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Leeds CITY COUNCIL

Supplementary Information

SCRUTINY BOARD (HEALTH)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 25th January, 2011 at 10.00 am

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

MEMBERSHIP

Councillors

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

Co-opted Members (Non-Voting)

Arthur Giles - Leeds LINk
Emma Stewart - Leeds LINk

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

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
7			**HEALTHY LIVES, HEALTHY PEOPLE:THE PUBLIC HEALTH WHITE PAPER** To consider a report of the Head of Scrutiny and Member Development providing an opportunity for the Scrutiny Board (Health) to understand and comment on the national and local implications of the Government's proposed public health reforms. Appendix 4 - revised	1 - 10
10			**UPDATED WORK PROGRAMME 2010/11** To consider a report from the Head of Scrutiny and Member Development outlining the Scrutiny Board's work programme for the remainder of the current municipal year. Appendix 1 – Health Service Developments Working Group – 14th December 2010	11 - 14

Healthy lives, healthy people White Paper: The Government's strategy for public health in England

Summary of the Government's Consultation Questions

The White Paper

a) **Role of GPs and GP practices in public health:** Are there additional ways in which we can ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?

b) **Public health evidence:** What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?

c) **Public health evidence:** How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness, and tackling inequalities?

d) **Public health evidence:** What can wider partners nationally and locally contribute to improving the use of evidence in public health?

e) **Regulation of public health professionals:** We would welcome views on Dr Gabriel Scally's report. If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?

Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health

1) Is the health and wellbeing board the right place to bring together ring-fenced public health and other budgets?

2) What mechanisms would best enable local authorities to utilise voluntary and independent sector capacity to support health improvement plans? What can be done to ensure the widest possible range of providers are supported to play a full part in providing health and wellbeing services and minimise barriers to such involvement?

3) How can we best ensure that NHS commissioning is underpinned by the necessary public health advice?

4) Is there a case for Public Health England to have greater flexibility in future on commissioning services currently provided through the GP contract, and if so how might this be achieved?

5) Are there any additional positive or negative impacts of our proposals that are not described in the equality impact assessment and that we should take account of when developing the policy?

6) Do you agree that the public health budget should be responsible for funding the remaining functions and services in the areas listed in the second column of Table A (attached)?

7) Do you consider the proposed primary routes for commissioning of public health funded activity (the third column of Table A (attached)) to be the best way to:
   (a) ensure the best possible outcomes for the population as a whole, including the most vulnerable; and
   (b) reduce avoidable inequalities in health between population groups and communities?

   If not, what would work better?

8) Which services should be mandatory for local authorities to provide or commission?

9) Which essential conditions should be placed on the grant to ensure the successful transition of responsibility for public health to local authorities?

10) Which approaches to developing an allocation formula should we ask ACAR to consider?

11) Which approach should we take to pace-of-change?

12) Who should be represented in the group developing the formula?

13) Which factors do we need to consider when considering how to apply elements of the Public Health Outcomes Framework to the health premium?

14) How should we design the health premium to ensure that it incentivises reductions in inequalities?

15) Would linking access to growth in health improvement budgets to progress on elements of the Public Health Outcomes Framework provide an effective incentive mechanism?

16) What are the key issues the group developing the formula will need to consider?

Healthy Lives, Healthy People: Transparency in Outcomes Proposals for a Public Health Outcomes Framework

1) How can we ensure that the Outcomes Framework enables local partnerships to work together on health and wellbeing priorities, and does not act as a barrier?

2) Do you feel these are the right criteria to use in determining indicators for public health?

3) How can we ensure that the Outcomes Framework and the health premium are designed to ensure they contribute fully to health inequality reduction and advancing equality?

4) Is this the right approach to alignment across the NHS, Adult Social Care and Public Health frameworks?

5) Do you agree with the overall framework and domains?

6) Have we missed out any indicators that you think we should include?

7) We have stated in this document that we need to arrive at a smaller set of indicators than we have had previously. Which would you rank as the most important?

8) Are there indicators here that you think we should not include?

9) How can we improve indicators we have proposed here?

10) Which indicators do you think we should incentivise? (consultation on this will be through the accompanying consultation on public health finance and systems)

11) What do you think of the proposal to share a specific domain on preventable mortality between the NHS and Public Health Outcomes Frameworks?

12) How well do the indicators promote a life-course approach to public health?

TABLE A – ***Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health***

Public health funded activity

	Proposed activity to be funded from the new public health budget (provided across all sectors including NHS)	**Proposed commissioning route/s for this activity (including direct provision in some cases)**	**Examples of proposed associated activity to be funded by the NHS budget (including from all providers)**
Infectious disease	Current functions of the Health Protection. Activity in this area, and public health oversight of prevention and control, including co-ordination of outbreak management.	Public Health England with supporting role for local Authorities.	Treatment of infectious disease (See sexual health below). Co-operation with Public Health England on outbreak control and related activity.
Sexual Health	Contraception, testing and treatment of sexually transmitted infections, fully integrated termination of pregnancy services, all outreach and prevention.	Local authority to commission all sexual health services apart from contraceptive services commissioned by the NHS Commissioning Board (via GP contract).	HIV treatment and promotion of opportunistic testing and treatment.
Immunisation against infectious disease	Universal immunisation programmes and targeted neonatal immunisations.	Vaccine programmes for children, and flu and pneumococcal vaccines for older people, via NHS Commissioning Board (including via GP contract). Targeted neonatal immunisations via NHS. Local authority to commission school programmes such as HPV and teenage booster.	Vaccines given for clinical need following referral or opportunistically by GPs.

	Proposed activity to be funded from the new public health budget (provided across all sectors including NHS)	Proposed commissioning route/s for this activity (including direct provision in some cases)	Examples of proposed associated activity to be funded by the NHS budget (including from all providers)
Standardisation and control of biological medicines	Current functions of the HPA in this area.	Public Health England.	-
Radiation, chemical and environmental hazards, including the public health impact of climate change	Current functions of the HPA in this area, and public health oversight of prevention and control, including co-ordination of outbreak management.	Public Health England supported by local authorities.	-
Seasonal mortality	Local initiatives to reduce excess deaths.	Local authority	-
All screening	Public Health England will design, and provide the quality assurance and monitoring for all screening programmes.	NHS Commissioning Board (Cervical screening is included in GP contract).	-
Accidental injury prevention	Local initiatives such as falls prevention services.	Local authority	-
Public mental health	Mental health promotion, mental illness prevention and suicide prevention.	Local authority	Treatment for mental ill health.
Nutrition	Running national nutrition programmes including Healthy Start. Any locally-led initiatives.	Public Health England some local authority activity.	Nutrition as part of treatment services, dietary advice in a healthcare setting, and brief interventions in primary care.

	Proposed activity to be funded from the new public health budget (provided across all sectors including NHS)	Proposed commissioning route/s for this activity (including direct provision in some cases)	Examples of proposed associated activity to be funded by the NHS budget (including from all providers)
Physical activity	Local programmes to address inactivity and other interventions to promote physical activity, such as improving the built environment and maximising the physical activity opportunities offered by the natural environment.	Local authority	Provision of brief advice during a primary care consultation on e.g. Lets Get Moving.
Obesity programmes	Local programmes to prevent and address obesity, e.g. delivering the National Child Measurement Programme and commissioning of weight management services.	Local authority	NHS treatment of overweight and obese patients, e.g. provision of brief advice during a primary care on, dietary advice in a healthcare setting, or bariatric surgery.
Drug misuse	Drug misuse services, prevention and treatment.	Local authority	Brief interventions
Alcohol misuse	Alcohol misuse services, prevention and treatment.	Local authority	Alcohol health workers in a variety of healthcare settings.
Tobacco control	Tobacco control local activity, including stop smoking services, prevention activity, enforcement and communications.	Local authority	Brief interventions in primary care, secondary, dental and maternity care.
NHS Health Check Programme	Assessment and lifestyle interventions	Local authority	NHS treatment following NHS Health Check assessments and ongoing risk management.

	Proposed activity to be funded from the new public health budget (provided across all sectors including NHS)	Proposed commissioning route/s for this activity (including direct provision in some cases)	Examples of proposed associated activity to be funded by the NHS budget (including from all providers)
Health at work	Any local initiatives on workplace health.	Local authority	NHS occupational health
Reducing and preventing birth defects	Population level interventions to reduce and prevent birth defects.	Local authority and Public Health England.	Interventions in primary care such as pre-pregnancy counselling or smoking cessation programmes and secondary care services such as specialist genetic services.
Prevention and early presentation	Behavioural/ lifestyle campaigns/ services to prevent cancer, long term conditions, campaigns to prompt early diagnosis via awareness of symptoms	Local authority	Integral part of cancer services, outpatient services and primary care. Majority of work to promote early diagnosis in primary care.
Dental public health	Epidemiology and oral health promotion (including fluoridation).	Local authority supported by Public Health England in terms of the co ordination of surveys	All dental contracts
Emergency preparedness and response and pandemic influenza preparedness	Emergency preparedness including pandemic influenza preparedness and the current functions of the HPA in this area.	Public Health England, supported by local authorities.	Emergency planning and resilience remains part of core business for the NHS. NHS Commissioning Board will have the responsibility for mobilising the NHS in the event of an emergency.

	Proposed activity to be funded from the new public health budget (provided across all sectors including NHS)	Proposed commissioning route/s for this activity (including direct provision in some cases)	Examples of proposed associated activity to be funded by the NHS budget (including from all providers)
Health intelligence and information	Health improvement and protection intelligence and information, including: data collection and management; analysing, evaluating and interpreting data; modelling; and using and communicating data. This includes many existing functions of the Public Health Observatories, Cancer Registries and the Health Protection Agency	Public Health England and local authority	NHS data collection and information reporting systems (for example, Secondary Uses Service)
Children's public health for under 5s	Health Visiting Services including leadership and delivery of the Healthy Child Programme for under 5s, prevention interventions by the multiprofessional team, and the Family Nurse Partnership.	NHS Commissioning Board	All treatment services for children (other than those listed above as public health-funded)
Children's public health 5-19	The Healthy Child Programme for school-age children, including school nurses and including health promotion and prevention interventions by the multiprofessional team.	Local authority	All treatment services for children (other than those listed above as public health funded, e.g. sexual health services or alcohol misuse)

	Proposed activity to be funded from the new public health budget (provided across all sectors including NHS)	Proposed commissioning route/s for this activity (including direct provision in some cases)	Examples of proposed associated activity to be funded by the NHS budget (including from all providers)
Community safety and violence prevention and response	Specialist domestic violence services in hospital settings, and voluntary and community sector organisations that provide counselling and support services for victims of violence including sexual violence, and non-confidential information sharing activity.	Local authority	Non-confidential information sharing
Social exclusion	Support for families with multiple problems, such as intensive family interventions.	Local authority	Responsibility for ensuring that socially excluded groups have good access to healthcare
Public health care for those in prison or custody	e.g. All of the above	NHS Commissioning Board	Prison healthcare

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Scrutiny Board (Health)

Health Service Developments Working Group

14 December 2010

NOTES OF MEETING

Attendance:	
Members	
Councillor Mark Dobson (Chair) Councillor Penny Ewens Councillor Eileen Taylor	Arthur Giles (Co-opted member) Emma Stewart (Co-opted member)
Officers NHS Leeds: Matt Ward (MW), Associate Director of Commissioning Sherry Hirst (SH), Associate Director of Corporate Services (Acting) Leeds City Council Steven Courtney (SMC), Scrutiny Support	
Apologies:	
Councillor Suzi Armitage Councillor Peter Harrand	Councillor Graham Kirkland Phil Corrigan (NHS Leeds) Carolyn Walker (NHS Leeds)

Items		**Action**
1	**ATTENDANCE / INTRODUCTION**	
	The Chair welcomed all those present to the meeting of the Health Service Developments Working Group. Introductions were made and the apologies received were noted.	
2a	**NHS LEEDS ESTATES STRATEGY (2010 – 2015)**	
	MW gave a summary of the paper presented in the agenda pack, outlining that NHS Leeds had reviewed its estate using the latest guidance provided by the Department of Health. The review had shown that the estate varies in terms of age, design, quality and ability to provide the appropriate infrastructure likely to be needed to deliver future health care services. Through joint working around the delivery of services and the condition/ location of premises, the main aims of the Estates Strategy were outlined as being to: • improve the condition, functions and increase the use of the estate in line with providing care closer to home ; • ensure that facilities are in the right place and that they are easily accessible by public transport; • ensure they are clean and functionally suitable; • centralise /co□locate city□wide services in a city centre NHS location • support super□neighbourhood services by investing in key geographical /NHS community hubs; • provide neighbourhood services wherever possible in existing	

Items		Action
	community facilities, not necessarily in NHS owned estate; • improve the GP estate by identifying priority investment on an annual basis • meet all mandatory and statutory requirements including fire regulations, asbestos checks, legionella checks, health and safety, health and safety, Disability Discrimination Act compliance, reduced CO^2 emissions by 10% by 2013; • declare as surplus any estate that does not or cannot meet any of the NHS standards; and • invest in estate which is to be maintained over the next five years, (subject to available resources. There was overall agreement in terms of the rationale of the strategy and the broad direction of travel. However, there was a discussion around transparency of proposals/ decisions relating to individual facilities/ premises and the need for the early involvement of local stakeholders in discussions/ proposals, including patient groups, staff representatives and local councillors. The need for joint working with other public sector providers to establish joint priorities and shared facilities (where appropriate) was also highlighted.	**NG/ SMC**
	AGREED **(a) That the information / report be noted.** **(b) That the significance of the proposals and the associated level of patient and public involvement be broadly agreed as level 3 (significant change), subject to individual work streams and proposals.** **(c) That progress against the Estates Strategy form a standing item on future agendas for the working group, until agreed otherwise.**	
2b	**RELOCATION OF THE MUSCULOSKELETAL SERVICE**	
	MW gave an outline of the paper, which detailed the proposal to relocate the Musculoskeletal (MSK) outpatient service from the Physiotherapy Gymnasium LGI site to the new MSK Suite within the existing re-developed Meanwood Health Centre. Current data showed that the service provided around 650 appointments per annum and it was outlined that the current facilities at the LGI site were not fit-for-purpose going forward. It was also stated that the new site would offer all the current clinical services offered at the LGI, along with additional and enhanced clinic options for the MSK patients. The proposal was presented as a level 3 (significant) change. Members discussed the details outlined in the proposal paper and raised at the meeting. Some concern was expressed around patient access to the proposed new location – particularly in terms of patients from South Leeds. Nonetheless, there was broad agreement that the proposed level of engagement (a 12 week stakeholder engagement process) was appropriate. Members requested a copy of the detailed engagement plan.	

Items		Action
	AGREED **(a) That the proposed relocation of the MSK outpatients service represents a Level 3 (significant) change in service.** **(b) That, as proposed, a 12 week stakeholder engagement process be undertaken.** **(c) That a copy of the detailed engagement plan be provided to all Members of the Scrutiny Board (Health).**	**NG/ JW**
2c	**CLINICAL VALUE IN ELECTIVE CARE**	
	MW gave an outline of the paper, which detailed a joint workstream (between NHS Leeds, LTHT and GP Commissioners) aimed at assessing the effectiveness of elective (planned) care and, using a clinical evidence base, identifying any efficiencies. It was outlined that this may included: • Reviewing follow-up outpatients appointments in secondary care (such as hospital settings); • Exploring the use of alternative technology in secondary care – such as telephone clinics; It was recommended that the proposal represented a level 3 (significant) change. There was a discussion around what changes might mean for patients accessing services and broad agreement that the proposal represented a significant change. However, it was also recognised that there may be varying changes to different types of services, which may warrant varying degrees of patient and public engagement.	
	AGREED **(a) That the information / report be noted.** **(b) That the significance of the proposals and the associated level of patient and public involvement be broadly agreed as level 3 (significant change), subject to individual work streams and proposals.** **(c) That progress against the Clinical Value in Elective Care proposal form a standing item on future agendas for the working group, until agreed otherwise.**	
3	**PROGRESS UPDATE**	
	An update on previously presented proposals was provided, as detailed in the agenda papers. In particular, it was noted that he work around Farsley Clinic had now ceased and that staff were due move out of the building on 26 December 2010. It was agreed to remove this matter from future reports.	
	AGREED **(a) That the information presented and the progress reported be noted.** **(b) That Farsley Clinic be removed from future reports.**	

12	**HORIZON SCANNING**	
	Not discussed in detail.	
13	**ANY OTHER BUSINESS**	
	No other business identified.	
	Date of Next Meeting It was agreed that the next meeting would be arranged for **15 February 2011 at 2:00pm.**	**SMC**