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Late Item for 21st September 2010 Scrutiny Board (Health)

Scrutiny Board (Health) Report on Promoting Good Public Health; the role of the Council and its Partners

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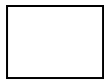
Report of the Director of Adult Social Services and the Director of Public Health, NHS Leeds.

Scrutiny Board (Health)

Date: 21 September 2010

Subject: Scrutiny Board (Health) Report on Promoting Good Public Health: the role of the Council and its Partners (May 2010).

Electoral Wards Affected:



Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

This report provides the Scrutiny Board (Health) with details of the recommendations from the recent Scrutiny Board (Health) inquiry into the role of the Council and its partners in promoting good public health and details how the Directors propose to respond to these. The Board is asked to note and comment on the actions proposed.

Reasons for urgency

The Scrutiny Board Procedure rules state that any report and recommendations of a Scrutiny Board should be considered by the Council, Executive Board, Area Committee or officers within two months of it being received. There is also a duty to respond to the Scrutiny Board by publishing a response and outlining what action (if any) is proposed.

The Board's report and recommendations following its inquiry on *Promoting Good Public Health: The Role of the Council and its Partners*, was published and issued to all relevant parties in May 2010. The timescales for responding to the recommendations are already outside those detailed in the Council's Constitution. Nonetheless, this report was not available at the time of issuing the agenda for the meeting on 21 September 2010.

However, in order to help the Board fulfil its role in monitoring responses to its recommendations (and subsequent implementation) and to ensure its work remains current, it is necessary for the Board to receive and consider this report before the next scheduled meeting in late October 2010.

1.0 Purpose of Report

The purpose of this report is to provide the Scrutiny Board (Health) with the response of the Director of Adult Social Services and the Director of Public Health (NHS Leeds) to the recommendations resulting from the Scrutiny Board (Health) inquiry into Promoting Good Public Health: The role of the Council and its Partners.

2.0 Background

2.1 At the Scrutiny Board (Health) meeting of the 30th June 2009, the Scrutiny Board (Health) identified a number of key public health issues that affected the health of young people and that were reflected in the Leeds Health & Well Being Plan (2009-2012). These key issues were:

- Alcohol consumption;
- Obesity and levels of physical activity;
- Smoking;
- Sexual health and teenage pregnancy.

2.2 At the Scrutiny Board (Health) meeting September 2009, the Scrutiny Board (Health) agreed the terms of reference for an inquiry into the role of the Council and its partners in developing, supporting and delivering improvements to public health issues above. Subsequently in February 2010, the Scrutiny Board (Health) agreed to remove smoking from the scope of its inquiry.

2.3 On the 25th May 2010, the Scrutiny Board (Health) Inquiry report was published. The Director of Public Health and the Director of Adult Social Care were asked to report back on progress and actions around the recommendations made by the Scrutiny Board (Health).

3.0 Recommendations

3.1 Recommendation One:

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.

This recommendation is agreed; however it should be noted that the development of Scrutiny Board work programmes rests with members of the Board alone. Nonetheless, the role of the Board's Principal Scrutiny Advisor is to provide guidance to the Chair and Board Members as to what that work programme might include. The analysis and review of Public Health issues are of great importance and a fundamental remit of the Health Board, therefore advice from officers will continue to ensure such work is appropriately incorporated into the annual work programme. This might include the Board undertaking specific scrutiny inquiries and/or maintaining an overview through regular performance monitoring.

3.2 Recommendation Two:

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.

This recommendation is agreed. The Scrutiny Board (Health) has noted the important role of NICE in providing national evidence of effectiveness on the promotion of good health and the prevention and treatment of ill health. As part of the Governments White Paper on the NHS and the subsequent review of arms length bodies, the future role of NICE has been seen as crucial, and will be put on an even firmer statutory footing by establishing it in primary legislation. Its role will expand scope to include social care standards. A member of the NHS Leeds Public Health Directorate will take forward the recommendation from September 2010, working closely with LCC staff. The intention is to complete this work by December 2010. A Public Health trainee has been identified to take forward this work which will commence in September, with completion by December 2010

3.3 Recommendation Three:

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.

The sexual health modernisation team was re-established in May 2010 with representation from our clinical, statutory and voluntary sector partners. It was agreed by this group in June that the sexual health strategy be amended in light of the current political changes. The revised version sets out the commissioning priorities for NHS Leeds from 2010 to 2012. The strategy is currently being circulated to all members of the modernisation team for final comments. Once agreed an action plan to support the strategy will be developed. The process of engagement with Practice Based commissioner (PBC) consortia around NHS Leeds commissioning intentions is underway.

3.4 Recommendation Four:

That, as soon as practicable, the Director of Children's Services writes to 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.

This recommendation is agreed. A report is being prepared for presentation at a future meeting of the Children's Trust Board. The report will cover a number of issues relating to Sex and Relationship Education in schools. There is an existing national campaign, which is also aimed at the government setting minimum standards for Sex and

Relationship Education. The Leeds Children's Trust Board will be invited to add its support to the campaign.

3.5 Recommendation Five:

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.

This recommendation is agreed. NHS Leeds Public Health Directorate and LCC City Development have each identified a lead officer to jointly progress a strategic approach to improving health through City Development work streams that include spatial planning; transport; sport and leisure; and libraries, arts and culture. A City Development Health & Wellbeing group has been formed and two workshops have made the first steps in developing key actions for transport and leisure and for libraries, leisure, arts and culture. These have been cross-referenced with NICE guidance and will feed into the process for deciding the Health and Well-being priorities of the Leeds Strategic Plan 2011 -14.

3.6 Recommendation Six:

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.

This recommendation is agreed. NHS Leeds Staying Healthy Commissioning Team along with the Council's Environmental Services have mapped data on of the distribution of hot food takeaways across Leeds. NHS Leeds is currently collating examples of good practice from across the UK to form recommendations that may be taken forward. A first draft will be shared with the DPH end August 2010.

3.7 Recommendation Seven:

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

This recommendation is agreed. A national consultation on empowering individuals, families and local communities to shape and determine local licensing 'Rebalancing the Licensing Act' ran for 6 weeks from 28 July to the 8 September 2010 and covered England and Wales, where proposals apply. The consultation document sets out the Government's proposals for overhauling the current licensing regime to give more power to local authorities and the police to respond to local concerns about their night-time economy, whilst promoting responsible business. There are implications for public health, NHS commissioning and provider organisations. Officers from both NHS Leeds public health and LCC Licensing and Registration attended a Home Office consultation workshop and it was agreed to collaborate and forward separate responses to strengthen the Leeds position. A call for health harm as a licensing objective was among the many responses that were agreed and forwarded by both NHS Leeds and Leeds City Council.

3.8 Recommendation Eight:

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.

This recommendation is agreed. The national consultation on empowering individuals, families and local communities to shape and determine local licensing 'Rebalancing the Licensing Act' requested responses on action to ban below cost sales. NHS Leeds and Leeds City Council have both responded in support of legislation to introduce minimum price per unit of alcohol and of the review of alcohol pricing and taxation. The Core Cities Health Improvement Collaborative is building advocacy for legislation to be passed before April 2011 prohibiting the sale of alcohol for less than 50p per unit of alcohol. The NHS Leeds Board has formally endorsed this action.

3.9 Recommendation Nine:

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.

This recommendation is agreed. NHS Leeds and Leeds City Council aim to confirm the joint appointment of the Director of Public Health this October. A Memorandum of Understanding, which is in draft form at present, confirms that the Joint Director Of Public Health will be a member of the Council's Corporate Leadership Team and will be expected to take a lead on all health related issues across the Council. The joint post will be accountable to the Chief Executives of both organisations. The recently published NHS White Paper, Equity and Excellence; Reforming the NHS, sets out an intention to establish the public health director as a statutory post, employed directly by local authorities, but with joint accountability to the proposed Public Health Services. These new arrangements are scheduled for implementation by 2012.

3.10 Recommendation Ten:

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.

This recommendation is broadly agreed.

Whilst the recommendation was proposed prior to the publication of the NHS White Paper, the proposals set out in that document, include legislative change that would place statutory responsibility for improving the health of the population with local authorities. Shadow arrangements for this new statutory function are being proposed at present, and its implications for policy as well as service delivery are under review.

While it is likely that a report on the wider issues will be presented to the Scrutiny Board (Health) in the next few months, it should also be recognised that the Council has a legal

duty to consider a range of different matters as part of its decision-making framework. These legal duties are then overlain by the Council's own policies.

Good corporate governance can be considered against three fundamental aspects relating to the decision-making arrangements in place within an organisation. Specifically that the arrangements:

- are current and fit for purpose;
- have been effectively communicated;
- are embedded and routinely complied with.

The current report writing guidance captures the range of competing demands and considerations that are placed upon the Council. Specifically, under section 4.0 (Implications For Council Policy And Governance), this guidance makes reference to a range of considerations that report authors should be seeking to address. A number of considerations relate to public health matters, such as:

- milestones identified in the Leeds Strategic Plan – these currently include significant Public Health issues;
- plans and policies included in the Council's Budget and Policy Framework as listed in Article 4 of the Constitution – Article 4 includes a range of plans which are required by the Local Authorities (Functions and responsibilities) Regulations, and have been voluntarily adopted by the Council. Many, if not all, are of relevance to this inquiry;
- such other plans and policies as may be appropriate to the service area(s) affected by the report;
- the Council's Narrowing the Gap agenda – again of which Public Health is a significant component.

One of the roles of Directors and Chief Officers (in whose name reports are written) is to challenge draft reports to ensure that all relevant considerations are incorporated into final reports submitted for Committee decision and officer delegated decision. In this regard, and to help improve compliance with the guidance, opportunities for further training and development for staff will be explored during the Municipal year.

In addition, as the Council regularly reviews its Corporate Governance arrangements, there is scope to ensure and maintain that the guidance and report writing template remain fit for purpose and relevant.

4.0 Conclusions.

- 4.1 All the recommendations made by the Scrutiny Board (Health) in its inquiry into promoting public health in Leeds are accepted. This report describes the action that is underway to implement these recommendations, including activity designed to influence policy at a national level. Since the board agreed its report the NHS white paper has been published. Proposals in the white paper and a forthcoming white paper on public health will significantly change the context for public health, not least the proposal to legislate for local authorities to have a statutory function for health improvement. The impact of many of the recommendations contained in the board's report will be strengthened by these new statutory responsibilities and the steps being taken to

implement shadow arrangements in the run up to the proposed full implementation by April 2012.

5.0 Recommendations

5.1 Members of the Scrutiny Board (Health) are asked to note and comment on the actions underway to implement the recommendations from the Promoting Good Public Health Report - all of which have been agreed.

6.0 Background papers

- Promoting Good Public Health: The Role of the Council and its Partners: Scrutiny Board (Health) inquiry report – May 2010
- The Council's Constitution

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