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Supplementary Agenda – Agenda Item 10 – Late Report – Scrutiny Inquiry – Promoting Good Public Health

SCRUTINY BOARD (HEALTH)

Meeting to be held in Civic Hall, Leeds on
Tuesday, 25th May, 2010 at 10.00 am

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

MEMBERSHIP

Councillors

S Bentley - Weetwood;
J Chapman - Weetwood;
D Congreve - Beeston and Holbeck;
M Dobson (Chair) - Garforth and Swillington;
J Illingworth - Kirkstall;
M Iqbal - City and Hunslet;
G Kirkland - Otley and Yeadon;
A Lamb - Wetherby;
L Yeadon - Kirkstall;

Co-opted Members (Non-Voting)

Arthur Giles - Leeds LINk
Razwanah Alam - Leeds Voice

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

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A G E N D A

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10			**SCRUTINY INQUIRY REPORT: PROMOTING GOOD PUBLIC HEALTH** To agree the Board's final Inquiry Report and recommendations.	1 - 32

Leeds CITY COUNCIL

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 25 May 2010

Subject: Scrutiny Inquiry: The role of the Council and its partners in promoting good public health (Draft final report)

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

1.0 Purpose

1.1 The purpose of this report is to present the draft report and recommendations arising from the Scrutiny Board's inquiry – *The role of the Council and its partners in promoting good public health*.

2.0 Background

2.1 At its meeting on 22 September 2009, the Scrutiny Board (Health) agreed terms of reference for the above inquiry. The Board subsequently held a number of evidence gathering sessions and considered a wide range of information around the following areas of public health:

- Improving sexual health and reducing the level of teenage pregnancies;
- Reversing the rise in levels of obesity and promoting an increase in the levels of physical activity; and,
- Promoting responsible alcohol consumption.

3.0 Scrutiny Inquiry: The role of the Council and its partners in promoting good public health

3.1 This inquiry has now concluded and the Board is in a position to report on the findings and recommendations arising from the evidence gathered. The Board's draft inquiry report will follow and be made available prior to the meeting for the Board's consideration.

3.2 Scrutiny Board Procedure Rule 16.3 states that "where a Scrutiny Board is considering making specific recommendations it shall invite advice from the appropriate Director(s) prior to finalising its recommendations. The Director shall consult with the appropriate Executive Member before providing any such advice. The detail of that advice shall be reported to the Scrutiny Board and considered before the Statement is finalised."

3.3 Any advice received will be reported at the Board's meeting for consideration, before the Board finalises its inquiry report.

3.4 Once the final inquiry report has been agreed and published, the appropriate Director(s) and NHS organisations will be asked to provide a formal response to the recommendations contained in the report. Such responses will be presented to the Scrutiny Board as soon as practicable.

4.0 Recommendations

4.1 Following the inquiry into '*The role of the Council and its partners in promoting good public health'*, Members of the Scrutiny Board are asked to consider and agree the draft report.

5.0 Background Documents

None

Draft Scrutiny Inquiry Final report

The Role of the Council and its Partners in Promoting Good Public Health

June 2010

Introduction and Scope

Introduction

1. Through our work as the Council's watchdog for health, we have been keen to raise the profile of our work and look beyond the traditional boundaries of our local NHS partners for contributions to our work.

2. Since deciding to undertake this inquiry, a number of significant and pressing matters have come to our attention – specifically around the provision of renal services and dermatology services. In taking up these matters on behalf of patients in Leeds, we not only altered the timings of this inquiry, but also our intended approach.

3. We think it is important to react to changing circumstances and, where necessary, reconsider priorities. As such, we make no apologies for deviating from our initial plans.

4. Nonetheless, during our inquiry, we considered a wide range of information and heard from a number of different witnesses – the details of which are set out elsewhere in this report. However, we believe there is still much work to do in this area and would suggest that future Board's maintain a 'public health' focus.

5. We are grateful to all those that have helped us undertake this inquiry. We sincerely hope that this report and its recommendations will continue to help raise the profile of health and well being beyond those professionals employed directly through the local NHS across Leeds.

Scope of the Inquiry

6. At our first meeting in June 2009, when considering our work programme for 2009/10, we heard from a range of key stakeholders from across the local NHS and the Council, including the Executive Board Member for Adult Social Care and Health. We also heard from a representative from the recently formed Local Involvement Network (LINk).

7. Through discussion, the following issues we highlighted as potential areas for our work programme:

   - Collaborative working between the Council and NHS Partners.
   - Premature mortality.
   - Outcomes from the Joint Strategic Needs Assessment (JSNA) such as:
     - People living longer
     - People (children and young people) needing a good start in life, covering issues such as:
       - Obesity
       - Sexual Health
       - Emotional needs and support
   - Significant health issues (when compared regionally and nationally), such as:
     - Obesity
     - Levels of harmful alcohol consumption
     - Drugs
     - Smoking – including local differentials (i.e. health inequality)
   - Matters highlighted in the (KPMG) Health Inequalities report, such as:
     - Targeting areas of greatest need.
     - Ensuring health issues have a higher profile within the Council.

Introduction and Scope

8. At the same meeting, we also considered the external audit review of Scrutiny, undertaken by KPMG. The report highlighted a number of areas for development and made a series of recommendations. In the context of considering our work programme, specific reference was made to the following areas:-
    - Clearer roles for scrutiny, with a view to focusing more on policy development.
    - Scrutiny Boards to 'frame' work programmes better.
    - Production of smaller, more focused agendas.

9. We considered all these matters in determining our overall work programme and the scope of this inquiry.

10. At our September 2009 meeting, we agreed the terms of reference for this inquiry. These are presented at Appendix 1, but in summary we agreed to examine four specific areas of public health, namely:
    - Improving sexual health and reducing the level of teenage pregnancies;
    - Reversing the rise in levels of obesity and promoting an increase in the levels of physical activity;
    - Promoting responsible alcohol consumption; and,
    - Reducing the level of smoking.

11. The overall aim of our inquiry was to make an assessment of the role of the council and its partners in developing, supporting and delivering improvements to public health. In this regard, the specific targets set out in the Leeds Health and Wellbeing Plan (2009-2012) and its associated strategies were used and considered to inform our discussions.

12. However, as set out in the introduction, during the course of the inquiry we needed to alter the timings and scope of work. To ensure we had sufficient time to produce this report, this included our decision in February 2010 to remove '*reducing the level of smoking*' from the scope of the inquiry.

13. As such, the limitations in the scope of this inquiry need to be recognised and taken into account when considering this report and its recommendations: That is, this report is not intended to provide a definitive overall position on public health matters – nor is it intended to specifically comment on all the information presented and issues subsequently discussed.

14. That said, we hope that this report and its recommendations will add to the existing body of evidence and, if nothing else, will serve to further raise the profile of the importance of public health matters – publicly, professionally and politically.

Conclusions and Recommendations

Overview

15. We believe that as a democratically elected body – chosen to represent the views and interests of our local community – the Council is well placed to play a significant role in helping to secure long-term improvements in public health across Leeds. However, we also believe that neither the Council, nor any other single organisation, is able to meet the future public health challenges alone.

16. Working collaboratively – for the good of the people of Leeds – is a goal for Council and its partners and is reflected by some of the partnership arrangements currently in place. However, there are improvements to be made and our report should be seen as a contribution to the overall improvement agenda.

17. As set out in our terms of reference, the structure of our inquiry has been based around specific areas of public health. As such, we have highlighted some matters specifically related to the issues we have considered, alongside some more general, overarching elements. As such, the structure of this section of the report reflects this approach and presents our findings.

General Public Health

18. In February 2010, Professor Sir Michael Marmot, published his evidence-based review of health inequalities in England: This was a national review and set out the following six areas (policy objectives) where work is needed to help reduce health inequalities:

- Give every child the best start in life;
- Enable all children, young people and adults to maximise their capabilities and have control over their lives;
- Create fair employment and good work for all;
- Ensure healthy standards of living for all;
- Create and develop healthy and sustainable places and communities;
- Strengthen the role and impact of ill health prevention.

19. While we have not considered the Marmot review in any detail, we believe these areas support and give added weight to some of our findings.

20. We also believe that the objectives and recommendations [and progress against them] set out in the Marmot review should inform future scrutiny activity around health inequalities.

21. In March 2010, although not specifically identified as part of this inquiry, we heard from the new Chief Executive of NHS Leeds. Looking forward, he set out some of the priorities and challenges facing the local health economy, which included:

- The downward pressure on public sector finances, including the NHS.
- The need for continued focus on the reduction of health inequalities.
- Greater collaboration between NHS Leeds and Leeds City Council in terms of joint commissioning and provision of services.
- Designing and delivering services differently.

22. With these points in mind, we believe it is imperative that public health issues

remain a significant focus for future Health Scrutiny Boards.

Recommendation 1

That the Head of Scrutiny and Member Development continues to work with the membership of the Scrutiny Board (Health), or its successor body, to ensure that future public health issues in Leeds, particularly where there are significant health inequalities, are incorporated into the annual work programme from June 2010/11.

Expert Guidance

23. During our inquiry, we considered some specific National Institute for Health and Clinical Excellence (NICE) guidance relevant to the terms of reference. We were particular keen to explore how such 'evidence-based' guidance and recommendations were being used to inform the development of local policies and strategies.

24. As part of our inquiry, we discovered that NICE:

- Is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health;
- Produces guidance and recommendations aimed at the NHS, local authorities and other organisations in the public, private, voluntary and community sectors;
- Have published in excess of 20 public health guidance documents that cover a range of public health matters.
- Plan to expand the level of guidance available – with a number currently at various stages of development.

25. We have produced a schedule of all the current public health guidance documents, along with those under development, and presented these in Appendix 2.

26. We believe this schedule demonstrates the wealth of knowledge and evidence currently available to inform the development of all local policies, strategies and services – whether or not these are directly aimed at improving specific aspects of public health in Leeds.

27. However, despite this wealth of evidence based guidance, we did not believe that NICE guidance is routinely and regularly disseminated across the Council: Nor is it fully used to inform decision-making or the development of policy: We consider this to be a missed opportunity.

28. Furthermore, given the challenging nature of the financial environment likely to face all public sector bodies, we believe it is essential to make use of all possible resources and sources of information that may benefit the health and wellbeing of Leeds' population.

29. We also identified some specific issues associated with the reference to and use of expert guidance. These matters are dealt with elsewhere in our report.

Recommendation 2

That, by December 2010, in collaboration with the Director of Public Health, the Director of Adult Social Services (as the lead for Health):

(a) Makes an assessment of the extent to which all NICE public health guidance and recommendations (as they relate to local authorities) have been disseminated and used to inform the delivery of services, either directly or through appropriate policies, across the Council.

(b) Designs and implements a robust assurance process to ensure the appropriate distribution and consideration of any future NICE guidance, appropriate to the Council.

Sexual Health and Teenage Pregnancies

30. In October 2009, we heard from NHS Leeds that there had been lengthy discussion with the Council's Events Team regarding the provision of sexual health information and Chlamydia screening at the *'Party in the Park'*. However, despite the discussion and debate around the matter, permission was refused and the opportunity missed.

31. Notwithstanding the ongoing discussions around attendance at future events, we believe this demonstrates that there is still more work to be done to improve partnership working between the Council and our partners.

32. Nonetheless, we firmly believe that improved partnership working and closer collaboration will help to ensure that the Council and its partners use their collective resources to work towards shared, recognised and agreed priorities.

33. However, we have chosen the words *'shared, recognised and agreed priorities'* very carefully, as in October 2009, we also became aware that the Sexual Health Strategy (2009-2014) had not been finalised.

34. We were advised that the lack of an agreed strategy – identified as a key strategy to support the overall improvement priority – impinges on the effectiveness of the partnership and the ability to achieve a fully coordinated approach to tackling issues.

35. We surmise that the lack of an agreed Sexual Health Strategy is likely to have had a negative impact on the discussions between NHS Leeds and the Council's Events Team.

Recommendation 3

That, by September 2010, the Director of Public Health works collaboratively to ensure an agreed Sexual Health Strategy is in place and signed up to by all key partners.

36. We heard from officers working in Children's Services and Education Leeds, who agreed there was room for improvement in terms of the Council working with its partners.

Conclusions and Recommendations

37. The delivery of consistently high quality Sex and Relationship Education (SRE) across the City's schools, remains an area of concern. We believe this is a fundamental building block to improving the self-esteem of among some of our young people across the City and raising their aspirations – particularly those from more disadvantaged backgrounds.

38. It was unclear whether or not the provision of SRE would be within the scope of the Sexual Health Strategy referred to above, but this could provide further evidence to support our recommendation around finalising and agreeing the strategy with all partners as soon as possible.

39. However, we were advised that a number of barriers existed at a local level, which were having a negative impact on the delivery of consistent and high quality SRE. Given these difficulties, we believe that a national direction is needed.

Recommendation 4

That, as soon as practicable, the Director of Children's Services lobbies the appropriate Minister and Government Department in an attempt secure a national direction for the delivery of consistent and high quality Sex and Relationship Education (SRE) in local schools.

Obesity and Physical Activity

40. In December 2009 and January 2010, we received a broad range of evidence detailing actions aimed at, and associated with, reversing the rise in levels of obesity and promoting an increase in the levels of physical activity. Full details of the information we considered are provided in the evidence section of this report.

41. Some of the main issues discussed included the:

- Focus of the physical education (PE) curriculum being on skills development rather than as a form of cardio vascular exercise, as this could help children access a range of activities outside the school environment;
- Long-term aspiration of improving the infrastructure of sports facilities in certain areas of the City;
- Council being the best regional performer, and one of the higher performing Core Cities, in terms of adult participation in physical activity;
- Work underway to help identify and replicate across the City initiatives that have been successful in increasing physical activity and participation levels;
- Important role of prevention – particularly given how hard it is to achieve and maintain weight loss.
- Relatively low numbers of families engaging with local childhood obesity treatment services, for example Carnegie weight management – particularly in the context of research which shows that

many parents do not recognise their children as *obese* and do not wish to label their children as such. It is important to recognise how difficult an issue this is to address.

- Longer-term impact of treatment services for families being lost if the local environment does not provide easy opportunities for families to be physically active and access healthy affordable food.
- Issues around access to fresh food and the influence of take-aways in the community – particularly in more deprived areas across the City;
- Commitment of NHS Leeds to deliver against the five recommendations related to obesity within the *Staying Health Pathway*[1];
- Role of the Joint Obesity Board being established to co-ordinate and oversee the work of the NHS and other partners; and,
- Massive task to address the determinants around obesity, and the importance of partnership working in this regard – while recognising the need to make improvements at national and international levels.

42. We also listened to the significant concerns expressed by local residents of Hyde Park and the surrounding areas, regarding the health aspects associated with playing field provision in the inner-city areas of Leeds.

43. As such, much of our discussion centred around the key and significant role of City Development in helping to shape Leeds as a City and bring about fundamental changes to help promote and encourage healthier living and more active lifestyles.

44. Part of this discussion centred on the role of planning legislation, an area where we felt elected councillors were best placed to advise on local issues and, as such, should be consulted at an earlier stage in the planning decision-making process.

45. We also discussed the importance and role of the locally agreed policy for the identification and designation of open space provision (N 6) and stressed our desire to see such policies strictly and rigorously enforced.

46. Officers provided a briefing note on the Local Development Framework (LDF) and we heard how the public health agenda was integral to the preparation of this collection of locally agreed development documents.

47. We were advised that, as the LDF must take account of a wide range of economic, social and environmental issues, one of the aims of the emerging Core Strategy was to give 'spatial expression' to the importance of public health by:
    - Tackling deprivation in priority areas;
    - Retaining and enhancing the quality of the physical environment;
    - Promoting walking and cycling; and,
    - Allowing for the provision of health care facilities in appropriate locations.

48. In addition, as outlined under the 'expert guidance' and 'evidence' sections of this report, we considered a

[1] Part of NHS Yorkshire and the Humber's Healthy Ambitions publication.

range of specific NICE guidance documents. These detailed recommendations around the general promotion of physical activity and the respective roles of various organisations.

49. Through discussions with the Council's Planning Officers and members of the Public Health Directorate (NHS Leeds), we believe that such 'evidence based' guidance should feature more prominently within the LDF, including the Core Strategy.

50. We have already outlined our views and recommendations regarding the general availability, dissemination and use of NICE guidance. However, we are conscious of the specific timescales associated with the preparation of the LDF, and in particular the Core Strategy: As such, we believe this warrants special consideration.

Recommendation 5

That, as part of the overall Leeds Development Framework and prior to formal submission, the Director of City Development and the Director of Public Health ensure that the public health agenda and relevant *NICE* recommendations are appropriately addressed and reflected in the Core Strategy.

51. We were also extremely concerned by the high concentration of fast-food outlets across parts of Leeds – in particular the most deprived areas of the City. We heard, anecdotally, of work being undertaken in other parts of the country aimed at limiting or reducing the number of fast-food outlets and improving the quality of food available – either directly through the outlets or through other sources.

52. As such, we believe there may be examples of successful approaches likely to help the Council and its partners in the overall approach to reverse the rise in levels of obesity across the City. We feel more work is needed in this area, to specifically identify examples of good practice that may be transferable in the Leeds context.

Recommendation 6

That the Director of Public Health, in conjunction with other Chief Officers, actively identifies and assesses best practice examples from across the country, aimed at limiting or reducing the number of fast-food outlets across the City and improving access to good quality food: In this regard, a progress report be provided to the Scrutiny Board (Health) by January 2011.

Alcohol Consumption

53. In February 2010, we considered a range of information associated with promoting responsible alcohol consumption and reducing alcohol related harm.

54. We were reminded that the Leeds Alcohol Strategy (2007-10) estimated the cost of alcohol misuse across the City to be over £23 million per year to the NHS alone.

Conclusions and Recommendations

55. We were also advised that alcohol-related hospital admissions in Leeds had risen more than both the regional and national averages. This, we believe, demonstrates the significance of the issues facing the City.

56. Again, we considered some of the public health guidance for produced by NICE, but it was unclear to what extent this had been considered and implemented. However, we recognise that this lack of clarity may reflect some of the limitations of this inquiry.

57. We considered progress against the 'high impact changes' identified by the Department of Health as those most likely to be effective – and were assured of some progression. However, we were unable to assess whether or not the progression report is sufficient and comparable with other similar cities, and more work is needed in this area.

58. Nevertheless, much of our discussion focused on the current impact of alcohol in terms of:

- Licensing regulations;
- A&E admissions;
- Behaviour; and,
- Longer-term, chronic conditions.

59. We were dismayed to hear some of the changes to the age profile of patients suffering from chronic conditions – learning that it was not uncommon for young people in their 20's to present with cirrhosis of the liver.

60. We were also appalled to hear details of typical alcohol-fuelled anti-social behaviour in the City's A&E departments.

61. While we were not presented with any hard data suggesting a direct link between the changing profile of alcohol-related hospital attendance/ admissions and changes to the licensing law – such changes were irrefutable.

62. However, we considered an overview of the Licensing Act 2003, and were advised that this Act was underpinned by 4 licensing objectives, namely:

- The prevention of crime and disorder;
- Public safety;
- The prevention of public nuisance; and,
- The protection of children from harm.

63. Nonetheless, we were also advised that government guidance on the Act specifically excluded 'public health' as an objective – which rendered any such implications and considerations invalid within the licensing application process.

64. We believe the lack of material consideration of 'public health' implications is a significant failure of current licensing regulations.

65. In addition, while we heard of general support for the introduction of minimum pricing for alcohol, and the proposed mandatory licensing conditions, we were also advised that a previous attempt to consider the introduction of minimum pricing had floundered due to a lack of provision under the Licensing Act 2003 and existing competition laws.

66. From the evidence presented to us, we believe that the introduction of a minimum price per unit of alcohol, is

highly likely to be the most effective intervention to reduce alcohol related harm. As such, we believe immediate action is needed in this regard.

Recommendation 7

That, as soon as practicable, the Director of Public Health and the Head of Licensing and Registration, jointly lobby the appropriate Minister and Government Department in an attempt secure changes to the current licensing legislation, that would result in 'public health' considerations becoming material consideration within the licensing application process.

Recommendation 8

That, by July 2010, the Department of Health (in collaboration with any other appropriate Government Department) be strongly urged to work towards the introduction of a minimum price per unit of alcohol, as soon as practicable: This may include, but should not be restricted to, a review of current competition laws and regulations, as appropriate.

Partnership Working

67. In October 2009, we first discussed the potential of a joint Leeds City Council / NHS Leeds, Director of Public Health appointment and the benefits this might bring to partnership working.

68. In April 2010, we became aware of more detailed proposals to move forward with such an appointment and establish an integrated public health team.

69. We see this as a very positive step, and believe this has the potential to not only improve partnership working, but to significantly strengthen the Council's consideration of health issues within its own decision-making processes and arrangements.

70. However, we note with some concern that, while such a joint appointment would lead to the inclusion of that post within the Corporate Leadership Team, it is envisaged that attendance would only be according to the relevance of agenda items.

71. Indeed, with regard to membership of the Corporate Leadership Team, the recent Executive Board report (7 April 2010) states, *'It is neither practicable nor effective for the DPH to attend every meeting, and it is envisaged that attendance would be according to the relevance of agenda items.'* While we recognise some of the potential practical difficulties associated with a jointly appointed DPH effectively being a member of two senior management teams within two large and complex organisations, we believe this approach may not achieve the full potential of a joint appointment.

72. We believe that one of the potential benefits of a joint appointment will include helping to ensure that all recommendations/ decisions identify and pay sufficient attention to any public health impacts.

73. In addition, it is not explicitly clear how the '*relevance of agenda items*' are likely to be determined.

74. We strongly support the introduction of the DPH role within the Corporate Leadership Team (CLT) and believe that membership of the CLT is an essential and fundamental building-block that will lead to the DPH playing a full and active role in decision-making across the Council.

Recommendation 9

That, in finalising the arrangements and terms of a joint Director of Public Health (DPH) appointment, the Council's Chief Executive consider the issues raised in this report, specifically in terms of ensuring the full and active role of the DPH – both as a member of the Corporate Leadership Team and within decision-making across the Council in general.

Decision-making

75. Looking at the general health inequalities agenda, and the recommendations in the Marmot review, there is clear evidence that decisions about general public health, go beyond the sole remit of NHS organisations.

76. Not dissimilar to ripples created by a pebble thrown into the water, we believe that the impact of decisions often goes beyond the sometimes simple matter under consideration and can affect a number of areas – in particular the health and wellbeing, and public health of the people of Leeds.

77. However, while we have not undertaken a review of recent decisions, we are familiar with the format of reports used to present available options and provide an overall rationale to inform decision-making. Nonetheless, unlike financial and legal implications – which, to a greater or lesser extent, are seen to run through all decisions – public health implications do not currently command the same degree of consideration.

78. Nevertheless, we believe public health matters are both of similar importance and potentially equally pervasive within decision-making. As such, we feel there is a significant opportunity to included such considerations within the various levels of Council decision-making – thereby improving and strengthening current arrangements.

79. We feel that failure to strengthen arrangements in this regard would, at best, be a missed opportunity and, at worst, a dereliction of duty.

Recommendation 10

That, under the direction of Executive Board, the Assistant Chief Executive (Corporate Governance) review current decision-making guidance and pro-forma, with a view to ensuring appropriate consideration of public health implications within all decisions by December 2010.

Conclusions and Recommendations

Conclusion

80. We have identified a number of recommendations that, if implemented, we feel will benefit the people of Leeds and help to provide a more joined-up approach towards matters impacting on public health.

81. As outlined in our introduction, we feel we have barely scratched the surface during this inquiry and believe there are opportunities to identify further improvements – not least by further expanding the range of evidence considered.

82. For these reasons, we sincerely hope that the work programmes of future Health Scrutiny Board's maintain a significant focus on public health.

83. Finally, while this report and its recommendations are not intended to present a self-contained, definitive position on all public health matters, we genuinely hope it will add to the existing body of evidence and, if nothing else, will serve to raise the profile of public health matters – publicly, professionally and politically.

Evidence

Monitoring arrangements

Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

The decision-makers to whom the recommendations are addressed will be asked to submit a formal response to the recommendations, including an action plan and timetable, normally within two months.

Following this the Scrutiny Board will determine any further detailed monitoring, over and above the standard quarterly monitoring of all scrutiny recommendations.

Reports and Publications Submitted

- ***Scrutiny Inquiry: The role of the Council and its partners in promoting good public health (Session 1) – October 2009.***
- Health and Wellbeing Partnership Plan (2009-2012) – Action Plan for Improvement Priorities
- Teenage Pregnancy and Parenthood Strategy (2008-2011).
- Scrutiny Inquiry: Improving Sexual Health Among Young People (April 2009) – Response to recommendations.
- ***Scrutiny Inquiry: The role of the Council and its partners in promoting good public health (Session 2) – December 2009.***
- National Institute for Health and Clinical Excellence (NICE) – Clinical Guideline 43 – guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children, for local authorities, schools and early years providers, workplaces and the public (December 2006).
- Request for Scrutiny – to examine the health aspects of playing field provision in the inner-city areas of Leeds.
- Briefing note – Vision for Council Leisure Centres.
- Briefing note – Leeds Physical Activity Strategy.
- Briefing note – Local Development Framework.
- Briefing note – Parks and Green Space Strategy.
- Briefing note – Health Initiatives and Wellbeing Team (Education Leeds).
- Briefing note – School Meals Strategy (Education Leeds).
- ***Scrutiny Inquiry: The role of the Council and its partners in promoting good public health (Session 2 - continued) – January 2010.***
- NICE – Public Health Guidance 8 – Promoting and creating built or natural environments that encourage and support physical activity (January 2008).
- NICE – Public Health Guidance 17 – Promoting physical activity for children and young people (January 2009).
- Briefing note – *Can't Wait* – Leeds Childhood Obesity Strategy (NHS Leeds).
- Briefing note – Adult Obesity (NHS Leeds).
- House of Commons (Health) Select Committee Report – Obesity (May 2004).

Reports and Publications Submitted (continued)

- ***Scrutiny Inquiry: The role of the Council and its partners in promoting good public health (Session 3) – February 2010.***
- House of Commons (Health) Select Committee summary statement and extract of report on Alcohol (January 2010).
- NICE – Public Health Guidance 7 – School Based Interventions on Alcohol (November 2007)
- Health Ambitions[1]: Staying Health Pathway – summary of recommendations.
- Briefing note – Licensing Act 2003 – the Council role.
- Briefing note – the impact of alcohol on the NHS (Leeds Teaching Hospitals NHS Trust).
- Briefing note – Alcohol in Leeds (NHS Leeds)

[1] *Health Ambitions – the next stage review in Yorkshire and the Humber (NHS Yorkshire and the Humber)*

Witnesses Heard

Leeds City Council

- Paul Bollom, Priority Outcome Commissioner (Children's Services)
- Kiera Swift, Teenage Pregnancy Co-ordinator (Children's Services)
- John England, Deputy Director (Adult Social Services)
- Steve Speak, Deputy Chief Planning Officer (City Development)
- David Feeney, Head of Planning and Economic Policy (City Development)
- Mark Allman, Head of Sport and Active Recreation (City Development)
- Seamus Kennedy, Principal Liaison & Enforcement Officer (Entertainment Licensing, Legal, Licensing and Registration)

NHS Leeds

- Sharon Foster, Sexual Health Lead (Directorate of Public Health)
- Vicky Womack, Sexual Health Lead (Directorate of Public Health)
- Janice Burberry, Children and Young Peoples Lead (Public Health)
- Emma Croft, Lead for Obesity, Food and Physical Activity (Directorate of Public Health)
- Brenda Fullard, Head of Healthy Living and Inequalities (Directorate of Public Health)
- Dr Ian Cameron, Director of Public Health (Directorate of Public Health)
- Luke Turnbull, Strategic Development Manager – Alcohol and other Substance Use (Directorate of Public Health)
- John Lawlor, Chief Executive

Leeds Teaching Hospitals NHS Trust

- Dr. Kevin Reynard, Clinical Director for Urgent Care
- Al Sheward, Divisional Nurse (Medicine)
- Anna Di Biasio, Accident and Emergency Matron (acting)

Witnesses Heard (continued)

Others

- Ms. Sue Buckle, Local Leeds Resident
- John Freeman, Head of Service (Health Initiatives and Wellbeing Team), Education Leeds.

Dates of Scrutiny

22 September 2009 –	Terms of Reference agreed (Scrutiny Board (Health) meeting)
20 October 2009 –	Session 1: Sexual Health (Scrutiny Board (Health) meeting)
15 December 2009 –	Session 2 (part 1): Obesity and Physical Activity (Scrutiny Board (Health) meeting)
26 January 2010 –	Session 2 (part 1): Obesity and Physical Activity (Scrutiny Board (Health) meeting)
16 February 2010 –	Session 3: Promoting sensible Alcohol Consumption (Scrutiny Board (Health) meeting)
16 March 2010 –	The local health economy – priorities for NHS Leeds (Scrutiny Board (Health) meeting)

Appendix 1

Inquiry into the role of the Council and its partners in promoting good public health

Terms of reference[2]

1.0 Introduction and background

1.1 The Government's White, *Choosing Health: making healthy choices easier,* was published in November 2004. The thrust of the *Choosing Health* focused on increasing healthy behaviour and how people can be supported to make healthier and more informed choices about their health. The white paper identified the following 6 key priorities:

- Tackling health inequalities
- Reducing the number of people who smoke
- Tackling obesity
- Encouraging and supporting sensible drinking
- Improving sexual health
- Improving mental health and wellbeing

1.2 In 2009, these issues remain priorities areas and are reflected in the Health and Wellbeing Partnership Plan 2009-2012, in which the agreed health and wellbeing improvement priorities for Leeds have identified as:

- Reduce premature mortality in the most deprived areas;
- Reduce the number of people who smoke;
- Reduce alcohol-related harm;
- Reduce the rate of increase in obesity and raise physical activity for all;
- Reduce teenage conception rates and improve sexual health;
- Improve the assessment and care management of children, families and vulnerable adults;
- Improve psychological and mental health, and learning disability services; for those who need it
- Increase the number of vulnerable people helped to live at home;
- Increase the proportion of people who receive community services enjoying choice and control over their daily lives; and
- Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk.

1.3 At its meeting on 30 June 2009, the Scrutiny Board (Health) received a number of inputs to help members consider the Board's priorities during the 2009/10 municipal year. This included specific inputs from:

- Executive Board Member for Adult Health and Social Care
- Deputy Director (Adult Social Services)
- NHS Leeds
- Leeds Teaching Hospitals NHS Trust (LTHT)
- Leeds Partnerships Foundation Trust (LPFT)

[2] Agreed at the Scrutiny Board (Health) meeting – 22 September 2009.

Appendix 1

1.4 A number of potential areas for inquiry were identified by members of the Scrutiny Board, including:

- To consider alcohol and its related harm, including the role of the Authority in promoting sensible and responsible alcohol consumption, and highlighting the associated health implications, especially for those living in the most deprived areas of the city.
- To consider how health priorities are considered and reflected within the Council's decision-making processes.
- To consider the health of young people across a range of issues, including:
  - Alcohol consumption;
  - Obesity and levels of physical activity;
  - Smoking;
  - Sexual health and teenage pregnancies;

1.5 At its meeting in July 2009, the Scrutiny Board (Health) agreed the terms of reference for a proposed scrutiny inquiry around alcohol related harm, subject to some minor amendments identified at the meeting.

1.6 However, given the range of potential areas for inquiry identified by members of the Scrutiny Board, a revised approach is now proposed, that will allow the Board to consider a range of issues under the umbrella of a single inquiry.

2.0 Scope of the inquiry

2.1 The purpose of the Inquiry is to make an assessment of and, where appropriate, make recommendations on the role of all partners in developing, supporting and delivering targets associated with improving specific aspects of public health, as set out in the Leeds Health and Well-being Plan (2009-2012) and associated strategies, particularly in relation to:

- Promoting responsible alcohol consumption;
- Reversing the rise in levels of obesity and promoting an increase in the levels of physical activity;
- Reducing the level of smoking;
- Improving sexual health and reducing the level of teenage pregnancies

2.2 The Board hopes that its findings will provide a timely and positive contribution to the delivery of the public health agenda and the management of any necessary changes in behaviour.

3.0 Comments of the relevant director and executive member

3.1 Comments received on these draft terms of reference are reflected in these terms of reference.

4.0 Timetable for the inquiry and submission of evidence

4.1 The inquiry will commence in October 2009 and is likely to take place over a number of sessions. A provisional timetable is outlined below:

Appendix 1

Session 1 (October 2009)

To consider issues associated with ***improving sexual health and reducing the level of teenage pregnancies***, such as:

- The role of the Council and its NHS health partners in developing and delivering appropriate strategies that:
  - Raises general public awareness of the health risks associated with poor sexual health and the impact of teenage pregnancies.
  - Identifies and targets those groups most at risk of poor sexual health and teenage conceptions.
  - Promotes easy access to associated services and treatments.
  - Assesses the quality and effectiveness of associated services and treatments.
- Progress against the recommendations identified in the Scrutiny Inquiry report – *Improving Sexual Health Among Young People (April 2009).*

Session 2 (November 2009)

To consider issues associated with ***promoting responsible alcohol consumption***, such as:

- The role of the Council in terms of licensing policy and associated enforcement/ control procedures.
- The role of the Council and its NHS health partners in developing and delivering an alcohol strategy that:
  - Raises general public awareness of the health risks associated with alcohol consumption.
  - Identifies and targets those groups most at risk from the affects of alcohol abuse, ensuring they have access to the most appropriate services and treatments.
  - Assesses the quality and effectiveness of services and treatments associated with reducing alcohol related harm.
- The social responsibility role of breweries, retailers and licensees and how this shapes the consumption of alcohol in Leeds.

Session 3 (January 2010)

To consider issues associated with ***reversing the rise in levels of obesity and promoting an increase in the levels of physical activity***, such as:

- The role of the Council and its NHS health partners in developing and delivering appropriate strategies that:
  - Raises general public awareness of the health risks associated with obesity and inactive lifestyles.
  - Identifies and targets those groups most at risk of becoming obese and leading inactive lifestyles.
  - Assesses the quality and effectiveness of services and

treatments associated with obesity.
    - Promotes easy access to leisure facilities and activities.

- The role of the Council in terms of its power of well-being through planning policies and associated enforcement/ control procedures.

- The role of commercial sector partners in promoting healthier lifestyles.

Session 4 (February 2010)

To consider issues associated with ***reducing the level of smoking*** , such as:

- The role of the Council and its NHS health partners in developing and delivering appropriate strategies that:
    - Raises general public awareness of the health risks associated with smoking.
    - Identifies and targets those groups most at risk of smoking and smoking related illnesses.
    - Assesses the quality and effectiveness of services and treatments associated with smoking cessation.

4.2 To help provide a rounded view of any issues, the Scrutiny Board will consider evidence from a range of stakeholders and interested parties at each session of the inquiry. The Scrutiny Board will also consider any emerging issues to inform further sessions and/or assist with the production of the final inquiry report.

4.3 The Board will aim to conclude its inquiry before April 2010, with the publication of a formal report setting out the Board's findings, conclusions and recommendations.

5.0 Witnesses

5.1 The following witnesses have been identified as possible contributors to the Inquiry:

- Executive Board Member for Adult Health and Social Care (Leeds City Council)
- Director of Adult Social Care (Leeds City Council).
- Director of Public Health and appropriate public health specialists for each of the specific areas identified (NHS Leeds).
- Director of City Development (Leeds City Council).
- Head of Licensing and Registrations (Leeds City Council).
- Business Development Manager (Drug Action Team, Leeds City Council).
- Healthier Leeds Partnership representatives, as appropriate.
- Independent experts for each of the specific areas identified, as appropriate.
- Commercial representatives, as appropriate.
- Service user representatives, as appropriate.

6.0 Monitoring Arrangements

6.1 Following the completion of the scrutiny inquiry and the publication of the final inquiry report and recommendations, the implementation of the agreed recommendations will be monitored.

6.2 The final inquiry report will include information on the detailed arrangements for monitoring the implementation of recommendations.

7.0 Measures of success

7.1 It is important to consider how the Board will deem whether its inquiry has been successful in making a difference to local people. Some measures of success may be obvious at the initial stages of an inquiry and can be included in these terms of reference. Other measures of success may become apparent as the inquiry progresses and discussions take place.

7.2 The Board will look to publish practical recommendations.

Appendix 2

National Institute for Health and Clinical Excellence (NICE) – published public health guidance

REF.	TITLE	DATE
PH1	Brief interventions and referral for smoking cessation	Mar 2006
PH2	Four commonly used methods to increase physical activity	Mar 2006
PH3	Prevention of sexually transmitted infections and under 18 conceptions	Feb 2007
PH4	Interventions to reduce substance misuse among vulnerable young people	Mar 2007
PH5	Workplace interventions to promote smoking cessation	Apr 2007
PH6	Behaviour change	Oct 2007
PH7	School-based interventions on alcohol	Nov 2007
PH8	Physical activity and the environment	Jan 2008
PH9	Community engagement	Feb 2008
PH10	Smoking cessation services	Feb 2008
PH12	Social and emotional wellbeing in primary education	Mar 2008
PH11	Maternal and child nutrition	Mar 2008
PH13	Promoting physical activity in the workplace	May 2008
PH14	Preventing the uptake of smoking by children and young people	Jul 2008
PH16	Mental wellbeing and older people	Oct 2008
PH15	Identifying and supporting people most at risk of dying prematurely	Sep 2008
PH17	Promoting physical activity for children and young people	Jan 2009
PH18	Needle and syringe programmes	Feb 2009
PH19	Management of long-term sickness and incapacity for work	Mar 2009
PH21	Reducing differences in the uptake of immunisations	Sep 2009
PH20	Social and emotional wellbeing in secondary education	Sep 2009
PH22	Promoting mental wellbeing at work	Nov 2009
PH23	School-based interventions to prevent smoking	Feb 2010

Appendix 2

National Institute for Health and Clinical Excellence (NICE) – public health guidance (in development)

TITLE	ANTICIPATED PUBLICATION DATE
Prevention of cardiovascular disease	Jun 2010
Quitting smoking in pregnancy and following childbirth	Jun 2010
Alcohol-use disorders: preventing harmful drinking	Jun 2010
Weight management in pregnancy and after childbirth	Jul 2010
Contraceptive services for socially disadvantaged young people	Oct 2010
Looked after children	Oct 2010
Preventing unintentional injuries among under 15s in the home	Nov 2010
Preventing unintentional injuries among under 15s: outdoor play and leisure	Nov 2010
Preventing unintentional road injuries among under 15s: road design	Nov 2010
Strategies to prevent unintentional injuries among under 15s	Nov 2010
Personal, social and health education focusing on sex and relationships and alcohol education	Jan 2011
Providing public information to prevent skin cancer	Jan 2011
Resources and environmental changes to prevent skin cancer	Jan 2011
Increasing the uptake of HIV testing among black Africans in England	Mar 2011
Increasing the uptake of HIV testing among men who have sex with men	Mar 2011
Type 2 diabetes: preventing pre-diabetes in adults	Jun 2011
Social and emotional wellbeing: early education and day care	Sep 2011
Social and emotional wellbeing - vulnerable children at home	Oct 2011
Preventing unintentional road injuries among under 15's: education and protective equipment	Dec 2011
Spatial planning for health	Dec 2011
Preventing obesity: a whole-system approach	Mar 2012
Tuberculosis: hard to reach groups	Mar 2012

Appendix 2

TITLE	ANTICIPATED PUBLICATION DATE
Type 2 diabetes: preventing the progression from pre-diabetes	May 2012
Testing for hepatitis B and C	Dec 2012
Fruit and vegetable provision for disadvantaged communities	TBC
Identification and weight management of overweight and obese children in primary care	TBC
Preventing domestic violence	TBC
Preventing unintentional road injuries among young people	TBC
Reducing infant mortality among those living in disadvantaged circumstances	TBC
Transport policies that prioritise walking and cycling	TBC
Using the media to promote healthy eating	TBC
Weight management for overweight and obese children: community interventions	TBC