Leeds CITY COUNCIL

Originator: Steven Courtney

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Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 17 June 2008

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

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

1.0 Purpose of Report

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

2.0 Introduction

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

CPA Area for Improvement

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

3.0 Background Information

3.1 It is important for Scrutiny Boards in developing their work programme for 2008/09 to have regard to the concerns raised through the CPA and focus more on strategic priorities.

3.2 To assist Members in this process, relevant core information appropriate to this Board's responsibilities has been extracted and attached to this paper:

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

3.3 Other key sources of information to help develop the work programme will continue to be 'requests for scrutiny' and corporate referrals. A schedule of outstanding issues/ potential areas for the work programme is attached for Members attention.

3.4 Details of the outstanding issues from the previous Board are also attached **(Appendix 11)**.

3.5 To assist Members discussion on the above information, representatives from each of the NHS bodies responsible for delivering health services across Leeds, namely Leeds Primary Care Trust (PCT), Leeds Teaching Hospitals NHS Trust and Leeds Partnerships Foundation Trust, along with the Director of Adult Services and the Executive Member with portfolio responsibility for Heath and Adult Social Care, have been invited to attend the meeting.

4.0 Guidance

4.1 Over recent years of Scrutiny Board work, experience has shown that the process is more effective if the Board seeks to minimise the number of substantial inquiries running at any one time.

4.2 The Board is advised to consider the benefits of single item agendas (excluding miscellaneous information and minutes) in order to focus on all the relevant evidence and complete an inquiry in a shorter period of time. There are various mechanisms available, such as working groups and site visits, that may assist the Board to conclude inquiries quickly whilst the issues are pertinent.

4.3 The agreed Memorandum of Understanding between Executive Board and Overview and Scrutiny which now sits within the Council's Constitution states;

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

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

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

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

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

5.0 Recommendation

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

Appendix 1

Scrutiny Board (Health)

Terms of Reference

Health Service Scrutiny[1]

1. To review any matter relating to the planning, provision and operation of health services in relation to:

    - arrangements made by local NHS bodies[2] and the authority to secure hospital and community health and health related services to the inhabitants of the authority's area;
    - the provision of such services to those inhabitants;
    - the provision of family health services (Primary Care Trust), personal medical services personal dental services, pharmacy and NHS ophthalmic services;
    - the public health arrangements in the area including arrangements by local NHS bodies for the surveillance of, and response to, outbreaks of communicable disease or the provision of specialist health promotion services;
    - the planning of health and health related services by local NHS bodies and the authority, including plans made in co-operation with partners for setting out a strategy for improving both the health of the local population and the provision of health care to that population;
    - the arrangements made by local NHS bodies and the authority for consulting and involving patients and the public under the duty placed on them by Section 11 of the Health and Social Care Act 2001;
    - any proposals for a substantial development or variation of health services within the authority's area.

2. To consider such proposals as are referred to it by local NHS bodies and the authority and to report back the result of its considerations to the referring body and others as appropriate.

3. To review how and to what effect health policy is being implemented, and health improvement achieved, by the authority and local NHS bodies and to make reports and recommendations as appropriate.

4. To receive representations from Area Committees or relevant groups of interest and to report to the authority and local NHS Bodies as appropriate.

5. In relation to matters in respect of which a local NHS body consults more than one scrutiny committee within its area, or in relation to matters which a number of West Yorkshire Metropolitan Councils elect to jointly scrutinise a function or service provided by the NHS body, to:

    (i) nominate Members to a joint committee, such nominations to reflect the political balance of the Board;
    (ii) delegate its scrutiny functions to another local authority.

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[1] Under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 as amended.

[2] In Leeds this means the Primary Care Trust, the Leeds Teaching Hospitals NHS Trust, NHS Yorkshire and the Humber and the Leeds Mental Health Teaching NHS Trust

Appendix 2

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

Introduction

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

> *"In poor countries, tragically, people die unnecessarily. In rich countries, too, the higher death rate of those in less fortunate social positions is unnecessary. Can there be a link between these two phenomena: inequalities in health among countries and inequalities within? Surely, it might be argued, the depredations of grinding poverty – lack of food, shelter, clean water, and basic medical care or public health – that ravage the lives of the poor in developing countries are different in kind from the way that social disadvantage leads to poor health in modern Britain. There is, however, a link. The unnecessary disease and suffering of the disadvantaged, whether in poor countries or rich, is a result of the way we organise our affairs in society. Failing to meet the fundamental human needs of autonomy, empowerment or human freedom is a potent cause of ill health"*
>
> *Professor Sir Michael Marmot (2007)*

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

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

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

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

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

Appendix 2

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

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

How we are working to reduce health inequalities in Leeds

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

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

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

- **Leeds PCT** is the accountable organisation for delivery of the two national health inequalities targets, and is committed to a broad range of activity using a twintrack approach:

  1) Strengthening action on tackling health inequalities in health and social care, through outcome-focused commissioning and targeted delivery of effective interventions to those most in need, for example through our vascular disease and long term conditions programmes.

  2) Action on wider determinants of health in partnership with others. As one of its key aspirations, Leeds PCT will work as part of a strong and focused partnership with the local authority, third sector, local business and the people of Leeds, to focus on improving public health and wellbeing and achieving demonstrable reductions in health inequalities.

- **Leeds Public Health Directorate** will develop, drive and implement, in partnership, action to tackle significant and deep-rooted health inequalities within our city. The directorate will work with local communities and particularly closely with Leeds City Council and Voluntary and community sector partners in our most deprived 10% super output areas (around 150,000 people).
- **Leeds City Council** has a key influence in reducing health inequalities stemming from social, economic and environmental conditions. The Council also has the responsibility of 'place shaping', of developing the capacity and resources of all communities in the city, with all their diversity. Action on factors such as housing conditions, financial exclusion, employment and skills, and education are all key areas. Social care services

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

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

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

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

Appendix 5

DRAFT Memorandum of LAA

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

Strategic Outcome	Improvement Priority	Government Agreed or Partnership Agreed	Indicator	Baseline	LAA 3 Year Target 2010/11	Milestone 2008/09	Milestone 2009/10	LEAD/contributory partners
Health and Wellbeing								
Reduced health inequalities through the promotion of healthy life choices and improved access to services. Improved quality of life through maximising the potential of vulnerable people by promoting independence, dignity and respect. Enhanced safety and support for vulnerable people through preventative and protective	Reduce premature mortality in the most deprived areas.	Government Agreed	NI 120 All-age all cause mortality rate (target disaggregated to focus on narrowing the gap between most deprived 10% and the Leeds average)	605 per 100,000 (females) (1995-97 average)	472 per 100,000 (females)	491 per 100,000 (females)	481 per 100,000 (females)	LEEDS PCT Leeds City Council Leeds Partnership Foundation Trust Leeds Teaching Hospitals Trust VCFS bodies through Leeds Voice Health Forum Natural England (Active Lifestyles) West Yorkshire Fire and Rescue Service Re'New As above
					616 per 100,000 (females living in 10% most deprived SOAs)	639 per 100,000 (females living in 10% most deprived SOAs)	628 per 100,000 (females living in 10% most deprived SOAs	
				942 per 100,000 (Males) (1995-97 average)	679 per 100,000 (males)	715 per 100,000 (males)	697 per 100,000 (males)	
					946 per 100,000 (Males living in 10% most deprived SOAs)	1002 per 100,000 (Males living in 10% most deprived SOAs)	974 per 100,000 (Males living in 10% most deprived SOAs)	
		Partnership Agreed	121 Mortality rate from circulatory diseases at ages under 75 (per 100,000 population)	145 per 100,000 population (3 year average for 1995-	69.3 per 100,000 population	76.2 per 100,000 population	72.7 per 100,000 population	

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

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

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

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

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

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

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

Appendix 8

Corporate Assessment Actions 2008

Scrutiny Board (Health)

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

Appendix 8

Corporate Assessment Actions 2008

Scrutiny Board (Health)

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

Appendix 8

Corporate Assessment Actions 2008

Scrutiny Board (Health)

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

* Plans in development

Appendix 9

Draft external audit plan 2008/09

Scrutiny Board	Issue/key risk identified	Planned work
Central & Corporate Functions	**Scrutiny** • Further development is required to ensure a robust approach for all scrutiny boards	Consider the arrangements that the council has put in place for scrutiny
Central & Corporate Functions	**Corporate Workforce Planning** • Further development is required to ensure a consistent approach to workforce planning across the council	Consider the arrangements across the council
Health	**Health Inequalities** • There is a need to strengthen the council's strategic approach to ensure that there is greater impact in reducing inequalities • Narrowing the gap is a key objective of the council	Complete a cross cutting piece of work involving the council and PCT
Environment & Neighbourhoods	**EASEL** • Ongoing risk of ineffective governance arrangements for the EASEL project	Maintain an overview of this project and challenge the council's decisions and actions where necessary
Environment & Neighbourhoods	**Waste Management Strategy** • The council fails to secure a waste solution within required timescales with significant consequential financial implications	Continue to maintain an overview of this project and challenge the council's decisions and actions where necessary. If necessary, agree an appropriate scope for this work, aimed at covering the significant risk areas.
Children's Services	**Out of Area Placements** • High cost of out of area placements	Review the current arrangements and make recommendations to improve the council's use of resources
Children's Services	**Children's Services Arrangements** • Extra area requested by Corporate Governance and Audit Committee	Subject to confirmation

Appendix 10

The Council's Budget and Policy Framework

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

[3] Applicable where the plan/strategy requires submission to an external body

Appendix 10

The Council's Budget and Policy Framework

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

Appendix 10

The Council's Budget and Policy Framework

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

Appendix 10

The Council's Budget and Policy Framework

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

Appendix 10

The Council's Budget and Policy Framework

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

Appendix 10

The Council's Budget and Policy Framework

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