



## SCRUTINY BOARD (HEALTH)

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Meeting to be held in Civic Hall, Leeds, LS1 1UR on  
Tuesday, 21st December, 2010 at 2.00 pm

*(A pre-meeting will be held for ALL Members of the Board at 9.30 am)*

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### MEMBERSHIP

#### Councillors

S Armitage - Cross Gates and Whinmoor;  
M Dobson (Chair) - Garforth and Swillington;  
P Ewens - Hyde Park and Woodhouse;  
Mr Arthur Giles -  
P Harrand - Alwoodley;  
A Hussain - Gipton and Harehills;  
J Illingworth - Kirkstall;  
G Kirkland - Otley and Yeadon;  
G Latty - Guiseley and Rawdon;  
J Matthews - Headingley;  
Stewart -  
E Taylor - Chapel Allerton;

#### Co-opted Members (Non-Voting)

Arthur Giles - Leeds LINK  
Emma Stewart - Leeds LINK

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

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**Principal Scrutiny Advisor:**  
**Steven Courtney**  
**Tel: 24 74707**

# A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8			<p><b>RECOMMENDATION TRACKING</b></p> <p>To consider a report of the Head of Scrutiny and Member Development providing the Board with a progress update on the Board's previous scrutiny inquiries and recommendations.</p>	1 - 18
10			<p><b>EQUITY AND EXCELLENCE: LIBERATING THE NHS - UPDATE REPORT</b></p> <p>To consider a report of the Head of Scrutiny and Member Development providing a further update around the Government's overall vision for the future of the NHS.</p>	19 - 34

## Kirkstall Joint Service Centre

### Update on Recommendations From the Leeds City and Regional Partnerships Scrutiny Board Review

#### **BACKGROUND**

##### **5<sup>th</sup> November 2009:**

NHS Leeds and PPPU jointly attended a scrutiny committee meeting on to discuss NHS Leeds' potential withdrawal from a Joint Service Centre in Kirkstall. The scheme had been under discussion for several years and the Council members were understandably requesting clarification as to the reasons for NHS Leeds position so late in the process.

The Scrutiny Committee requested a review and lessons learnt process to be undertaken

##### **19 November 2009:**

NHS Leeds Board formally decided to withdraw from the scheme. The decision was formally communicated to Leeds City Council and the Department of Health.

##### **4<sup>th</sup> February 2010:**

Lessons Learnt Workshop attended by LCC, NHS Leeds, CVL and other interested parties.

##### **15<sup>th</sup> March 2010**

NHS Leeds' Executive Team responded to the draft report from the lessons learnt workshop.

##### **April 2010:**

Final version of the report issued

##### **June 2010:**

LCC Executive Board formally received the report

INQUIRY: KIRKSTALL JOINT SERVICE CENTRE		PUBLISHED: APRIL 2010	LAST UPDATE RECEIVED: FIRST UPDATE	
	Recommendation		Stage	Complete
1	<p><i>That NHS Leeds be asked to review their governance process in line with the Department of Health Code of Practice 2003 in order to ensure that</i></p> <ul style="list-style-type: none"> <li><i>(i) the public is advised of all matters to be considered at NHS Leeds Board meetings whether to be held in public or in private session and</i></li> <li><i>(ii) that all appropriate reports are made available at the time the agenda is released.</i></li> </ul>			
	<p><b><u>December 2010 update</u></b>            Since the end of 2009, NHS Leeds has revised its Board Meeting administration arrangements which include a more formal Board Secretary role. The Council's recommendations have been incorporated into the changes made at NHS Leeds.</p>			
2	<p><i>That the "Lessons Learned" report of the Joint Service Centre project be endorsed including the recommendations for improvement.</i></p>			
	<p><b><u>December 2010 update</u></b>            Implementation of the recommendations of the "Lessons Learned Report" is directly addressed under Recommendation 3 below. In addition the recommendations of the report are available to inform future instances of partnership working.</p>			

INQUIRY: KIRKSTALL JOINT SERVICE CENTRE		PUBLISHED: APRIL 2010	LAST UPDATE RECEIVED: FIRST UPDATE	
	Recommendation		Stage	Complete
3	<p><b><i>NHS Leeds' input/action:</i></b> <i>The Council and PCT to consider the joint development of a cost benefit analysis / options appraisal tool.</i></p>			
	<p><b><u>December 2010 update</u></b>  <b>Operational and Governance Progress:</b></p> <p>NHS Leeds has now formally revised its governance arrangements around:</p> <ul style="list-style-type: none"> <li>- capital planning and decision making</li> <li>- documentation around procedures, use of checklists and formal training of key staff in business case production, review and appraisal. The checklist and appraisal documentation includes a requirement that the NHS Leeds benefits evaluation process explicitly includes LCC impact and also links clearly to the Joint Service Needs Assessment undertaken city wide.</li> <li>- employment of an appropriately qualified Associate Director of Estates as of January 2010.</li> </ul> <p>More specifically, capital planning is now operationally funnelled at the PCT through a single forum (Capital Management Group (CMG)) comprising Associate Director representation from Estates, Finance, Primary Care, Commissioning and Strategic Planning.</p> <p>Capital Management Group members have close operational links with LCC counterparts via regular meetings such as the Public Resources Partnership, city wide Director of Estates Forum and regular monthly meetings between NHS Leeds Financial Capital Planning and the PPPU.</p> <p>The NHS Leeds Executive Team then hold bi-monthly meetings with CMG to formally endorse projects and developments previously debated and scrutinised via CMG and its links with the LCC.</p>			

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	<p><b>Formal exchange of minutes</b></p> <p>CMG and Asset Management Board minutes will be exchanged as soon as they have been ratified, between NHS Leeds Capital Planning and PPPU.</p> <p><b>Use of common governance arrangements once schemes are formally approved at each organisation</b></p> <p>Once schemes have been formally approved, PPPU and NHS Leeds have identified and agreed to adopt the LCC documentation and governance procedures ('Delivering Successful Change') to progress the schemes as a single project sponsored by the two organisations. This will ensure common assessment of options appraisals, benefits and need for developments by the two organisations</p>			
4	<p><i>That the statement of the Scrutiny Board (City and Regional Partnerships) be submitted to Scrutiny Board (Health) for information.</i></p>			
	<p><b><u>December 2010 update</u></b> The statement was presented to Scrutiny Board (Health) on 27th July 2010.</p>			

INQUIRY: KIRKSTALL JOINT SERVICE CENTRE		PUBLISHED: APRIL 2010	LAST UPDATE RECEIVED: FIRST UPDATE	
	Recommendation		Stage	Complete
5	<i>That NHS Leeds be asked to submit a paper to this Board and Kirkstall ward members on the improvements they intend to make to the existing Health centre before September 2010.</i>			
	<p><b><u>December 2010 update</u></b></p> <p>With the cessation of the Kirkstall Joint Service Centre due to lack of significant clinical need for the development, the only clinical service needs that remained outstanding as a result of that decision, was the centralisation of the Child and Adolescent Mental Health Services (CAMHS) to ensure the CAMHS team meets its service objectives, a project team was commissioned jointly by NHS Leeds (Acting Director of Finance) and Leeds Community Healthcare Service (Acting Managing Director) to enable the development of further viable and sustainable options.</p> <p>Currently the provision of specialist CAMHS clinics for the north and west area of the city is delivered from two sites Cringlebar House (located close to Bradford boarder) and Bramley Clinic Annex. The CAMHS preference was to consolidate onto one site, administrative staff and specialist clinics from both Cringlebar House and Bramley Annex avoiding excessive travel between the two sites.</p> <p>The preferred option selected was to create a combined super-neighbourhood / neighbourhood facility at the existing Kirkstall Health Centre delivering a range of core and specialist CAMHS activity for patients living across the west/north west of the city. £494k capital is being invested between November 2010 and March 2011 to modify the existing Kirkstall Health Centre which will, improve service accessibility, enable the closure of Cringlebar House and improving the utilisation of key community sites in the west/north west of the city. Locality based CAMHS clinics (neighbourhood services) will continue to be delivered in a range of key community sites, from consultation rooms booked as required on a sessional basis. Specialist CAMHS clinics (super-neighbourhood services) would cease to continue at Bramley Clinic Annex.</p>			

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<p><b>Communications and Involvement</b></p> <p>NHS Leeds Stakeholder and PPI team developed a consultation and communications plan to address consulting with the locally elected councillors and Members of Parliament.</p> <p>PPI have also completed a proposal for change briefing paper for the Scrutiny Board- Health Proposal Workshop</p> <p>NHS Leeds HR team have developed a consultation plan with senior managers whose staff will be affected by the office relocation.</p> <p><b>Key Timetable Events</b></p> <p>Specification for the remodelling of Kirkstall health centre is currently being developed with Nuttal Yarwood Architects. The specification will include carrying out building work to bring the building up to condition B (Estatecode) as part of the capital spend project.</p> <p>The intention is to reconfigure/extend space in lower ground floor Kirkstall Health Centre to include</p> <ul style="list-style-type: none"> <li>• 1 x Reception</li> <li>• 2 x Waiting Rooms</li> <li>• 8 x Therapy rooms, plus an observation room</li> <li>• 1 x Therapy/cook-eat-kitchen</li> <li>• 4 x W.C.</li> <li>• 3 x Office rooms for the west/north west area team</li> <li>• 1 x Staff area / kitchen</li> </ul>			



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	Recommendation		Stage	Complete
	<p><b>13.9.2010:</b> Formal Consultation on CAMHS relocation Ended</p> <p><b>October 2010:</b> Completion of Tendering process for Capital Works of £494k at Kirkstall</p> <p><b>23.11.2010:</b> Building Contractor on site</p> <p><b>18.3.2011:</b> Building Works Completion Date</p>			

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INQUIRY: Promoting Good Public Health: the role of the Council and its Partners.		PUBLISHED: May 2010	LAST UPDATE RECEIVED: September 2010	
	Recommendation	Stage	Complete	
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.			
	<p><b><u>September 2010</u></b></p> <p>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.</p> <p><b><u>December 2010 update</u></b></p> <p>At the June and July 2010 meetings, the Scrutiny Board received contributions from a number of key stakeholders in terms of its future work programme. These included the Chairs and Chief Executives of NHS Leeds (as the primary care trust), Leeds Teaching Hospitals NHS Trust and Leeds Partnerships NHS Foundation Trust. The Board also heard from the Director of Public Health and representatives from the Council's Adult Social Services Directorates.</p> <p>At that time, the new coalition government had just published its proposed vision for the NHS – <i>Equity and Excellence: Liberating the NHS</i> – which outlined some major proposals for NHS reforms. More recently, the government has set out its proposed strategy for public health services in England through the White Paper – <i>Healthy Lives, Healthy People</i>. The Board will be considering the proposals in more detail, alongside the potential impact for Leeds, in early 2011.</p> <p>It should be noted that the Board maintains an overview of public health priorities through the regular quarterly performance monitoring reports. The Board also considers its work programme on a monthly basis, which allows members to identify and, where appropriate, amend the work programme to reflect any emerging issues and changes in priorities.</p>			

<b>INQUIRY: Promoting Good Public Health: the role of the Council and its Partners.</b>		<b>PUBLISHED: May 2010</b>	<b>LAST UPDATE RECEIVED: September 2010</b>	
	<b>Recommendation</b>	<b>Stage</b>	<b>Complete</b>	
<b>2</b>	<p>That, by December 2010, in collaboration with the Director of Public Health, the Director of Adult Social Services (as the lead for Health):</p> <p>(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.</p> <p>(b) (b) Designs and implements a robust assurance process to ensure the appropriate distribution and consideration of any future NICE guidance, appropriate to the Council.</p>			
	<p><b><u>September 2010</u></b></p> <p>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</p> <p><b><u>December 2010 update</u></b></p> <p>Options have now been developed and are under discussion, within NHS Leeds and LCC. The preferred option requires additional resources, which have not been identified at this stage.</p> <ol style="list-style-type: none"> <li>1. Dissemination of NICE guidance to NHS Leeds, LCC and VCS contacts (i.e. not a full assurance process).</li> <li>2. Dissemination with a piloted assurance process in one area (possibly alcohol guidance).</li> <li>3. Full assurance process for implementing and monitoring NICE guidance, supported by a new NICE Public Health Group as dedicated support officer.</li> </ol> <p>A report outlining these options in full has been drafted and will be considered by the Health Improvement Board shortly.</p>			

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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.			
	<p><b><u>September 2010</u></b></p> <p>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.</p> <p><b><u>December 2010 update</u></b></p> <p>A meeting has been arranged for January to agree the final strategy and begin the development of the action plan to support the strategy. The process of engagement with Practice Based commissioner (PBC) consortia around NHS Leeds commissioning intentions is underway.</p>			
4	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.			
	<p><b><u>September 2010</u></b></p> <p>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.</p>			

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	<p><b><u>December 2010 update</u></b></p> <p>No update.</p>			
<b>5</b>	<p>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.</p>			
	<p><b><u>September 2010</u></b></p> <p>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 &amp; 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.</p> <p><b><u>December 2010 update</u></b></p> <p>Awaiting publication of the draft Local Development Framework.</p>			
<b>6</b>	<p>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.</p>			

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	<p><b><u>September 2010</u></b></p> <p>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.</p>			
	<p><b><u>December 2010 update</u></b></p> <p>NHS Leeds has collated examples of good practice from across the UK and formed the following two recommendations</p> <ol style="list-style-type: none"> <li>1. Explore the impact of the adoption of supplementary planning guidance to control the opening of hot food takeaways in Leeds.</li> <li>2. Look at opportunities to develop work with businesses to improve the nutritional content of takeaway meals, and ways of raising public awareness of takeaways which provide healthier options and food preparation practices</li> </ol> <p>Preliminary meetings with Trading Standards and Environmental health are taking place to scope the possibilities of taking forward recommendation 2 before the New Year.</p>			
7	<p>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.</p>			

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<p><b><u>September 2010</u></b></p> <p>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.</p> <p><b><u>December 2010 update</u></b></p> <p>Recently, the government set out its proposed strategy for public health services in England through the White Paper – <i>Healthy Lives, Healthy People</i>. As part of the White Paper, it is stated that the Home Office will seek to overhaul the Licensing Act to give local authorities and the police stronger powers to:</p> <ul style="list-style-type: none"> <li>• Refuse and/or remove licences from any clubs, bars and pubs that are causing problems;</li> <li>• Close any shop or bar found to be persistently selling alcohol to children; and,</li> <li>• Charge more for late-night licences</li> </ul> <p>This is likely to include publication of the government’s response to the consultation on ‘<i>Rebalancing the Licensing Act</i>’ and a further publication on ‘Alcohol pricing and taxation’.</p> <p>In early 2011, the Scrutiny Board will be considering the overall proposals for public health in more detail, alongside the potential impact for Leeds.</p>			



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<b>8</b>	<p>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.</p>			
	<p><b><u>September 2010</u></b></p> <p>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.</p> <p><b><u>December 2010 update</u></b></p> <p>Plans are progressing to launch an updated Leeds Alcohol Strategy action plan in January, along with a report, commissioned by the Healthy Leeds Partnership into the economic impact of harmful alcohol consumption within the city. The national campaign on minimum unit pricing appears to have run into opposition from the government, although the national alcohol strategy is to be revised and re-launched in early 2011, when it is anticipated that the government's policy position on this issue will be clarified.</p>			
<b>9</b>	<p>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.</p>			

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	<p><b><u>September 2010</u></b></p> <p>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.</p> <p><b><u>December 2010 update</u></b></p> <p>The joint appointment of the Director of Public Health was formally announced on the 1<sup>st</sup> November 2010. From that date Ian Cameron has been a full member of the Council's Corporate Leadership Team, and has now established formal accountability arrangements with the Chief Executive.</p>			
10	<p>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.</p>			
	<p><b><u>September 2010</u></b></p> <p>This recommendation is broadly agreed.</p> <p>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.</p>			

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<p>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:</p> <ul style="list-style-type: none"> <li>• are current and fit for purpose;</li> <li>• have been effectively communicated;</li> <li>• are embedded and routinely complied with.</li> </ul> <p>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:</p> <ul style="list-style-type: none"> <li>• milestones identified in the Leeds Strategic Plan – these currently include significant Public Health issues;</li> <li>• 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;</li> <li>• such other plans and policies as may be appropriate to the service area(s) affected by the report;</li> <li>• the Council’s Narrowing the Gap agenda – again of which Public Health is a significant component.</li> </ul> <p>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.</p> <p>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.</p>			

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	<u><b>December 2010 update</b></u>  No update.			

## **Scrutiny Board (Health)**

21 December 2010

### **Liberating the NHS: Legislative framework and next steps**

Since issuing the agenda documentation from the meeting, the Government subsequently published its response to the consultation around the White Paper: *Equity and Excellence – Liberating the NHS*, and the supporting consultation documents.

Some of the key areas where the Government has modified its approach are summarised below:

- allow a longer and more phased transition period for completing our reforms to providers: for example, retaining some of Monitor's current controls over some foundation trusts while the new system of economic regulation is introduced;
- significantly strengthen the role of health and wellbeing boards in local authorities, and enhance joint working arrangements through a new responsibility to develop a "joint health and wellbeing strategy" spanning the NHS, social care, public health and potentially other local services. Local authority and NHS commissioners will be required to have regard to this;
- create a clearer, more phased approach to the introduction of GP commissioning, by setting up a programme of GP consortia pathfinders. This will allow those groups of GP practices that are ready, to start exploring the issues and will enable learning to be spread more rapidly;
- accelerate the introduction of health and wellbeing boards through a new programme of early implementers;
- create a more distinct identity for HealthWatch England, led by a statutory committee within the Care Quality Commission (CQC);
- increase transparency in commissioning by requiring all GP consortia to have a published constitution;
- change our proposal that maternity services should be commissioned by the NHS Commissioning Board. This reflects the weight of consultation responses arguing that, in order to focus on local needs, maternity services should be the responsibility of GP consortia, backed by national support to secure improvements in quality and choice;
- recognise that our original proposal to merge local authorities' scrutiny functions into the health and wellbeing board was flawed. Instead we will extend councils' formal scrutiny powers to cover all NHS-funded services, and will give local authorities greater freedom in how these are exercised;

- phase the timetable for giving local authorities responsibility for commissioning NHS complaints advocacy services, and allow flexibility to commission from other organisations as well as from local HealthWatch;
- give GP consortia a stronger role in supporting the NHS Commissioning Board to drive up quality in primary care;
- create an explicit duty, for the first time, for all arm's-length bodies to mechanism for resolving disputes without the Secretary of State having to act as arbiter. In particular, Monitor and the NHS rather than have Monitor decide and the Board able to appeal.

The response to the consultation is a substantial document (over 180-pages) and covers the following broad areas:

- Putting patients and the public first
- Improving healthcare outcomes
- Commissioning for patients
- Local democratic legitimacy
- Regulating healthcare providers
- Effective implementation and a managed transition

Members of the Scrutiny Board may wish to consider any of the above aspects in more details at a future meeting.

**Steven Courtney**  
**Principal Scrutiny Adviser**

**December 2010**

# What is NICE?

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health...(and social care – soon).

# This is what we do

**Evidence  
assessment  
and  
interpretation**

**Economic  
evaluation  
and resource  
impact  
assessment**

## NICE and NHS Evidence

Evidence – guidance – shared learning

**Pathways,  
guidance and  
standards**

**Web access  
for decision  
support and  
e-learning**



# This is how we add value

**Better outcomes  
for patients**

**knowledge for  
professionals and  
patients**

Our purpose is to improve  
the quality and productivity  
of clinical practice, public  
health and social care

**Effective use of  
NHS resources**

**Access to the NHS  
market**

Independence, objectivity and transparency.

# What is NICE guidance?

We produce guidance in three areas of health:

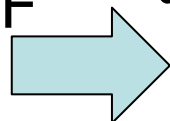
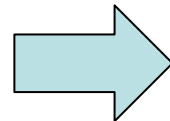
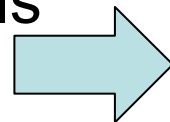
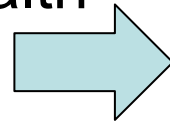
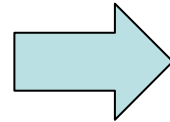
- **Public health** – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector.
- **Health technologies** – guidance on the use of new and existing medicines, treatments, procedures and medical technologies and diagnostics within the NHS.
- **Clinical practice** – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.
- We will also be writing social care guidance from 2013.

# Core principles of all NICE guidance

- Based on the best evidence available
- Expert input
- Patient and carer involvement
- Independent advisory committees
- Genuine consultation
- Regular review
- Open and transparent process

## NICE

- NHS Special Health Authority
- Health and public health guidance
- Technology appraisals with funding direction
- Support for NHS providers and PCT Commissioners
- TA, CG, PH, IPG, QOF indicators



## New NICE

- Non-departmental public body (2012)
- Health, public health and social care guidance
- Supporting value based pricing
- Support for NHS providers, Health and Wellbeing boards, National Commissioning Board and GPCCs
- TA, CG, PH, IPG, QOF, QS, MTG, COF...?

# NICE and Value Based Pricing

- NICE will continue to undertake independent and objective assessments of the benefits of new drugs.
- We welcome the opportunity to review and, where appropriate, extend the perspective we use to undertake our assessments
- We also support the general principle that the NHS should pay a price which reflects the additional therapeutic benefit of new drugs.
- We share the Government's ambition to ensure that the option exists for all new licensed drugs to be offered to those patients who can benefit from them, provided the price is a fair reflection of their value.
- We are confident that the Government will want to take advantage of NICE's expertise and experience as it develops value-based pricing.

# Key topics in published and planned public health guidance

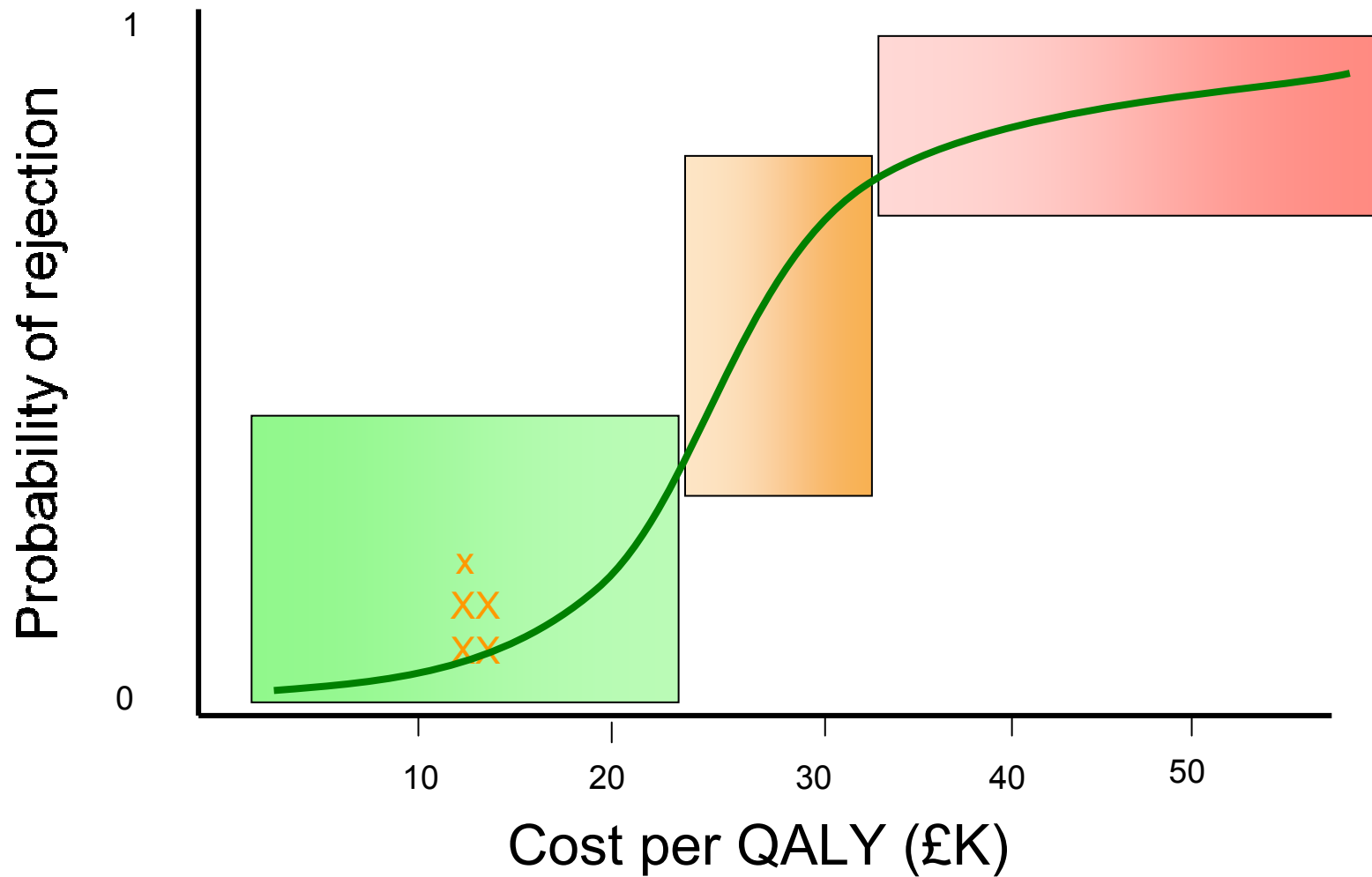
- Physical activity
- Smoking and tobacco
- Sexual health
- Alcohol
- Drugs
- Maternal and child health
- Health and work
- Older people's health and wellbeing
- Cancer
- Immunisation
- Accidental injury.
- Obesity
- Mental well being
- Cardio vascular disease.
- Diabetes
- Communicable disease

# Audiences for public health guidance

- The NHS
- Local government
- The workplace
- Education
- The utilities
- Private and voluntary sectors
- DH and other government departments
- The public
- National policy makers



# Assessing cost effectiveness





# Quality Standards topics

## Pilot topics now published

- Stroke
- Dementia
- Prevention of venous thromboembolism
- Specialist neonatal care

## Topics 2010-11

- Diabetes
- COPD
- Breast cancer
- Depression
- Chronic kidney disease
- Glaucoma
- Chronic heart failure
- End of life care
- Alcohol dependency (clinical treatment)

31 new topics to be commissioned for 2010-11



# How can NICE help?

- We provide **general support tools** such as the 'How to Guides' and a map of NICE guidance available against national indicators and targets
- We **encourage shared learning** from practice and provide support at local level through our field team
- We provide **topic specific support tools** such as slide sets, costing tools, clinical audit support, educational tools and commissioning guides
- We provide **online educational modules** for healthcare professionals
- We actively **work in partnership** with other organisations to support NICE guidance

# Keep up to date with the latest from NICE...

- Sign up on the NICE website to receive NICE guidance electronically at [www.nice.org.uk](http://www.nice.org.uk)
- Or subscribe online to our free monthly E-newsletter: includes information about guidance launched each month.
- Follow us on Twitter @NICEcomms
- Contact your local implementation consultant for further advice [gillian.mathews@nice.org.uk](mailto:gillian.mathews@nice.org.uk)



The screenshot shows the top portion of an NICE News newsletter. The header features the 'NICE News' title, the date 'June 2010', and the NHS logo with the text 'National Institute for Health and Clinical Excellence'. Below the header is a photograph of a doctor's hands and a stethoscope. A tagline reads 'Bringing you the latest news, features and guidance from NICE'. The main content area is divided into two sections: 'New guidance' and 'News'. The 'New guidance' section contains two items, each with a 'READ' button. The 'News' section contains one item with a 'READ' button.

**NICE News**  
June 2010  
NHS  
National Institute for  
Health and Clinical Excellence

Bringing you the latest news, features and guidance from NICE

**New guidance**

**Cutting salt and fat levels in food could save up to 40,000 lives, says NICE**  
Up to 40,000 deaths from heart disease and stroke could be prevented each year by reducing the levels of salt and saturated fat in our food, latest guidance from NICE suggests. **READ**

**NICE calls for early recognition of signs and symptoms of meningitis**  
Early recognition of the signs and symptoms of meningitis and meningococcal disease is key to preventing the deaths of children and young people from the diseases, according to latest NICE guidance. **READ**

**News**

**Diabetes care improves, but patients still missing out on NICE-approved tests**  
More people with diabetes are now receiving all nine of the key tests for diabetes care recommended by NICE, but thousands are still missing out on the essential tests, according to latest figures from the National Diabetes Audit. **READ**

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