of Health to undertake a large scale social marketing project which would enable a greater understanding of the target groups and potential levers required to bring about change.
6 key local stakeholders attended a presentation on the findings of this research in November. The Department of Health is producing a range of resources which will highlight the problem and potential solutions. At a local level the Health Improvement Specialist (Childhood Obesity Strategy) will further disseminate this report's findings and resources and will work with key stakeholders to develop and coordinate a multi-agency local campaign in 2008.

Stage: 4 (not achieved – progress made acceptable)

Recommendation 4
That Children Leeds investigates the opportunities for formal and informal physical recreation and play in different areas of Leeds and varying take up in different social groups.
A “State of Play” report was proposed in the Leeds Play Strategy, to provide an assessment of the quality and sufficiency of play provision in Leeds. It was reported that some preliminary work was being done in February 2007 by Leeds Play network but this was going to be a large and challenging task.

Where we are up to now:
Verbal update to be provided at the meeting.

Stage: to be agreed

Recommendation 5
That a representative from the Council’s Development Department becomes a
member of the Leeds Childhood Obesity Strategy Group to help strengthen the links between the planning agenda and health.

In February 2007, the Board was told:
Paul Gough, Team Leader, Planning and Economic Policy has joined the Childhood Obesity Group and is planning to contribute to the development of the childhood obesity action plan.
Tim Parry, Senior Transport Planner, is attending the Childhood Obesity Group and has highlighted the targets, under the West Yorkshire Local Transport Plan, that relate to this agenda.

Where we are up to now:

Paul Gough and Tim Parry are members of Leeds Childhood Obesity Group. They have contributed to the development of a local action plan. The action plan includes the following objective:
‘To highlight the importance of urban design in encouraging regular activity as part of everyday life, access to healthy affordable food, strengthen protection of green space, and lead to further improvement of parks, play facilities and neighbourhoods.’
Two workshops are planned in January to develop more detailed programme plans and an evaluation framework for this and two other key objectives.

Paul Gough and Tim Parry have expressed their intention to attend these sessions and have suggested invitations be sent to Team Leader of the Sustainable Development Unit and
Following involvement with the group, the department report applying good practice in work in regeneration areas e.g. West Leeds Gateway Area Action Plan (centred on Armley). For example, linking evidence of poor health and childhood obesity with proposals to improve the quality and accessibility of green spaces and the promotion of walking and cycling (i.e. safe routes to schools, shops and other services).

Stage: 2 (achieved)

Recommendation 6
That the Executive Board nominates an Executive Member to champion issues relating to obesity.

Where we are up to now:
Councillor Richard Brett, Executive Member for Children’s Services, agreed to undertake the champion role as Executive Lead for Children’s Services. Councillor Stewart Golton is now the Executive Member for Children’s Services.

Stage: 2 (achieved)

Recommendation 7
That the Scrutiny Board receives an update report from Children Leeds on the delivery of the Strategy in 9 Months time.

The update report was received at the meeting in February 2007

Stage: 2 (achieved)
Recommendation 1
We recommend that health and social care agencies in Leeds continue to raise the profile of the Dignity Campaign using existing publicity materials and practice guidance.
The joint response received at the July meeting detailed existing and planned activities which have now been completed by LPFT, LTHT, Leeds PCT, Leeds Care Association and Adult Social Care Services. Drafts of posters were shown to the Board at the July meeting.
Where we are up to now:
The posters are now on display across the city and there have been articles on the poster campaign in each organisation's newsletters, bulletins and websites.
Stage: 2 (achieved)

Recommendation 2
We recommend that statutory care providers set up internal dignity task groups to co-ordinate dignity improvements across their organisation or incorporate the dignity role in an existing senior group. This should be led by an appropriate dignity champion.
Where we are up to now:
Internal dignity task groups have been set up to co-ordinate dignity improvements as follows:
LPFT has established the Older People's Mental Health Service Privacy and Dignity Steering Group.
LTHT has set up the Dignity Workstream Group. There is an annual conference for staff of all disciplines to support work as Dignity Champions.
Leeds PCT has established a lead on establishing a Privacy and Dignity Essence of Care Group. Practice and Professional Development links to each service/wedge have been identified at Dignity Champions. Specific posts have been created within the PCT which will incorporate dignity issues, i.e. Marie Curie Delivering Choice – Palliative Care Facilitator for Care Homes post, Education Post, Equality and Diversity worker posts.
In Adult Social Care Services the dignity role has been incorporated into an existing senior group, the Adult Management Group. The Chief Officer – Adults undertakes the role of Dignity Champion.
Stage: 2 (achieved)

Recommendation 3
We recommend that the Leeds Older People’s Champions continue to act as Dignity Champions for the city to ensure that good practice developments continue to be shared between providers.
Where we are up to now:
LPFT, LTHT and Adult Social Care Services gave their continued commitment to this in the formal response in July and are all represented on the Older People’s Champions Group. The PCT has since identified senior members of staff in both Care Services and the Strategic Commissioning Directorates as Dignity Champions.
Stage: 2 (achieved)
**Recommendation 4**
We recommend that relevant local professional bodies support policy and practice development in their sectors in order to promote a culture of dignity.

The formal response in July detailed existing and planned activity in this area.

**Where we are up to now:**
PCT planned activities completed by September 2007.
Adult Social Care – work on developing the Dignity Audit Tool is ongoing, we are awaiting the outcome of a funding bid to support Older People to carry out Audits (will know end of December if successful).
Information on the Dignity Challenge has been distributed across professional groups – Including OT Leeds
Leeds Care Association - changes in staffing have slowed this down – If Adult Social Care is successful in identifying funding for older people to carry out audits, it will liaise with LCA to include them in the project.
LPFT – please see separate response from LPFT regarding progress with this recommendation (appendix 3).

**Stage:** 4 (not achieved – progress made acceptable)

**Recommendation 5**
We recommend that an appropriate training package is developed by the Leeds Older People’s Strategic Partnership and Service Development Team, aimed at front line staff, to address and challenge attitudes to older people.

**Where we are up to now:**
The Dignity in Care agenda is being mainstreamed in Adult Social Care and NHS learning and development activities. A city wide training programme has been developed and elements of this will be delivered from November 2007- May 2008, with further sections being developed and rolled out. The programme consists of briefing sessions, presentations to key Boards and Committees, a major conference on Safeguarding Dignity and Choice, training courses and publicity to disseminate the messages for practitioners from the health, social care and voluntary/independent sector as widely as possible. Elements of the programme include the following:

- **Safeguarding Dignity and Choice Conference.**
  In September a presentation was given to Safeguarding Adults Committee on the Safeguarding Dignity and Choice Conference. Dignity in Care is a central theme in this important multi agency event, taking place on 8th January 2008, with 200 delegates from health, adult social care and the independent/voluntary sector. A Dignity in Care workshop will be delivered by members of the Strategic Partnerships and Development (Older People and Disabled People) Team.

- **Continuing Care Training**
  From October 2007-May 2008 briefing sessions are being delivered for practitioners and their managers on the new continuing care decisions and support tool. Dignity and choice are mainstreamed within the briefing sessions. The first briefing session was recently delivered to 60 hospital social workers and their managers.

- **Integrated Assessment Skills Training** for front line fieldwork staff.
This two-day training concerns Assessment, Dementia and Risk Assessment skills for experienced workers focusing on strengths based practice. Dignity in care has been included within this. This will be delivered in early 2008.

- Workshops are planned for end of year for palliative care in care homes which will incorporate dignity issues for care home staff, Community Matrons and District Nursing.

- Following the citywide launch of the leaflet ‘Assessment – Identifying Barriers – the Social Model Approach’ a number of courses have been organised and run for Social Workers and Occupational Therapists during 2007.

- Disability Equality Training – briefing sessions are being organised to equip residential, day-care and fieldwork staff in working with disabled people using a social model approach. This will be delivered in 2007-2008.

- Workplace based learning - The support of workplace based learning with NVQ assessment, provision of individual and group learning materials (training packs, videos, books etc.) is becoming increasingly important. The Dignity in Care agenda will be introduced to NVQ candidates as part of their fast track NVQ programmes from October 2007.

Stage: 2 (achieved)

Recommendation 7
We recommend that the relevant local professional bodies consider the development of more consistent and patient focussed complaints procedures and develop common standards across health and social care services in Leeds.

Where we are up to now:
Adult Social Care has developed a draft Protocol which has been circulated to health colleagues for comment. It recommended that, as opposed to having separate protocols for individual agencies, there should be a general one which should cover all agencies.

It has been suggested that, because of the proposed changes to the statutory complaints procedure i.e. a single procedure between Social Care Services and Health and recognising complaints which at times cover all health agencies, there should be a West Yorkshire protocol instead of a Leeds protocol. In view of this, it has been suggested that the draft paper be tabled at the West Yorkshire Complaints Managers Network meeting on 11th December 2007.

If accepted, the new protocol will then go back through individual agencies’ governance procedures for final agreement.

Stage: 4 (not achieved – progress made acceptable)

Recommendation 8
We recommend that the Leeds Older People’s Strategic Partnership and Service Development Board ensures that any actions, concerns and best practices arising from the Healthcare Commission’s national review of acute services around dignity in care are considered by the relevant local services.

Formal response from all partners gave commitment to carrying out this recommendation once the review report was published.
Where we are up to now:

The review report, entitled ‘Caring for Dignity: A national report on dignity in care for older people while in hospital’ has now being published: September 27th 2007

The previous 2006 publication ‘Living well in later life’ highlighted the lack of dignity and respect for older people in acute hospitals as a major area of concern. As a result of this, the DoH decided to focus on dignity as a key theme in the annual health check for 2006/2007 and to undertake a targeted inspection programme to assess the extent to which NHS trusts are meeting the Government’s core standards relating to dignity in care for hospital inpatients.

The assessments highlighted a number of trusts (Leeds was not looked at) that were at risk of non-compliance with the core standards relevant to providing dignity and respect for patients in their declarations for the 2006/2007 annual health check. The DoH found 35 trusts to be at highest risk and, of these, 12 were already being pursued on dignity as part of other routine follow-up activity. As a result, 23 trusts were identified as requiring more detailed scrutiny, which involved interviews with staff at various levels and observation of one ward for the elderly and one with a mixture of elderly and non-elderly people in each site visited. At least one ward was visited during mealtimes.

The key aspects they observed during the inspection visits were:
- the ward environment, including privacy issues
- mealtime activity
- the behaviour of staff

Following the visits, they assessed the trusts on a five-point scale and issued notification letters to those trusts that were found to be at risk of non-compliance with one or more standards. These trusts were expected to reflect this in their declarations for the 2006/2007 annual health check.

Based on the scrutiny against standards and the issues identified by other evidence, a number of key themes emerged as the essential elements for ensuring that older people were being provided care in a way that was dignified and that matched their personal needs while in hospital. The themes identified were:
- involving older people in their care
- delivering personal care in a way that ensures dignity for the patient
- having a workforce that is equipped to deliver good quality care
- strong leadership at all levels
- supportive ward environment

Overall, the DoH was encouraged by evidence that acute trusts are making efforts to respond to concerns about delivering care that respects dignity. However, there is no room for complacency and NHS acute trusts must embed an approach to care that ensures dignity for patients. Although they found no major breaches of national standards, there is still a considerable need for improvement in many areas and the DoH have made the necessary recommendations in the report ‘Caring for dignity’. (available at: http://www.healthcarecommission.org.uk/serviceproviderinformation/reviewsandstudi
Not surprisingly, considering the focus Leeds has given to Dignity in Care, much of the content of this report is already in the workplan of the General Hospital Care Group action plan.

The group has looked at the report and is auditing itself against all the recommendations to ensure that specific aspects are being picked up within the range of workstreams across Acute Care.

**Stage: 2 (achieved)**
### Recommendation 1
**We recommend that the Leeds Primary Care Trust shows the commitment to ensure that NHS dentistry in Leeds is well resourced after 2009, when national funding for dentistry ceases to be ring fenced.**

At the September meeting we heard that the PCT’s commitment was made with the assumption that DH funding is at least maintained equivalent to the current level of ring-fenced dental budgets, once the commitment to ring-fencing lapses. The Chair asked for information on what that meant in real terms, so the Board would be aware if resources are likely to be reduced.

**Where we are up to now:**
The PCT responded that it has no intention to reallocate funding currently ring-fenced for dental services away from dental services once official ring-fencing ends in 2009. Whilst final funding figures for 2009 are unlikely to be known for some time, the PCT reported that it does not believe that any reduction in the global figure made available for dentistry is likely.

**Stage: 2 (achieved)**

### Recommendation 2
**We recommend that the Leeds Primary Care Trust lobbies for a national review of the patient charging bands.**

At the September meeting we heard that the PCT shared the Board’s concerns about the charge band structure and would welcome a national review. Its commitment was to continue to lobby for a national review of the patient charging bands “whenever the opportunity arises”. The Chair asked for information about what this meant in practice and whether the PCT was aware of any opportunities that were likely to arise.

**Where we are up to now:**
The PCT responded that it has made its views known to both the SHA and the DH during the first year of the new contract in relation to the patient charging bands. The DH own review has however found that the new patient charging bands have proved popular with patients, and the conclusion of the review was that the charge bands structure would therefore remain unchanged.

**Stage: 2 (achieved)**

### Recommendation 4
**We recommend that future funding for NHS dentistry takes into account current needs for NHS dental provision and not be based purely on historical trends.**

This recommendation was fully endorsed by the PCT in the formal response. The Board heard that work had begun on prioritising the areas across the city in greatest oral health need. The Chair asked for more information about the prioritisation work.

**Where we are up to now:**
The PCT responded with information detailing the level of oral health need in the Wards within Leeds and the current levels of NHS provision in each Ward. Most of the activity that was recommissioned following the introduction of the new contract in April 2006 went to those dental practices in areas of higher oral health need.

The aim is to develop a comprehensive oral health needs assessment for the city,
and developing from that, a comprehensive PCT commissioning strategy for dental services.

**Recommendation 5**

We recommend that the Leeds Primary Care Trust ensures that the Emergency Dental Service develops a policy aimed at educating patients about the role of the service and its appropriate use.

In its formal response, the PCT provided information about the development of an additional service which would enable patients seen by the Emergency Dental Service to be offered additional treatment to close the immediate urgent care episode and to encourage patients to seek routine dental care in order to improve their overall oral health. The Chair asked the PCT how this would impact upon the Board’s recommendation and if it would be taken up.

**Where we are up to now:**

The PCT responded that a key workstream for the PCT is how it can encourage the patients who regularly use the emergency service to take better care of their oral health needs on a routine basis, so that their general oral health is improved, and urgent care episodes do not arise. The priority is to find ways in which the patient’s urgent care episode can be fully closed (so that it does not recur), and encourage them to seek routine care from a dentist to bring them up to a state of dental fitness.

**Stage: 2 (achieved)**

**Recommendation 6**

We recommend that the Leeds Primary Care Trust works closely with the Leeds Dental Institute to review the best skill mix for providing high quality services to the residents of Leeds.

**Where we are up to now:**

The PCT’s formal response strongly encouraged the review of skill mix and the introduction of new processes within dentistry in order to improve patient choice and access. However, it raised an issue about the new dental contract not directly encouraging further development of the role that dental hygienists can play in dental treatment plans, and this presents a significant obstacle in encouraging dental practices to offer hygienist services on the NHS. The Chair wrote to the Department of Health raising this issue and received the response attached at Appendix 4.

**Stage: 3 not achieved (obstacle)**
Tracking of issues not arising from inquiries: Terry Yorath House

At its meeting on 4 June 2007, Overview and Scrutiny Committee requested that Scrutiny Board (Health and Adult Social Care) **monitor the ongoing consultation arrangements with residents and their carers at Terry Yorath House**, which formed part of the wider review and consultation process relating to the provision of adult residential care services. Scrutiny Board (Health and Adult Social Care) agreed to that request. An update on the consultation was received by the Board in September.

Where we are up to:
A report of the outcome of the consultation went to Executive Board on 14th November and a twin track approach was recommended to Executive Board:
- One track for existing residents whose consultation and assessments showed a desire/need for the services as currently provided at Terry Yorath House
- A second track for those users and carers who were disposed to moving towards greater independence.

**Stage: MONITORING COMPLETED**