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Leeds CITY COUNCIL

SCRUTINY BOARD (HEALTH)

Meeting to be held in Civic Hall, Leeds on
Tuesday, 15th December, 2009 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;
D Hollingsworth	-	Burmantofts and Richmond Hill;
J Illingworth	-	Kirkstall;
M Iqbal	-	City and Hunslet;
G Kirkland	-	Otley and Yeadon;
A Lamb	-	Wetherby;
P Wadsworth	-	Roundhay;
L Yeadon	-	Kirkstall;

Co-opted Members

E Mack	-	Leeds Voice
Vacancy	-	Leeds LINk

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting).	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED –** That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:- **No exempt items or information have been identified on this agenda.**	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATIONS OF INTEREST** To declare any personal/prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.	
5			**APOLOGIES FOR ABSENCE** To receive any apologies for absence.	
6			**MINUTES OF THE PREVIOUS MEETING** To receive and approve the minutes of the previous meeting held on 24th November 2009.	1 - 10
7			**SCRUTINY INQUIRY: THE ROLE OF THE COUNCIL AND ITS PARTNERS IN PROMOTING GOOD PUBLIC HEALTH (SESSION 2)** To consider the attached report of the Head of Scrutiny and Member Development introducing the second session of the Scrutiny Board's inquiry aimed at considering the role of the Council and its partners in promoting good public health.	11 - 80
8			**RENAL SERVICES: STATEMENT** To consider the attached report of the Head of Scrutiny and Member Development.	81 - 82

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			**HEALTH PROPOSALS WORKING GROUP - UPDATE** To consider the attached report of the Head of Scrutiny and Member Development presenting a summary of the issue discussed at the first meeting of the working group on 3rd December 2009 and seeking endorsement from the Board on any proposed actions and/or recommendations.	83 - 84
10			**UPDATED WORK PROGRAMME 2009/10** To consider the attached report of the Head of Scrutiny and Member Development presenting the Board's current outline work programme for the remainder for the municipal year, for the Board to consider, amend and agree as appropriate.	85 - 96
11			**DATE AND TIME OF NEXT MEETING** To note that the next meeting of the Board will be held on 26th January 2009.	

SCRUTINY BOARD (HEALTH)

TUESDAY, 24TH NOVEMBER, 2009

PRESENT: Councillor M Dobson in the Chair

Councillors S Bentley, J Chapman, D Hollingsworth, J Illingworth, M Iqbal, G Kirkland, A Lamb and P Wadsworth

40 Late Items

There were no late items, however the Chair admitted to the agenda additional information provided since the agenda's publication. This information was relevant to agenda items 7 and 8 ('Provision of Renal Services' and 'Provision of Dermatology Services') and had been circulated to Members.

41 Declarations of Interest

In respect of Agenda Item 7 'Provision of Renal Services' (Minute No. 44 refers), Councillor Chapman declared a personal interest as her daughter-in-law worked for the health care provider and was about to start work on one of the renal wards.

42 Apologies for Absence

Apologies for absence were submitted on behalf of Mr E Mack (Co-opted Member), and Councillors Yeadon and Congreve.

43 Minutes of the Previous Meeting

RESOLVED – That the minutes of the meeting held on 20th October 2009 be confirmed as a correct record.

44 Provision of Renal Services

The Head of Scrutiny and Member Development submitted a report providing Members with additional information to assist in the consideration of current proposals associated with the provision of renal services (dialysis) across the Trust, particularly in terms of provision at Leeds General Infirmary (LGI).

The report also presented the draft Yorkshire and The Humber Renal Strategy (2009 – 2014) for consideration and comment.

Appended to the report was the following information:

- Position Statement: Proposed Renal Services Provision at Leeds General Infirmary – 29 July 2009 (Appendix 1)
- Renal Services: Provision at LGI – Follow-up Questions – (Appendix 2)

- Leeds Teaching Hospitals NHS Trust (LTHT) Response to Scrutiny Board Health follow-up questions on Renal Services provision at LGI (Appendix 3)
- Draft Yorkshire and the Humber Renal Network Strategy for Renal Services 2009-2014 (Appendix 4)

Previously accepted as additional information under Agenda Item 3 (Minute No.40 refers) was a written submission from the Kidney Patients Association (LGI).

The Chair welcomed to the meeting, Frank Griffiths from the Kidney Patients Association (LGI), to outline the patients' position on the proposed changes to renal provision at LGI. Gloria Black, a kidney dialysis patient since 1996, was also invited to address the Board on her first hand experiences of undergoing dialysis at Seacroft.

Mr Griffiths submitted an apology from Paul Taylor of the Kidney Patients Association (St. James') and read out a letter from Mr Taylor which endorsed everything that the KPA (LGI) were saying and supported their campaign to get renal services at the LGI fully reinstated.

Mr Griffiths then summarised the written submission from the KPA (LGI). At issue was the way the LTHT had planned and provided care for patients with Chronic Kidney Disease. He referred to a paper dated 29th April 2009 from the National Kidney Federation (NKF) which provided a definition of a 'patient centred service', advice on how a site should be chosen and the other hospital services and departments that should be easily accessible to kidney patients. The KPA was concerned that these recommendations were not being followed in Leeds.

Mr Griffith raised particular concerns about the Seacroft unit being described as a 'Main Dialysis Unit' by the Trust, although it did not have the service standards required by a main unit as defined in the aforementioned NKF paper. Mr Griffiths later went on to expand on this issue and explained about co-morbidities, that is when a patient had more than one complaint for which they needed treatment, such as cardiology, neurology, eurology and diabetes – questioning how these services could be accessed at the main dialysis unit at Seacroft.

The NKF paper also defined holistic care and there was concern that the guidance on treating kidney patients holistically was not being met in Leeds. The Seacroft unit had not been built for that purpose, doctors were not available on a regular basis there and neither was psychological support, faith observance support, nor the services of a dietician provided.

Mr Griffiths went on to express concern regarding the reliance on 'clinical need' to inform the planning and delivery of dialysis services: stating that clinical need was disease defined and not patient orientated.

Mr Griffith then went through the individual follow up questions that had been asked of the Chief Executive of LTHT by the Scrutiny Board (Appendix 3 to the report refers) and outlined the KPA's views. Of particular concern were:

- That the patients felt they had been misled to believe that a unit would ever be delivered at LGI and they felt seriously let down.
- That the March 2009 patient survey had now been acknowledged by the Trust as of no help in the discussions on the location of haemodialysis.
- That the information on inward and outward journey times to and from Seacroft Hospital, as supplied by the LTHT in tables at Appendix 3 to the report (pages 45 and 47 of the agenda refer), should be withdrawn, as the journey times were obviously impossible to achieve and the data should be investigated.
- That the impression given by the responses of the LTHT was that the LGI was not a popular location.

Mr Griffiths concluded that kidney patients deserved a better deal and that a promise had been made in 2007 by the Trust to re-establish a facility at the LGI and that promise should be honoured.

The Chair thanked Mr Griffiths and Ms Black for their address to the Board and invited comments from Members. These were in brief summary:

- That significant changes to previously agreed plans should have been referred back to Scrutiny, and they had not been.
- Issues around the water plant at LGI and capital planning and maintenance schedules.
- The impossible travel times to and from Seacroft Hospital, as supplied by the LTHT and the Yorkshire Ambulance Service (YAS).

The Chair then welcomed the following officers to the meeting to address the Board and respond to any specific questions identified by the Members:

- Philip Norman, Divisional General Manager for Medicine – LTHT
- Nigel Gray, Director of Commissioning & Development (Adult Services) – NHS Leeds
- Jackie Parr , Senior Commissioning Manager – Specialised Commissioning Group (Yorkshire and the Humber)
- Sarah Fatchett, Director of Operations (Patient Transport Service) – Yorkshire Ambulance Service (YAS), and
- Diane Williams, Assistant Director (Patient Transport Service – Communications) – Yorkshire Ambulance Service (YAS)

The issues discussed between Members of the Board and officers included in summary:

- **Communication** - *The Director of Commissioning and Development (Adult Services) acknowledged that communication between NHS Leeds, the patient groups and the Scrutiny Board had been poor and advised that new procedures would be put in place to ensure communication was improved.*
- **Transport Data** – *The Director of Operations (Patient Transport Service) shared concerns raised regarding the data presented on travel times and*

acknowledged that it was flawed and personally apologised. She explained that the technology was new and they were experiencing bugs with the operating software. She agreed to rerun the data and provide the correct figures to the Board and the patient groups when it was available. Members were given assurances by the Divisional General Manager for Medicine that the flawed transport data would not go to the LTHT Board.

- **March 2009 Patient's Survey** - *The Divisional General Manager for Medicine acknowledged that the information regarding the Leeds' patients from the March 2009 patient survey was incorrect and would also be withdrawn from information presented to the LTHT Board.*
- **Paper on Renal Services Provision to the LTHT Board** - *The Divisional General Manager for Medicine advised that a formal paper on the provision of renal services in the region would not be going to the December LTHT Board as they had to be certain that all the data was correct and that all the facts were present in order for the Board to make an informed decision. It was not known when the paper would go to the Trust Board, but it would probably be considered before March. The paper would be on the provision of the entire service across the whole of West Yorkshire. Members were assured that any decision by the Trust Board would be based on clinical need.*
- **Capital Replacement Timetable** – *In response to a question from the Chair asking what had changed since a clear commitment had been given in February 2009 to relocate 10 stations to a renovated area within LGI, the Divisional General Manager for Medicine advised that this was due to there being competing priorities in terms of the capital programme, for which there were scarce resources. He advised that there was a clear capital replacement timetable, that no formal decision not to proceed with the LGI dialysis unit had been made and that the LGI dialysis unit had not disappeared from the capital programme.*
- **SJUH Water Treatment Plant** –*The Divisional General Manager for Medicine advised that the proposal not to proceed with the planned dialysis unit at LGI was not based on an 'either or' discussion around the water treatment plant at SJUH.*

The Chair summarised that the Board was not satisfied with the rationale presented for revisiting the decision to establish a renal dialysis unit at LGI; nor how the prioritising of the water treatment works against other competing priorities had been explained.

The Chair thanked all the officers for their contributions and for attending the meeting and concluded that:

- The case of current facilities being able to meet current and future demand had failed to be substantiated to the satisfaction of the Scrutiny Board;
- The Scrutiny Board had been presented with misleading, inaccurate and conflicting information. As such, the arguments presented to the Scrutiny Board around patient transport and the outcome of patient surveys had clearly been unravelled.
- The Board would like to see the original LTHT commitment for this unit at the LGI to be reaffirmed and delivered.

The Chair also suggested that, as there were clearly regional implications, as demonstrated in the draft Yorkshire and the Humber Renal Network Strategy for Renal Services 2009-2014, the Board needed to alert the other Health Overview and Scrutiny Committees across the region to this issue and consider any joint activity.

Taking all the above into account, the Chair stated that he would like to convey the Board's concerns and observations to the Secretary of State for Health and this was agreed and supported by the other Members of the Board.

RESOLVED –

(a) That the contents of the report and appendices be noted.

(b) That the Board's concerns and observations regarding this matter, including LTHT's rationale for revisiting the decision to establish a renal dialysis unit at LGI, be conveyed to the Secretary of State.

(c) That other Health Overview and Scrutiny Committees across the region be alerted to the regional implications, as presented in the draft Yorkshire and the Humber Renal Network Strategy for Renal Services 2009-2014, and consideration be given to any further joint scrutiny activity around this matter.

(Note: Councillor Lamb joined the meeting at the beginning of this item at 9.35am. Councillors Iqbal and Illingworth joined the meeting during the consideration of this item at 9.55pm and Councillor Hollingworth joined the meeting during the consideration of this item at 10.05am.)

(The meeting was adjourned for a break at this point at 11.50am and reconvened at 11.55am.)

45 Provision of Dermatology Services

The Head of Scrutiny and Member Development submitted a report providing Members with a range of information to assist in the consideration of current developments associated with the provision of dermatology services, particularly in terms of inpatient provision on ward 43 at Leeds General Infirmary (LGI).

Appended to the report was the following information:

- The response from Leeds Teaching Hospitals NHS Trust (LTHT) to the letter sent by the Chair of the Scrutiny Board (Health) requesting information and seeking clarification on various matters (Appendix 1).
- Examples of communications sent by a range of stakeholders to LTHT (Appendices 2 and 3).

The Chair advised that the Scrutiny Board only became aware of potential changes in the provision of dermatology services, particularly in terms of inpatient provision on ward 43 at LGI, in early October when two separate

requests for the proposals to be examined in more detail had been received from patients and the British Association of Dermatologists (BAD).

The Chair welcomed to the meeting:

- Tania von Hospenthal, Business Manager (Clinical Advisory Unit) – British Association of Dermatologists (BAD)
- Victor Boughton – Dermatology Patient Representative, and
- Mohammed Patel – Dermatology Patient

Apologies had also been received from Andrew Langford, Chief Executive, Skin Care Campaign, who had provided a written submission and from Mark Goodfield, President of the British Association of Dermatologists.

The Board heard that one of the main concerns of BAD was the consultation process; that staff and patients should be consulted before any decision to move ward 43 was made. BAD had written to the Chief Executive but had not yet received a response. They were also concerned that if the ward was to be moved, that it should remain as a dedicated unit and not be part of a larger ward.

The Dermatology Patient Representative summarised the comments received from patients and which had been accepted by the Board as additional information. He outlined the anxieties of the patients if the ward became part of a larger ward; that the patients' conditions would become worse due to stress unless the correct level of privacy and highly skilled nursing care was provided. There were concerns about:

- Contracting infections on open wards;
- The availability of baths or showers – which were a necessary part of the daily treatment;
- The potential need for having to travel between different hospital sites for associated treatments, and the increased stress for patients this may cause;
- The level of consultation with staff and patients.

Mr Patel, a dermatology patient on ward 43, then addressed the Board from a sufferer's perspective and explained the effect on himself if ward 43 was to be moved and became part of another ward. One of his main concerns was that the current high level of service would not be maintained outside of a dedicated ward for skin patients.

The Chair thanked the previous speakers for their views and then welcomed the following officers to the meeting to present the report and respond to any specific questions identified by the Board:

- Philip Norman, Divisional General Manager for Medicine – LTHT
- Graham Johnson, Divisional Medical Manager for Medicine – LTHT
- Judith Lund, Directorate Manager for Specialty Medicine – LTHT, and
- Ruth Middleton, Head of Commissioning (Planned Care) – NHS Leeds

The officers explained to the Board that at present ward 43 had 14 beds, four of which were for rheumatology patients. It had always been proposed to move the four rheumatology beds to St James'. It was considered that the ward was unsustainable as a ten bed unit and this, along with the fact that, in the future, the ward would be isolated with no out of hours medical cover, was the reason for having to look at where the dermatology service could be provided elsewhere. An options appraisal was currently being carried out to this end.

The Divisional General Manager for Medicine also advised that it had been the LTHT's intention to engage and consult, however first informal conversations with consultants and nurses regarding the provision of broader clinical services had spiralled to include discussion about the dermatology ward.

The Directorate Manager for Specialty Medicine outlined the list of criteria that had been drawn up by the consultants for suitable alternative locations for ward 43 which would be used in the options appraisal paper. They were also keen to work with Professor Cunliffe (a former consultant and now a patient in the dermatology department) to form a patient panel.

The Chair sought assurances that full consultation should take place on the future of dermatology services. The Board were assured by the Directorate Manager for Specialty Medicine that the consultation would be an open and transparent process.

With regard to concerns that some correspondence had indicated a move of only six inpatient dermatology beds and that other communication had indicated the provision of dedicated dermatology beds within a larger 22/24 bedded ward, the Divisional General Manager for Medicine assured the Board that at present their criteria was to provide ten dermatology beds on a dedicated ward.

Members made the following comments and raised the following questions:

- That the Board was not averse to change but it was concerned again about the lack of consultation by LTHT with the stakeholders.
- That the changes represented a substantial variation in service and as such there should be a 12 week period of consultation, in which the Scrutiny Board should be included. Substantial variations also could not be looked at in terms of money but on the basis of clinical need.
- That the LTHT did not seem to have a strategy or procedure for consultation.
- Concern that the Chief Executive LTHT had indicated that ward 43 was not suitable as a ward and would be turned into office space.
- Despite the assurances given at the meeting, it seemed that a decision had already been taken to move services from Ward 43.

The Chair stated it should be made clear that the Scrutiny Board was not averse to change, but an emerging theme for the year to date, seemed to be around how changes were proposed and progressed.

The Chair summed up that this issue should come back to the Scrutiny Board to ensure that the commitments given by LTHT regarding the consultation process were taking place. He also advised that the Board would write to the Chief Executive of LTHT seeking clarification on some of the issues raised at the meeting and to seek assurance that no decision would be made on the future of ward 43 until full consultation had been carried out.

RESOLVED –

(a) That the contents of the report and appendices be noted.

(b) That the provision of dermatology services be added to the Scrutiny Board (Health)'s work programme for future consideration.

(c) That the Chair write to the Chief Executive of LTHT on behalf of the Board to seek clarification on some of the issues raised at the meeting and to seek assurance that no decision would be made on the future of ward 43 until full consultation had been carried out.

(Councillor Iqbal left the meeting at 12.20pm during the consideration of this item, and Councillor Kirkland left the room at 1.20pm at the conclusion of this item for the remainder of the meeting. Councillor Bentley left the room at 1.45pm but returned later in the meeting.)

(The Board adjourned for lunch at 1.20pm and the meeting reconvened at 1.45 pm.)

46 Leeds Teaching Hospitals NHS Trust - Foundation Trust Consultation

The Head of Scrutiny and Member Development submitted a report providing the Board with a range of information on the consultation being undertaken by Leeds Teaching Hospitals NHS Trust (LTHT) about its application to become an NHS Foundation Trust and seeking Members' views on the consultation plan presented and on the application itself.

Appended to the report was the following information:

- The consultation document (Appendix 1)
- The Trust's consultation plan (Appendix 2)
- A list of more detailed information relating to specific consultation events (Appendix 3)

The Chair welcomed Ruth Holt, Chief Nurse, Leeds Teaching Hospitals NHS Trust, to the meeting to present the report and respond to any specific questions identified by the Board.

In summary, Members made the following comments and raised the following questions:

- Clarification of the geographical boundaries and whether the LTHT would be reconsidering the proposed boundaries, perhaps to coincide with the Council's well established Area Committee structure.
- Clarification on the proposed arrangements for recruiting members and appointing governors for a Foundation Trust .

- Based on recent events, the Scrutiny Board was concerned that LTHT was not demonstrating an appropriate level of patient involvement and engagement. It was felt that this did not complement LTHT's desire for achieving Foundation Trust status.
- Clarification as to how residents living in outer areas would feel motivated to become members of the new Leeds Foundation Trust, if they currently accessed healthcare services in other areas, eg Harrogate and York hospitals.
- Clarification of how much it would cost to operate the new arrangements for Foundation Trust status.
- The need to raise the profile and continue to emphasise the importance of the governor role to motivate members of the public to become fully engaged with the Foundation Trust process, in both the short and longer-term.
- Clarification of the day to day operations of the new Foundation Trust and future relationship with Monitor, the Strategic Health Authority and the Secretary of State for Health.
- Clarification as to whether establishing Foundation Trust status was appropriate, at this present time: particularly when considering the current challenges facing the Trust around reconfiguring services etc.
- Clarification of how the LTHT would potentially change their specialisms and the need for the Board to be kept up to date with any subsequent developments.
- Clarification as to whom was the ultimate decision maker within this process.
- The need for the Board to recognise the importance of this issue and to play a major part in the democratic process, as a 'critical friend', and for LTHT to listen to the Board's views.

The Chief Nurse responded to the issues raised, further outlining the work being undertaken by the Trust in this regard, and agreed to explore a number of the issues raised by the Board.

RESOLVED –

(a) That the contents of the report and appendices be noted.

(b) That the Principal Scrutiny Adviser be requested to prepare a draft consultation response, summarising the comments made by the Scrutiny Board, for submission to the Leeds Teaching Hospitals NHS Trust as part of the consultation process.

(Note: Councillor Bentley joined the meeting at 2.00pm during the consideration of the above item and Councillor Illingworth left the meeting at 2.10pm during the consideration of the above item.)

47 Joint Health Scrutiny Protocol - Yorkshire and the Humber

The Head of Scrutiny and Member Development submitted a report on the joint health scrutiny protocol for the Yorkshire and the Humber region. The draft protocol was attached to the report for Members' consideration and agreement.

Steven Courtney, Principal Scrutiny Adviser, presented the report and advised the meeting that, to date 9 local authorities out of a possible 15, had now signed up to the protocol for the Yorkshire and the Humber Councils Joint Health Scrutiny Committee.

RESOLVED –

(a) That the contents of the report and appendices be noted.

(b) That the draft attached protocol be agreed in accordance with the report now submitted.

48 Updated Work Programme 2009/10

The Head of Scrutiny and Member Development submitted a report presenting an outline work programme for the Board to consider, amend and agree as appropriate.

Attached to the report was the following information:

- Scrutiny Board (Health) Work Programme 2009/10 – updated November 2009 (Appendix 1)
- Minutes of the Executive Board meetings held on 14th October and 4th November 2009 (Appendix 2)

Steven Courtney, Principal Scrutiny Adviser, presented the report and stated that a provisional meeting of the Health Proposals Working Group had been arranged for Wednesday 3rd December 2009 at 3.30pm. This was an open invitation for all Board Members.

Specific discussion ensued on the Leeds Teaching Hospitals Trust's presentation on their application to become an NHS Foundation Trust.

RESOLVED –

(a) That the contents of the report and appendices be noted.

(b) That the Work Programme be agreed.

(c) That in view of the importance and public interest in this matter, a Working Group be established to discuss and propose the Board's consultation submission in relation to Leeds Teaching Hospitals NHS Trust proposals for achieving Foundation Trust status.

49 Date and Time of Next Meeting

Noted that the next meeting of the Board would be held on Tuesday 15th December 2009 at 10.00am with a pre-meeting for Board Members at 9.30am.

The meeting concluded at 2:40 pm.

Leeds CITY COUNCIL

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 15 December 2009

Subject: Scrutiny Inquiry: The role of the Council and its partners in promoting good public health (Session 2)

Electoral Wards Affected:

☐ Ward Members consulted (referred to in report)

Specific Implications For:

Equality and Diversity ☐

Community Cohesion ☐

Narrowing the Gap ☐

1.0 Purpose

1.1 The purpose of this report is to introduce the second session of the Scrutiny Board's inquiry aimed at considering 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. In this regard, the Board agreed to consider arrangements relating to 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;

2.2 In considering the promotion of good public health, the overall purpose of the inquiry is to make an assessment of the role of the Council and its partners in developing, supporting and delivering targets associated with improving specific aspects of public health.

Previous Scrutiny Inquiry

2.3 A previous scrutiny inquiry which focused on the prevention and management of childhood obesity was carried out in 2005/06. This culminated in the publication of a final report April 2006, which identified 8 specific recommendations. A formal

response to the recommendations followed in July 2006, with subsequent tracking of the recommendations taking place in February 2007 and December 2007.

2.4 Furthermore, in April 2008, the Scrutiny Board (Health and Adult Social Care) produced a statement on Obesity in Leeds. While this statement did not include any specific recommendations, it suggested that the matter be included in the Health Scrutiny Board's work programme for 2008/9.

3.0 Health and Wellbeing

3.1 Health and wellbeing is one of eight key themes within the Leeds Strategic Plan (2008-2011), with reversing the rise in levels of obesity and promoting an increase in the levels of physical activity being a specific improvement priority.

3.2 The recently agreed Health and Wellbeing Partnership Plan (2009 – 2012) is part of the broader Leeds Strategic Plan, and is based on the outcomes and priorities agreed by the Council and its partners and shaped by local people.

3.3 The Health and Wellbeing Partnership Plan (2009 – 2012) concentrates on the main high level actions necessary to help deliver the agreed strategic outcomes and priorities. These high level actions are detailed in the attached action plan for the improvement priorities (Appendix 1).

3.4 Actions associated with reversing the rise in levels of obesity and promoting an increase in the levels of physical activity are detailed in action plan number 4 in Appendix 1. Within the action plan, a number of other key and related strategies are identified, including:

- Active Leeds : a Healthy City 2008 to 2012
- Taking the Lead: strategy for sport and active recreation
- in Leeds 2006 to 2012
- Food Matters: a food strategy for Leeds 2006 to 2010
- Leeds Childhood Obesity Strategy 2001 to 2016
- Adult Obesity Strategy (in preparation)
- Leeds School Meals Strategy Jan 2007
- The Leeds Children and Young People's Plan 2009 to 2014

<u>The National Institute for Health and Clinical Excellence (NICE)</u>

3.5 NICE is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health, including 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.

3.6 One of the guidance documents produced by NICE covers the prevention, identification, assessment and management of overweight and obesity in adults and children. This guidance covers:

- how staff in GP surgeries and hospitals should assess whether people are overweight or obese;
- what staff in GP surgeries and hospitals should do to help people lose weight
- care for people whose weight puts their health at risk;
- how people can make sure they and their children stay at a healthy weight;

- how health professionals, local authorities and communities, childcare providers, schools and employers should make it easier for people to improve their diet and become more active.

3.7 Within the scope of this inquiry, a copy of the NICE guidance CG43 (Quick reference guide 1: For local authorities, schools and early years providers, workplaces and the public) is attached at Appendix 2. This guidance might usefully assist members of the Board assess aspects of the approach being taken by the Council and its partners in seeking to address this area of public health.

Request for Scrutiny

3.8 In early October 2009, a request for scrutiny on behalf of local residents of Hyde Park and surrounding areas was received – seeking the involvement of the Scrutiny Board (Health) to examine the health aspects of playing field provision in the inner-city areas of Leeds. A copy of the details received are attached at Appendix 3.

3.9 As the Board agreed the terms of reference for this inquiry on 22 September 2009, it was felt appropriate to invite representatives to address the Board in this regard.

Reversing the rise in levels of obesity and promoting an increase in the levels of physical activity

3.10 In line with the agreed terms of reference, the aim of this element of the inquiry is 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.

3.11 In this regard, the following information is presented for the Board's consideration:

- Local Development Framework (Appendix 4)
- Vision for Council Leisure Centres (Appendix 5)
- Leeds Physical Activity Strategy (Appendix 6)
- Parks and Green Space Strategy (Appendix 7)
- Can't Wait – Leeds Childhood Obesity Strategy (Appendix 8)
- Adult Obesity (Appendix 9)

3.12 Relevant officers from the Council and NHS Leeds have been invited to attend the meeting to highlight any specific matters to the Board and to address any specific questions raised.

Sport England

3.13 Within the terms of reference, Sport England is identified as a potential witness / contributor to this aspect of the inquiry. Unfortunately, a representative from Sport England was unavailable to attend the Board meeting. However, the following comment was offered by the Regional Manager (Local Government) and is presented to the Board for information:

'The notable social, economic and health benefits by undertaking sport and physical activity is widely accepted. However, the physical activity agenda is driven by other Departments such as the Department for Health with Sport England now focusing solely on sport alone. We have no direct agenda relating to obesity or other health issues.'

4.0 Recommendations

4.1 Members are asked to consider the details presented in this report and associated appendices, and those matters discussed at the meeting and:

(i) Identify any specific areas/ issues to be included in the Board's scrutiny inquiry report; and,

(ii) Determine any specific matters where additional information may be required and/or where further scrutiny may be needed.

5.0 Background Documents

Leeds Strategic Plan (2008 – 2011)
Scrutiny Inquiry: The role of the Council and its partners in promoting good public health – Terms of reference (agreed 22 September 2009)
Scrutiny Board (Health and Adult Social Care) – Statement: *Obesity in Leeds* (April 2008)
Scrutiny Board (Health and Adult Social Care) – *Recommendation Tracking* (17 December 2007)
Scrutiny Board (Health and Adult Social Care) – Inquiry into Childhood Obesity Prevention and Management: *Progress Report* (19 February 2007)
Scrutiny Board (Health and Adult Social Care) – Inquiry into Childhood Obesity Prevention and Management: *Formal Response* (24 July 2006)
Scrutiny Board (Health and Wellbeing) – Inquiry Report: *Childhood Obesity Prevention and Management* (April 2006)

Improvement Priorities

Improvement priorities

The agreed improvement priorities for health and wellbeing are:

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

Notes

For each improvement priority the attached table gives the following information:

- the jointly accountable directors, the key partnerships, strategic leads and the related strategies;
- the national indicators and targets together with the measures of success that are being used;
- an overview of the main areas for action over the next three years. This is not intended to duplicate the detailed individual strategies and action plans which are signposted so that further details can be found.

These action plans will inform the performance management process for the Leeds Strategic Plan. The action plans and outcomes will be reviewed and updated annually. Following a preliminary Equality Impact Assessment in April 2009, further work will be undertaken to define issues and actions for the different equality strands (race, gender, disability, sexual orientation, age, religion or belief.) This process will be informed by continuous self-assessment and developments will be formally included in the annual refresh.

1. Reduce premature mortality in the most deprived areas

Accountable Directors and Key Partnerships	Lead and contributing partners
Ian Cameron / Sandie Keene Healthy Leeds Joint Strategic Commissioning Board – Promoting Health and Wellbeing Subgroup **Rosemary Archer/Sarah Sinclair** Children Leeds Integrated Strategic Commissioning Board	**NHS Leeds** Leeds City Council Leeds Partnership Foundation NHS Trust Leeds Teaching Hospitals NHS Trust VCF sector through Leeds Voice Health Forum Natural England West Yorkshire Fire and Rescue Service
Strategic Leads	**Key and Related Strategies/ Plans (see page 24 to access these plans)**
Brenda Fullard, NHS Leeds John England, Leeds City Council Sharon Yellin, NHS Leeds	**Infant Mortality Action Plan 2009** **Leeds The Leeds Children and Young People's Plan 2009 to 2014** **Leeds Tobacco Control Strategy 2006 to 2010** **Food Matters: a food strategy for Leeds 2006 to 2010** **Active Leeds : a physical activity strategy 2008 to 2012** **Accident Prevention Framework 2008 to 2011** **Older Better 2006 to 2011** **Alcohol Strategy 2007 to 2010** **Self Care Strategy 2009** Leeds Housing Strategy 2009 to 2012 Leeds Affordable Warmth Strategy 2007 to 2016 Leeds Financial Inclusion Project

1. Reduce premature mortality in the most deprived areas

Indicators and targets	Measures of success
NI 120 All Age All Cause Mortality rate per 100,000 Disaggregated to narrow the gap between 10% most deprived SOAs and all of Leeds) **Baseline 2001 -2003** *(for population living in 10% most deprived SOAs)* Men Women 1178 692 **3 year target trajectory for 2010 -2012** *(for population living in 10% most deprived SOAs)* Men Women 918 602 *For Leeds as a whole* Men Women 662 463 Citywide target 472 per 100,000 **NI 121 Mortality rate from circulatory diseases at ages under 75 (per 100,000 population)** Baseline 145 per 100,000 population (1995-7) Target 69.3 per 100,000 population (2010-11)	• Further reduction in the proportion of children living in poverty • 1200 families in fuel poverty will have been referred into a programme for improving warmth in their home • Wider availability of quality, affordable housing • Clear city wide framework for development in place and clear expectations for community provision fulfilled in deprived areas. • Improved learning outcomes and skill levels • More engaged and informed better designed programmes **By 2013 in Leeds as a whole:** • 603 people will have been prevented from having an early death • The infant mortality rate will have been reduced from 8 deaths per 1000 to 7 per 1000 • 75,000 women will have been screened for breast cancer. • All women in Leeds will be receiving cervical screening results in 14 days • We will have reduced the number of people under 75 dying from Cardio Vascular Disease by 269 • 349,000 People aged over 40 will have had a vascular check of whom 70,000 People will receive clinical interventions to reduce their risk of becoming unwell **By 2013 in the most deprived areas of Leeds** • 344 people will have been prevented from having an early death • 147 lives will be saved from people under 75 dying from cancer • 109,000 people aged over 40 will have had a vascular check of whom 22,000 will receive clinical interventions to reduce their risk of becoming unwell • We will have prevented 157 people under the age of 75 from dying prematurely from Cardio Vascular Disease **In the most deprived areas of Leeds** • increased percentage of people who are successful in achieving lifestyle behaviour changes (weight management/healthy eating/ smoking cessation/alcohol harm reduction/increased physical activity) • increased percentage of people who engage with local processes and feel they can influence decisions in their locality • environment created for a thriving third sector

1. Reduce premature mortality in the most deprived areas

High Level Actions 2009 - 2012

Influences on health:

- Develop and expand our programme of work on key influences on health such as housing, low income, skills and employment, transport system and the availability of facilities for people to be active.
- Issue a revised housing strategy aimed at creating opportunities for people to live independently in quality and affordable housing.
- Implement fuel poverty action plan and co-ordinate other winter deaths initiatives.
- Promote financial inclusion adapted to the effects of recession.
- Develop a strategic Child Poverty action plan delivering a range of coordinated services to enable families to move out of poverty.
- Improve access to quality early years resources.
- Improve educational achievement for children and young people in disadvantaged areas and from vulnerable groups.
- Complete Planning Policy Guidance 17 - 'Planning for open space, sport and recreation' assessment, ensuring that gaps in provision are identified and appropriate standards for new facilities are implemented.

Lives people lead:

- Action on key behaviour changes which have a high impact on life expectancy; these to include providing systematic brief interventions; marketing materials and peer / community engagement.
- Develop work around smoking, targeted at the worst 10% deprived neighbourhoods *(see Improvement Priority 2)*.
- A targeted programme of work around alcohol *(see Improvement Priority 3)*
- Programmes addressing obesity, physical activity and healthy eating *(see Improvement Priority 4)*.
- Promote Healthy Ageing with the direct involvement of older people.

Services people use:

- Develop Healthy Living services within neighbourhoods (weight management/smoking cessation/alcohol brief interventions/health trainers) and broader poverty/well being services.
- Implement a comprehensive social marketing approach to Putting Prevention First (vascular check for those between 40-75).
- Interventions to target circulatory diseases including increasing the number of smoking quitters and improved blood pressure and cholesterol control.
- Develop an action plan to ensure equitable access to primary care services for vulnerable groups.
- Work with Practice Based Commissioning to ensure these high impact interventions happen in the 10% most deprived neighbourhoods.
- Implement the Self Care Framework to ensure that individuals are enabled, empowered and supported to self care and that professionals have the relevant knowledge and expertise to promote and deliver self care approaches.
- Develop a programme of initiatives at LTHT in order to utilise that setting to address issues around alcohol, smoking and weight management, and to ensure the equitable provision of CHD, cancer and respiratory care secondary services.
- Develop targeted cancer programmes and increase uptake and awareness in areas of low uptake, high deprivation and within vulnerable groups.
- Implement the Leeds Strategic Maternity Matters and Infant Mortality Action Plans and associated initiatives.

Community development and involvement:

- Develop local infrastructures where partners engage with residents, particularly those 'seldom seen, seldom heard' in services.
- Involve communities, groups and individuals in the preparation and, when appropriate, delivery of health improvement programmes.
- Improve health literacy and provide motivation and support for appropriate health-seeking behaviour.
- Support growth and development of quality local services and community development by the Voluntary, Community & Faith sector.

2. Reduce the number of people who smoke

Accountable Directors and Key Partnerships	Lead and contributing partners
Ian Cameron / Sandie Keene Healthy Leeds Joint Strategic Commissioning Board – Promoting Health and Wellbeing Subgroup	**NHS Leeds** Leeds City Council Leeds Partnership Foundation NHS Trust Leeds Teaching Hospitals NHS Trust VCF sector through Leeds Voice Health Forum
Strategic Leads	**Key and Related Strategies/ Plans (see page 24 to access these plans)**
Brenda Fullard, NHS Leeds John England, Leeds City Council	**Leeds Tobacco Control Strategy 2006 to 2010** **The Leeds Children and Young People's Plan 2009 to 2014** **Infant Mortality Action Plan 2009**

2. Reduce the number of people who smoke

Indicators and targets	Measures of success
NI 123 Stopping smoking (target disaggregated to narrow the gap between 10% most deprived SOAs and the rest of Leeds)	• contribute to the overall reduction in adult and infant mortality rates and to increasing life expectancy by - helping 22,000 people to stop smoking by 2013 - Protecting non-smokers
Baseline (2004) 31% smokers in the Leeds population	• Increase in the rate of smoking cessation in women of child bearing age • Reduce smoking in pregnancy rate by 2 percentage points by 2010 • Increase in the rate of prisoners who quit smoking with NHS Stop Smoking Services in the prison setting
Target (2010-11) 21% smokers in the Leeds population 27% smokers in 10% most deprived SOAs	• By 2013 in practices with 30% or more of their population living in the 10% most deprived SOAs: 7% of registered smokers will be referred to smoking services per year
Vital signs VSB05 4 weeks smoking quitters who attended NHS Stop Smoking Services.	• There will be community based healthy living programmes and activities available in the 50% of the 10% SOAs by 2013
Target 2010/11 4345 people stopping smoking with NHS Stop Smoking Services	

2. Reduce the number of people who smoke

High Level Actions 2009 - 2012

Influences on health:

- Make sure that local capacity for delivery of the tobacco programme and tobacco control is strengthened and sustained.
- Maintain compliance across the city with smoke free legislation.
- Maintain and promote smoke free environments not included within the boundaries of smoke free legislation.
- Contribute to, and develop, local response to national and regional media campaigns to promote all elements of tobacco control work including: access to support for smoking cessation, promotion of smoke free homes and campaigns to reduce the availability of smuggled and illicit tobacco products.
- Gather and use comprehensive data (e.g. prevalence among the general population, specific target groups such as pregnant women and access to smoking cessation services) to inform tobacco control and commissioning of smoking cessation services.

Lives people lead:

- Review the schools pilot programme to reduce uptake of smoking amongst teenagers, further develop if necessary and deliver particularly in the most deprived areas.
- Deliver high impact actions to reduce smoking before, during and after pregnancy, including:
  - Promoting smoking cessation to women of child bearing age and link with the city wide infant mortality action programme.
  - Reaching pregnant smokers as soon as possible and throughout pregnancy.
  - Supporting pregnant women to stop smoking throughout pregnancy.
- Explore the feasibility of extending smoke free to public areas.
- Further extend the Smoke Free Homes Project, particularly in the most disadvantaged areas.

Services people use:

- Commission further smoking cessation services in new settings to increase the accessibility of services including: hospitals, workplaces and prisons.
- Focus the specialist element of services in the most deprived communities.
- Review current stop smoking services for specific groups e.g. South Asian Communities, pregnant women and consider recommendations for further development.
- Work with health care professionals to ensure the issue of smoking is raised in a systematic and routine manner and effective referral pathways are developed and maintained.

Community development and involvement:

- Develop work with communities around reducing accessibility to tobacco products and particularly counterfeit and smuggled tobacco products.
- Commission Voluntary, Community and Faith sector to deliver Healthy Living Activity that includes signposting to smoking cessation support and the provision of activities to support behaviour change.
- Engage service users and potential service users in the development of community based delivery of smoking cessation interventions.

3. Reduce alcohol related harm

Accountable Directors and Key Partnerships	Lead and contributing partners
Ian Cameron / Sandie Keene / Neil Evans Healthy Leeds Joint Strategic Commissioning Board – Promoting Health and Wellbeing Subgroup Safer Leeds/ Healthy Leeds Alcohol Board	**NHS Leeds** Leeds City Council Leeds Partnership Foundation NHS Trust Leeds Teaching Hospitals NHS Trust Voluntary, Community and Faith sector through Leeds Voice Health Forum
Strategic Leads	**Key and Related Strategies/ Plans (see page 24 to access these plans)**
Brenda Fullard, NHS Leeds John England, Leeds City Council Jim Willson, Leeds City Council	**Leeds Alcohol Strategy 2007 to 2010** **Safer Leeds Partnership Plan 2008 to2011** The Leeds Children and Young People's Plan 2009 to 2014

3. Reduce alcohol related harm

Indicators and targets	Measures of success
NI 39 Hospital admissions for alcohol related harm Reduce the increase in the rate of alcohol-related hospital admission by at least 1% per year	• Reduced economic loss due to alcohol • Increased understanding of the culture of alcohol use across the population of Leeds • Reduced number of prisoners needing alcohol detoxification programmes in prisons • Fewer people will perceive drunk and rowdy behaviour to be a problem • Reduced alcohol-related harm experience among children, young people and families • Reduction in alcohol-related crime and disorder and hospital admissions

3. Reduce alcohol related harm

High Level Actions 2009 - 2012

Influences on health:

- Reduce the rate of alcohol related crime and disorder, anti-social behaviour and domestic abuse.
- Promote responsible management of licensed premises through effective implementation of the Licensing Act 2003 and encourage the licensing authority to consider safeguarding issues for children and young people.
- To have data in place that will be able to demonstrate:
  - the alcohol related recorded violent crime;
  - the percentage of cases where alcohol use is linked to offending;
  - the percentage of domestic violence where alcohol is a contributing factor;
  - the use of alcohol in young people aged under 18; and
  - the rate of alcohol- specific hospital admissions in under 18s.
- Tackle domestic violence linked to the misuse of alcohol.

Lives people lead:

- Improve the quality of, and have a consistent approach to, alcohol education provision in school and non-educational settings.
- Enable parents and carers to discuss the issue of alcohol consumption with their children.
- Target vulnerable children (i.e. those excluded from school) and work with youth services.
- Ensure that support is available, in terms of housing, to those who misuse alcohol.
- Develop a communication plan about alcohol so that the population of Leeds can make informed choices about their alcohol use and shift attitudes to harmful drinking.
- Target high-risk health settings, such as primary care, A&E departments, mental health settings, sexual health settings, maternity services and older people's services.
- Provide individuals who want, or need, to reduce their alcohol consumption with self-help guides.
- Promote activity and policy change towards reducing the promotion, accessibility and availability of alcohol.
- Implement the National Youth Alcohol Action plan.

Services people use:

- Promote a model of prevention which fully addresses alcohol issues throughout the education system.
- Increase the number of staff working in health, social care, criminal justice, community and the voluntary sector who are trained to identify alcohol misuse and offer brief advice.
- Develop strategies for prisoners in Leeds district with alcohol related problems.
- Develop a programme of activities to reduce the level of alcohol related health problems, including alcohol related injuries and accidents, and to improve facilities for treatment and support.
- Ensure that a co-ordinated, stepped programme of treatment services for people with alcohol problems is effective, appropriate and accessible, with adequate capacity to meet demand, following the 4 tiered framework from Models of Care for Alcohol Misusers
- Increase in the number of high risk groups (offenders, people with mental health conditions, people admitted to A&E and/or hospital with alcohol-related disease) who are assessed, offered brief interventions and where appropriate referred to alcohol treatment services.
- Have a well informed workforce equipped to provide information on the effects of substance misuse, including smoking.

Community development and involvement:

- Develop work with communities around reducing promotion and accessibility of alcohol products.
- Develop the young people led alcohol minimisation action plan.
- Ensure commissioning of Voluntary, Community and Faith sector around healthy living activity includes signposting to services that support reduction in alcohol harm and the provision of activities to support behaviour change.
- Engage service users and potential service users in the developing community based delivery of alcohol treatment interventions.

4. Reduce rate of increase in obesity and raise physical activity for all

Accountable Directors and Key Partnerships	Lead and contributing partners
Rosemary Archer Children Leeds Integrated Strategic Commissioning Board **Ian Cameron / Sandie Keene** Healthy Leeds Joint Strategic Commissioning Board – Promoting Health and Wellbeing Subgroup	**Leeds City Council** Children Leeds Partners NHS Leeds Sport England Education Leeds Youth Sports Trust VCFS Sector
Strategic Leads	**Key and Related Strategies/ Plans (see page 24 to access these plans)**
Sarah Sinclair, NHS Leeds/ Leeds City Council John England, Leeds City Council Brenda Fullard, NHS Leeds	**Active Leeds : a Healthy City 2008 to 2012** **Taking the Lead: strategy for sport and active recreation in Leeds 2006 to 2012** **Food Matters: a food strategy for Leeds 2006 to 2010** **Leeds Childhood Obesity Strategy 2001 2016** **Adult Obesity Strategy (in preparation)** **Leeds School Meals Strategy Jan 2007** **The Leeds Children and Young People's Plan 2009 to 2014** Local and West Yorkshire Transport Plans & Cycling Strategy Parks and Green Space Strategy 2009 Leeds Play Strategy 2007 Older Better 2006 to 2011

4. Reduce rate of increase in obesity and raise physical activity for all

Indicators and targets	Measures of success
NI 57 Children and young people's participation in high quality PE and sport Baseline 91% 2007/08 Target 93% 2009/10' **NI 8** Adult participation in sport and active recreation Baseline 20.6% 2005/06 Target 21.6% March 2011	• Halt, by 2010 (from the 2002-04 baseline) the year-on-year increase in obesity among children under 11 • Reduce rate of increase in obesity in adults • More children eating healthily and participating in play, cultural activities and quality physical exercise programmes • More people of all ages participating in walking, cycling and general activities • Increase in the number of disabled people accessing sport and active recreation programmes • Improved uptake of quality sport and active recreation opportunities including those provided by provided by Leeds City Council Sport and Active Recreation Service, • Increased number of people who have an average consumption of a variety of fruit and vegetables of at least five portions per day • More mothers breastfeeding (2% annual increase) • Systematic health checks are provided in primary care for childhood and adult obesity linking to interventions provided by a variety of providers • Increase in accessible weight management services, targeted to those already obese and most at risk • More people (including older people and disabled people) taking up healthy living opportunities in care programmes or self-directed care • Developed programmes to increase physical activity levels in priority areas

4. Reduce rate of increase in obesity and raise physical activity for all

High Level Actions 2009 - 2012

Influences on health:

- Ensure that planning for the built environment, green spaces and transport encourage a more active lifestyle, complemented by attention to disability issues and to safety.
- Introduce flexibilities in planning arrangements and urban design to manage the proliferation of fast food outlets and tackle issues of poor food access.
- Complete Planning Policy Guidance 17 - 'Planning for open space, sport and recreation' assessment, ensuring that gaps in provision are identified and appropriate standards for new facilities are implemented.
- Implement the delivery plan for the 'Active Leeds: a Healthy City' strategy.
- Ensure a co-ordinated approach to food work to develop effective communication and promote consistent healthy eating messages using principles of social marketing.
- Work with employers to promote healthy eating (including LCC / NHS Leeds) and business sign up to healthy workplace programmes.
- Increased achievement of Healthy Food Mark Standard or equivalents.
- Ensure the public sector addresses issues of healthy eating, safe and sustainable food and malnutrition within its catering arrangements and food provision.

Lives people lead:

- Ensure regular physical activity is sustained beyond 16 years+.
- Increase the number of trips made by walking and cycling ensuring that safety is taken into account.
- Increase the number of older people taking part in regular physical activity.
- Expand opportunities for disabled people to lead an active life.
- Improve people's ability to choose and obtain healthy food that meets nutritional requirements that are right for their stage of life.
- Commission healthy eating cooking skills and food access programmes for targeted neighbourhoods and community groups.
- Use the National Change 4 Life social marketing programme to support and empower people to make changes to diet and activity.
- Develop and implement Leeds Strategic Maternity Matters action plan and Breastfeeding Strategy.

Services people use:

- Ensure there are appropriate pathways to identify and manage overweight and obese individuals linking to a variety of agencies.
- Invest in Putting Prevention First programmes in primary care.
- Developing healthy living services within neighbourhoods including weight management services.
- Develop further joint health and physical activity programmes for people experiencing poor health, or in danger of developing poor health to change their lifestyles and become healthy.
- Develop and implement a range of physical activity training programmes and opportunities including free swimming for young people and older people from April 2009.
- Develop healthy eating programmes within priority neighbourhoods and encourage adoption of healthy eating principles in community based facilities (all sectors).
- Implement School Meals and Packed Lunch strategies.
- Promote the use of Active Leeds Physical Activity Tool Kit.
- Ensure a proactive workforce with knowledge and skills to address healthy behaviour change including using consistent messages around behaviour change, healthy weight, balanced diet and physical activity.
- Embed the practice of screening for malnutrition in facilities and in the community by health, social care and community service providers and professionals.
- Support a range of organisations to promote and provide practical support around health lifestyle messages around being a healthy weight, eating a balanced diet and increasing physical activity.

Community development and involvement:

- Ensure user involvement in the development and continuation of all programmes and services relating to food, physical activity and weight management.
- More participants in food and exercise activities commissioned from local organisations especially in target areas.
- Voluntary, Community and Faith sector agencies commissioned to develop physical activity opportunities within a community development approach.

5. Reduce teenage conception and improve sexual health

Accountable Directors and Key Partnerships	Lead and contributing partners
Rosemary Archer Children Leeds Integrated Strategic Commissioning Board – Teenage Pregnancy and Parenthood Board **Ian Cameron / Sandie Keene** Healthy Leeds Joint Strategic Commissioning Board – Promoting Health and Wellbeing Subgroup	**Leeds City Council** Children Leeds Partners NHS Leeds Education Leeds Leeds Teaching Hospitals NHS Trust VCF sector through Leeds Voice Health Forum
Strategic Leads	**Key and Related Strategies/ Plans (see page 24 to access these plans)**
Sarah Sinclair, NHS Leeds/ Leeds City Council Victoria Eaton, NHS Leeds John England, Leeds City Council	**Teenage pregnancy and parenthood strategy 2008 to 2011** **Sexual health strategy 2009 to 2014** The Leeds Children and Young People's Plan 2009 to 2014 Alcohol Strategy 2007 to 2010

5. Reduce teenage conception and improve sexual health

Indicators and targets	Measures of success
NI 112 Under 18 conception rate *disaggregated to focus on the 6 wards in the city with the highest rates of conception* **Baseline (1998)** 50.4 per 1000 girls aged 15-17 **Leeds 2006 rate** 50.7 per 1000 girls aged 15-17 **Target (2009/10)** Target rate 42.7 per 1,000 girls aged 15-17 *Based on 15% reduction in 6 wards with highest conception rate* **Vital Signs** Guaranteed access to a GUM clinic within 48 hours of contacting a service	• Fewer unplanned pregnancies • Gonorrhoea infections reduced by 15% • Fewer girls under 18 conceiving • 217,000 people aged 15 – 24 will have been screened for Chlamydia • 10% increase year on year in number of STI and HIV tests in non GUM settings • 90% of gay men accessing all sexual health services will receive a hepatitis B vaccine

5. Reduce teenage conception and improve sexual health

High Level Actions 2009 - 2012

Influences on health:

- Campaigns to target the general population of Leeds to reduce stigma related to sexual health.
- Increase positive work with the local media.

Lives people lead:

- Develop a communications plan for both young people, adults and professionals and links between sexual health and teenage pregnancy work.
- Develop local teenage pregnancy data and set up system for sharing data across agencies.
- Review existing provision of Sex and Relationship Education within educational and non-educational settings.
- Increase parents' confidence to discuss sexual health and relationship issues.
- Review impact of transition from Youth Service Health Education Team to generic services.
- Deliver programme of improving skills, knowledge, confidence, aspirations and empowering the most vulnerable to sexual health.
- Increase programmes developing skills and knowledge of gay men, young people and African and African Caribbean communities.
- Support the health and wellbeing for those living with HIV and AIDS.

Services people use:

- Ensure access to local services that are integrated, holistic and sensitive and appropriate to people from different backgrounds.
- Develop single access point for all sexual health services.
- Increase access to and improve knowledge of contraception.
- Increase access to emergency contraception and improve the uptake of contraception post pregnancy or terminations.
- Support for parents and carers on talking to children about sex and relationship issues at Children's Centres.
- Expand the Chlamydia screening programme.
- Ensure screening programmes are accessible and acceptable to target groups.
- Ensure prevention is integral to all clinical services.
- Increase HIV testing in a range of settings.
- Increase service provision in deprived areas, through GP practices, pharmacies, prisons.
- Improve the skills and knowledge of professionals in offering all forms of contraception and STI and HIV testing, STI treatment and sex and relationships education.
- Increase access to HIV treatment for gay men and African communities.
- Review existing services against the needs and identify gaps.

Community development and involvement:

- Increase community based and outreach initiatives with vulnerable groups.

6. Improve the assessment and care management of children, families and vulnerable adults

Accountable Directors and Key Partnerships	Lead and contributing partners
Rosemary Archer Children Leeds Integrated Strategic Commissioning Board **Sandie Keene / Jill Copeland** Healthy Leeds Joint Strategic Commissioning Board – Priority Groups sub-group	**Leeds City Council** NHS Leeds Leeds Partnership Foundation NHS Trust Leeds Teaching Hospitals NHS Trust VCF sector through Leeds Voice Health Forum Children Leeds partners
Strategic Leads	**Key and Related Strategies/ Plans (see page 24 to access these plans)**
Jackie Wilson, Leeds City Council Dennis Holmes Leeds City Council Carol Cochrane, NHS Leeds	**Adult Social Care Service Plans** **The Leeds Children and Young People's Plan 2009 to 2014** **Putting People at the Centre (Learning Disability Strategy) 2009 to 2012** Carers Strategy for Leeds 2009

6. Improve the assessment and care management of children, families and vulnerable adults

Indicators and targets	Measures of success
NI 132 Timeliness of social care assessment (all adults) Baseline 80.9% 2010-11 Target 90.0% 2007 **NI 133** Timeliness of social care packages following assessment (all adults) Baseline 85% 2010-11 Target 95.0% **NI 63** Stability of placements of looked after children: length of placement Baseline 70.5% 2010-11 Target 80.0% **NI 66** Looked after children cases which were reviewed within required timescales Baseline 60.2% 2009-10 Target 90.0%	• More people, especially with long term conditions, are able to lead independent lives • Appropriate support for vulnerable adults • Carers receive appropriate and timely support • Improved patient and carer experience • Young adults are fully supported in transitions between services, especially on entering adulthood

6. Improve the assessment and care management of children, families and vulnerable adults

High Level Actions 2009 - 2012

Lives people lead:

- Improve the awareness of the needs of carers.
- Increase the number of carers who receive a health check.

Services people use:

- Provide efficient and effective out of hours service and redesign care management process.
- Reduce delayed transfers of care.
- Improve outcomes for people from BME backgrounds.
- Improve outcomes for people with personality disorders.
- Improve outcomes for young people who have committed offences.
- Ensure arrangements are in place for protecting vulnerable people from abuse through improved assessment and care management.
- Implement self directed support pilot for the full range of client groups.
- Improve care planning for young people in transition by creating a joint team from both Children's and Adult Social Care.
- Embed the Common Assessment Framework for children and young people in Children's Services to provide early assessment and multi-agency actions centred around individual children and young people's needs.
- Undertake regular reviews for vulnerable people and their carers.

Community development and involvement:

- Involve and engage service users and carers.
- Involve voluntary, community and faith sector.
- Ensure the availability of advocacy for vulnerable people.

7. Improve psychological, mental health, and learning disability services for those who need them

Accountable Directors and Key Partnerships	Lead and contributing partners
Sandie Keene / Jill Copeland Healthy Leeds Joint Strategic Commissioning Board – Priority Groups sub-group **Rosemary Archer** Children Leeds Integrated Strategic Commissioning Board	**Leeds City Council** NHS Leeds Leeds Partnership Foundation NHS Trust Children Leeds Partners Leeds Colleges VCF sector through Leeds Voice Health Forum
Strategic Leads	**Key and Related Strategies/ Plans (see page 24 to access these plans)**
Dennis Holmes, Leeds City Council John Lennon, Leeds City Council Carol Cochrane, NHS Leeds Jackie Wilson, Leeds City Council	**Leeds Mental Health Strategy 2006 to 2011** **Leeds Emotional Health Strategy 2008 to 2011 (CYP)** **Putting People at the Centre (Learning Disability Strategy) 2009 to 2012** **Social Inclusion and Mental Health Strategy (in preparation)** The Leeds Children and Young People's Plan 2009 to 2014 Carers Strategy for Leeds 2009

7. Improve psychological, mental health, and learning disability services for those who need them

Indicators and targets	Measures of success
NI 58 Emotional and behavioural health of looked after children (new indicator) **NI 130** Social Care Clients receiving self-directed support Target 30% take up of self directed support options by March 2011 **VSCO2** Proportion of people with depression and/or anxiety disorders who are offered psychological therapies. Targets and milestones to be determined by March 2009	• People from all backgrounds get timely and appropriate care • Individuals feel valued and included • Improved access to appropriate housing for vulnerable groups • Learning disabled people enjoy better health • Learning disabled people with complex health needs receive effective and person centred treatment care and support provided locally • Learning disabled people and their carers benefit from accessible and person centred services with specialist health supports in primary and secondary care • More people using and enjoying mainstream facilities • Evidence of more personalised care and support • Earlier intervention to reduce risk of crisis • More rapid and effective recognition and support for people suffering anxiety and depression. • Number of people accessing dementia services

7. Improve psychological, mental health, and learning disability services for those who need them

High Level Actions 2009 - 2012

Influences on health:

- Reduce stigma and discrimination.
- Increase opportunities to access employment and meaningful education.
- Improve access to arts and leisure activities.
- Ensure vulnerable groups to have access to a range of housing opportunities.

Lives people lead:

- Develop services from community based locations with partners and reduce reliance on use of segregated buildings.
- Increase choice and control in support including increasing the take up of self directed support and individualised budgets.
- Implement Mental Health First Aid training for employers.
- Recognise needs of more mobile population by providing appropriate support including city centre changing places.

Services people use:

- Undertake options appraisal of models of integrated care.
- Transform mental health and learning disability day services.
- Ensure people with learning disabilities have health checks and Health Action Plans.
- Develop capacity of primary and secondary health services to meet the needs of people with learning disabilities.
- Improve access, uptake and information on health and health services, by developing accessible information.
- Review specialist health services for people with learning disabilities with continuing treatment needs and develop service model.
- Implement Independent Living Project to promote social inclusion through procuring a range of housing options in local communities and transforming care and support services.
- Development of Primary Care Mental Health Services to eradicate age discrimination.
- Joint Transitions Team for children & young peoples social care and adult social care in place by March 2010.
- Implementation of Dual Diagnoses Strategy (substance use and mental health).
- Expand services in primary care to increase access to psychological therapies for people with common mental health problems.
- Improve access to early intervention services.
- Improving public and professional awareness of Dementia.
- Improve early diagnosis and intervention for people with Dementia.
- Improved quality of life and support for people with Dementia.
- Develop strategy on autism.

Community development and involvement:

- Increase opportunities to enjoy a range of social activities and networks.
- Continue community development worker service for BME communities.
- Review user carer involvement structures to ensure fitness for purpose.
- Extend network of Dementia Cafés.

8. Increase the number of vulnerable people helped to live at home

Accountable Directors and Key Partnerships	Lead and contributing partners
Sandie Keene / Jill Copeland Healthy Leeds Joint Strategic Commissioning Board – Priority Groups sub-group **Sandie Keene / Philomena Corrigan** Healthy Leeds Joint Strategic Commissioning Board – Planned and Urgent Care sub-group	**Leeds City Council** Leeds PCT Leeds Partnership Foundation NHS Trust VCFS bodies through Leeds Voice Health Forum West Yorkshire Fire and Rescue Service Leeds Colleges
Strategic Leads	**Key and Related Strategies/ Plans (see page 24 to access these plans)**
Dennis Holmes, Leeds City Council John Lennon, Leeds City Council Carol Cochrane, NHS Leeds Jackie Wilson, Leeds City Council	**Leeds Housing Strategy 2005 to 2010** **Supporting People Strategy 2005 to 2010** **Carers Strategy for Leeds 2009 to 2012** **Older Better Strategy 2006 to 2011** The Leeds Children and Young People's Plan 2009 to 2014

8. Increase the number of vulnerable people helped to live at home

Indicators and targets	Measures of success
NI 141 Percentage of vulnerable people achieving independent living Baseline 2007-8 58.6% Targets 2010-11 76% **NI 139** The extent to which older people receive support they need to live independently at home Baseline and target to be set from Place Survey **NI 136** People supported to live independently through social services (all adults) Baseline (new target) Target 66%	• Fewer inappropriate admissions to hospital • Falls reduced and more people who fall are treated at home • Stroke care pathway improved • People with mental health problems or learning disabilities can access wider range of housing, employment, training and leisure opportunities • Improved choice delivering a personalised service based on individual preferences for vulnerable groups

8. Increase the number of vulnerable people helped to live at home

High Level Actions 2009 - 2012

Influences on health:

- Use a social model approach to challenge the barriers faced by older people and disabled people to independence, inclusion and equality.
- Maintain and promote older people's and disabled people's independence for as long as possible.
- Better access to good quality housing for vulnerable people.

Lives people lead:

- Promote and increase take up of Personal Budgets.
- Increase the number of people with mental health problems and learning disabilities who are in employment , education or in voluntary activity.

Services people use:

- Expand interactive services such as telehealth, broadband/interactive access and telecare.
- Expansion of falls assessment and treatment service.
- Transform learning disability day services currently provided by LCC.
- Redevelopment of Windlesford Green hostel for people with learning disabilities.
- Provision of new, modern accommodation for people with learning disabilities through the Independent Living Project.
- Increase the number of vulnerable people utilising self directed support to deliver their care and support needs.
- Develop and improve information sources to ensure that the communication barriers affecting different groups are overcome.

Community development and involvement:

- Development of self care strategy supported by Health Trainers for people with long term conditions.

9. Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives

Accountable Directors and Key Partnerships	Lead and contributing partners
Sandie Keene / Jill Copeland Healthy Leeds Joint Strategic Commissioning Board – Priority Groups sub-group **Sandie Keene / Philomena Corrigan** Healthy Leeds Joint Strategic Commissioning Board – Planned and Urgent Care sub-group	**Leeds City Council** NHS Leeds VCFS bodies through Leeds Voice Health Forum and Learning Disability Forum, Older People's Forum, Physical Disability Forum and Volition.
Strategic Leads	**Key and Related Strategies/ Plans (see page 24 to access these plans)**
Dennis Holmes, Leeds City Council John Lennon, Leeds City Council Carol Cochrane, NHS Leeds Jackie Wilson, Leeds City Council	**Adult Social Care Business Plans** **Older Better** The Leeds Children and Young People's Plan 2009 to 2014 Carers Strategy for Leeds 2009 to 2012

9. Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives

Indicators and targets	Measures of success
NI 130 Social Care Clients receiving self-directed support Target 30% take up of self directed support options by March 2011	• More people aware of and accessing benefit and fuel support • People lead richer and more fulfilling lives whatever their age or condition • Increased satisfaction among service users and carers • Choice and control are enhanced by simpler access with less risk of duplication or gaps • Evidenced access to information, advice and advocacy • Better sharing of information subject to appropriate safeguards • Increased capacity for support within local communities

9. Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives

High Level Actions 2009 - 2012

Influences on health:

- Continue work to promote financial inclusion.
- Develop and improve transport which meets people's needs.

Lives people lead:

- Promote Healthy Ageing with the direct involvement of older people, encouraging a positive view of old age and disability.
- Use social marketing to develop information about opportunities, accessible to all groups.

Services people use:

- Roll out of Common Assessment Framework.
- Continue work on the Self-Directed support programme.
- Promote and increase take up of Personal Budgets .
- Deliver services for older people and disabled people that are flexible and accessible and promote choice and control.
- Deliver care and support close to where people live or within their own homes.
- Ensure that older people and disabled people are treated with respect and dignity at all times.
- Take an holistic approach to care and support, joining up different elements across professions and agencies.
- Share good practice across the city, agencies, organisations and professions.
- Develop community support services for people with stroke and other neurological conditions.
- Provide excellent eye health and eye care and sight loss support in an inclusive city.

Community development and involvement:

- Ensure full participation of older people and disabled people in the decisions and processes which affect their lives.
- Enable older people and disabled people to lead an active and healthy life and be involved as citizens of the city.
- Tackle social isolation of older people .

10. Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk

Accountable Directors and Key Partnerships	Lead and contributing partners
Rosemary Archer Children Leeds Integrated Strategic Commissioning Board - Children Leeds Safeguarding Board **Sandie Keene / Jill Copeland** Healthy Leeds Joint Strategic Commissioning Board -Adult Safeguarding Board	**Leeds City Council** Education Leeds NHS Leeds Children Leeds Partners VCFS bodies through Leeds Voice CYP Forum and Health Forum Leeds Colleges
Strategic Leads	**Key and Related Strategies/ Plans (see page 24 to access these plans)**
Dennis Holmes, Leeds City Council Sarah Sinclair, NHS Leeds/ Leeds City Council	**Adult Safeguarding Strategy** The Leeds Children and Young People's Plan 2009 to 2014 Carers Strategy for Leeds 2009 to 2012

10. Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk

Indicators and targets	Measures of success
Number of children looked after *(expressed as a rate per 10,000 excluding unaccompanied asylum seekers)* Baseline 83.6 Target 2020-11 59.1 Estimated number of staff employed by independent sector registered care services in the council area that have had some training on protection of adults whose circumstances make them vulnerable that is either funded or commissioned by LCC - Target to be set following calculation of baseline	• Wider awareness of issues among staff and in wider communities • Risk factors are managed consistently and effectively • Arrangements for safeguarding vulnerable children and adults are effective across agencies and disciplines. • Everyone involved in safeguarding has the appropriate knowledge, skills and understanding

10. Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk

High Level Actions 2009 - 2012

Influences on health:

- Increase overall awareness of safeguarding issues through communications and social marketing.

Lives people lead:

- Implement consistent assessment procedures for risk, mitigation and management.

Services people use:

- Ensure high quality safeguarding practice is embedded across partners.
- Revise and implement multi-agency adult safeguarding procedures.
- Implement mandatory specialist safeguarding training programme.
- Implement work programme of adult safeguarding board.
- Jointly appoint head of adult safeguarding.
- Establish practice standards and competencies.
- Ensure the work of the safeguarding adults partnership board is informed by the views and experiences of all stakeholders
- Improve safeguarding arrangements for children.

Community development and involvement:

- Increase general awareness of safeguarding issues and secure community support.
- Increase general awareness of capacity issues and secure community support.

Related plans

Plan title	Internet link (click to open)
NHS Leeds Strategy 2008 to 2011	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13970
Leeds Alcohol Strategy 2007 to 2010	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13938
Older Better 2006 to 2011	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13958
Leeds Housing Strategy 2009 to 2012	(under development)
Supporting People Strategy 2005 to 2010	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13956
Safer Leeds Partnership Plan 2008 to 2011	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13960
Active Leeds: a Healthy City 2008 to 2012	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13932
Leeds Food Matters 2006 to 2010	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13946
Leeds Tobacco Control Strategy 2006 to 2010	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13968
Infant Mortality Action Plan 2009	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13948
Accident Prevention Framework 2008 to 2011	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13930
Self Care Strategy 2009	(under development)
Leeds Affordable Warmth Strategy 2007 to 2016	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13934
Leeds Financial Inclusion Project	http://www.leeds.gov.uk/page.aspx?pageidentifier=cd4994f5-87a4-4935-858b-89e8a360643a
Taking the Lead 2006 to 2012	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13964
Leeds Childhood Obesity Strategy 2006 to 2016	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13942
Leeds School Meals Strategy	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13954
Adult Obesity Strategy	(under development)
Local and West Yorkshire Transport Plans and Cycling Strategy - various	http://www.leedsinitiative.org/transport/page.aspx?id=2410
Parks and Green Space Strategy 2009	(under development)
Teenage Pregnancy and Parenthood Strategy 2008 to 2011	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13966
Sexual Health Strategy 2009 to 2014	(under development)
Carers' Strategy for Leeds 2009 to 2012	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13940
Leeds Social Inclusion and Mental Health Strategy 2006 to 2011	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13962
Leeds Emotional Health Strategy 2008 to 2011	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13944
Putting People at the Centre (Learning Disability) Strategy 2009 to 2012	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13952
Adult Safeguarding Strategy	(under development)
The Leeds Children and Young People's Plan 2009 to 2014	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=14160

NHS
National Institute for Health and Clinical Excellence

Quick reference guide 1

For local authorities, schools and early years providers, workplaces and the public

Issue date: December 2006

Obesity

Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children

NICE clinical guideline 43
Developed by the National Collaborating Centre for Primary Care and the Centre for Public Health Excellence at NICE

About this booklet

This booklet summarises recommendations that NICE has made for local authorities, schools and early years providers, workplaces and the public in 'Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children' (*NICE clinical guideline* 43).

NICE's recommendations for the NHS about obesity are summarised in another booklet (see inside back cover for details).

Who should read this booklet?

The booklet is for staff and managers in local authorities, schools and early years providers, workplaces, and for the public. It contains what you need to know to put the guideline's recommendations into practice.

Who wrote the guideline?

The guideline was developed by the Centre for Public Health Excellence at NICE, and the National Collaborating Centre for Primary Care, which is based at the Royal College of General Practitioners and the Department of Health Sciences, University of Leicester. The Centres worked with a group of professionals from local authorities, education, employers and the NHS, consumer representatives, and technical staff, to review the evidence and draft the recommendations. The recommendations were finalised after public consultation.

For information on how NICE clinical guidelines are developed, go to www.nice.org.uk/guidelinesmanual

Where can I get more information about the guideline on obesity?

The NICE website has the recommendations in full, summaries of the evidence they are based on, summaries of the guideline for the public, patients and carers, and tools to support implementation (see inside back cover for more details).

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This guidance is written in the following context

This guidance represents the view of the Institute, which was arrived at after careful consideration of the evidence available. Public health professionals, local government officials and elected members, school governors, head teachers, those with responsibility for early years services, and employers in the public, private and voluntary sectors should take it into account when carrying out their professional, voluntary or managerial duties.

Contents

Introduction

This is the first national guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children in England and Wales. The guidance aims to:

- stem the rising prevalence of obesity and diseases associated with it
- increase the effectiveness of interventions to prevent overweight and obesity
- improve the care provided to adults and children with obesity, particularly in primary care.

Key priorities for implementation

The prevention and management of obesity should be a priority for all, because of the considerable health benefits of maintaining a healthy weight and the health risks associated with overweight and obesity.

Local authorities and partners

- Local authorities should work with local partners, such as industry and voluntary organisations, to create and manage more safe spaces for incidental and planned physical activity, addressing as a priority any concerns about safety, crime and inclusion, by:
  - providing facilities and schemes such as cycling and walking routes, cycle parking, area maps and safe play areas
  - making streets cleaner and safer, through measures such as traffic calming, congestion charging, pedestrian crossings, cycle routes, lighting and walking schemes
  - ensuring buildings and spaces are designed to encourage people to be more physically active (for example, through positioning and signing of stairs, entrances and walkways)
  - considering in particular people who require tailored information and support, especially inactive, vulnerable groups.

Early years settings

- Nurseries and other childcare facilities should:
  - minimise sedentary activities during play time, and provide regular opportunities for enjoyable active play and structured physical activity sessions
  - implement Department for Education and Skills, Food Standards Agency and Caroline Walker Trust (see www.cwt.org.uk) guidance on food procurement and healthy catering.

Schools

- Head teachers and chairs of governors, in collaboration with parents and pupils, should assess the whole school environment and ensure that the ethos of all school policies helps children and young people to maintain a healthy weight, eat a healthy diet and be physically active, in line with existing standards and guidance. This includes policies relating to building layout and recreational spaces, catering (including vending machines) and the food and drink children bring into school, the taught curriculum (including PE), school travel plans and provision for cycling, and policies relating to the National Healthy Schools Programme and extended schools.

Workplaces

- Workplaces should provide opportunities for staff to eat a healthy diet and be physically active, through:
  - active and continuous promotion of healthy choices in restaurants, hospitality, vending machines and shops for staff and clients, in line with existing Food Standards Agency guidance
  - working practices and policies, such as active travel policies for staff and visitors
  - a supportive physical environment, such as improvements to stairwells and providing showers and secure cycle parking
  - recreational opportunities, such as supporting out-of-hours social activities, lunchtime walks and use of local leisure facilities.

Self-help, commercial and community settings

- Primary care organisations and local authorities should recommend to patients, or consider endorsing, self-help, commercial and community weight management programmes only if they follow best practice (see page 7 for details of best practice standards).

Local authorities and their partners in the community

Concerns about safety, transport links and services have a huge impact on people's ability to eat healthily and take exercise. Effective interventions often require multidisciplinary teams and the support of a range of organisations. Local authorities, with primary care trusts (PCTs) or local health boards, and local strategic partnerships should ensure preventing and managing obesity is a priority through community interventions and policies.

The recommendations in this section apply to:

- senior managers and budget holders in local authorities and community partnerships who manage, plan and commission services such as transport, sports and leisure and open spaces (not just those with an explicit public health role)
- staff providing specific community-based interventions.

Target	Suggested action
Prevent and manage obesity in local authority workplaces	All relevant workplace policies should support the local obesity strategy: – onsite catering should promote healthy food and drink choices – physical activity should be promoted through active travel plans, encouraging staff to use stairs, and providing showers and secure bike parking. See also recommendations for workplaces on page 10.
Policy and planning	Work with the local community to identify environmental barriers to eating healthily and being physically active through: – an audit, involving PCTs, residents, businesses and institutions – assessing (ideally by health impact assessments) the impact of policies on people's ability to eat healthily and be physically active, and considering subgroups such as people of different ages, from different socioeconomic and ethnic groups, and people with disabilities. Address concerns about safety, crime and inclusion. Consider particularly people who need tailored information and support, especially inactive, vulnerable groups. Facilitate links between health professionals and others to ensure local policies improve access to healthy food and opportunities for physical activity.
Encourage active travel in the community	Provide facilities and information such as: – tailored active travel plans for motivated people – cycle lanes and cycle parking – walking routes, including area maps and pedestrian crossings – traffic calming measures – improved street lighting.
Promote and support physical activity	Ensure building designs encourage the use of stairs and walkways. Provide safe play areas. Support local physical activity schemes.
Promote healthy foods	Encourage local shops and caterers to promote healthy food and drink choices via signs, posters and pricing.

Target	Suggested action
Community programmes to prevent obesity and improve diet and activity levels	Address people's concerns about the availability of services, costs of making changes, the taste of healthy foods, dangers of walking and cycling, and mixed messages in the media about weight, diet and activity. Include awareness-raising promotional activities, but as part of longer-term, multicomponent interventions, not on their own.
Self-help, commercial and community weight-loss programmes	Endorse such programmes only if they meet best-practice standards by: – helping people decide on a realistic healthy target weight (usually to lose 5–10% of their weight) – aiming for a maximum weekly weight loss of 0.5–1 kg – focusing on long-term lifestyle changes – addressing both diet and activity, and offering a variety of approaches – using a balanced, healthy-eating approach – offering practical, safe advice about being more active – including some behaviour-change techniques, such as keeping a diary and advice on how to cope with 'lapses' and 'high-risk' situations – recommending and/or providing ongoing support.

Early years settings

The pre-school years are a key time for shaping attitudes and behaviours. Childcare providers should provide opportunities for children to be active and to develop healthy eating habits.

The recommendations in this section apply to:

- directors of children's services
- children and young people's strategic partnerships
- staff, including senior management, in childcare and other early years settings, children's trusts and centres, Healthy Start and Sure Start teams
- trainers working with childcare staff, including home-based childminders and nannies.

Target	Suggested action
Improve physical activity levels	Provide regular opportunities for enjoyable active play. Provide regular opportunities for structured physical-activity sessions.
Provide a healthy balanced diet	Implement Department for Education and Skills, Food Standards Agency and Caroline Walker Trust (see www.cwt.org.uk) guidance on food procurement and catering. Ensure children eat regular, healthy meals in a supervised, pleasant, sociable environment, free from distractions.
Involve parents and carers	Involve parents in any activities aimed at preventing excess weight gain and improving children's diet and activity levels.

Schools

Improving diet and physical activity levels should be a priority for schools, because it helps children develop a healthy lifestyle that will prevent them becoming overweight or obese in adulthood. Other benefits include higher motivation and achievement at school, and better health in childhood and later life.

The recommendations in this section apply to:

- directors of children's services
- school staff, including senior management
- school governors
- health professionals working in or with schools
- children and young people's strategic partnerships
- children's trusts.

Target	Suggested action
School policies and school environment	Ensure school policies and the school's environment encourage physical activity and a healthy diet. Consider: • building layout • provision of recreational spaces • catering, including vending machines • food brought into school by children • the curriculum, including PE • school travel plans, including provision for cycling • extended schools.
Staff training	Teaching, support and catering staff should have training on how to implement healthy school policies.
Links with relevant organisations and professionals	Establish links with health professionals and those involved in local strategies and partnerships to promote sports for children and young people.
Interventions	Introduce sustained interventions to encourage pupils to develop life-long healthy habits. Short term, 'one-off' events are not effective on their own. Take pupils' views into account – including differences between boys and girls, and barriers such as cost or concerns about the taste of healthy food. PE/sport staff should promote activities that children enjoy and can take part in outside school and continue into adulthood. Children should eat meals in a pleasant sociable environment free from distractions. Younger ones should be supervised; if possible, staff should eat with them. Involve parents where possible; for example through special events, newsletters and information about lunch menus.

Workplaces

An organisation's policies and incentive schemes can help to create a culture that supports healthy eating and physical exercise. Action will have an impact, not only on the health of the workforce but also in savings to industry. That is why all workplaces, particularly large organisations, should address the prevention and management of obesity.

The recommendations in this section apply to:

- senior managers
- health and safety managers
- occupational health staff
- employers' organisations and chambers of commerce
- unions and staff representatives
- health professionals working with businesses.

Target	Suggested action
Policies and working practices	Ensure policies encourage activity and healthy eating; for example, travel expenses should encourage walking and cycling to work and between work sites.
Building design	Provide showers and secure cycle parking to encourage active travel. Improve stairwells to encourage use of stairs.
Physical activity	Support out-of-hours activities such as lunchtime walks and the use of local leisure facilities.
Workplace food provision	Actively promote healthy choices in restaurants, hospitality, vending machines and shops for staff and clients, in line with Food Standards Agency advice. For example, use signs, posters, pricing and positioning of products to encourage healthy choices
Education and promotion	Any incentive schemes should be sustained and part of a wider programme to encourage healthy eating, weight management and physical activity. Examples of schemes include: – travel expenses policies – policies on pricing food and drink – contributions to gym membership. **Public sector and large commercial organisations**: offer tailored education and promotion programmes to support any action to improve food and drink in the workplaces (including restaurants, hospitality and vending machines). To be effective, schemes need: – commitment from senior management – an enthusiastic catering department – a strong occupational health lead – supportive pricing policies and heavy promotion.
Health checks	**Public sector and large commercial organisations**: if employee health checks are offered, they should address weight, diet and activity, and provide ongoing support.

Recommendations for the public

Staying a healthy weight improves health and reduces the risk of diseases associated with being overweight or obese, such as coronary heart disease, type 2 diabetes, osteoarthritis and some cancers. Health and other professionals should reinforce the messages in this section.

General advice

- Check your weight or waist measurement every now and then, or keep track of the 'fit' of your clothes, to make sure you are not gaining weight.
- Discuss any concerns about your (or your family's) diet, activity levels or weight with a GP or practice nurse, health visitor, school nurse or pharmacist.
- **Adults**: use a weight loss programme (such as a commercial or self-help group, book or website) only if it is based on a balanced diet, encourages regular exercise, and expects weight loss of no more than 0.5–1 kg per week. People with certain medical conditions – such as type 2 diabetes, heart failure or uncontrolled hypertension or angina – should check with their GP's surgery or hospital specialist before starting a weight loss programme.

How to have a healthy balanced diet

- Base meals on starchy foods such as potatoes, bread, rice and pasta, choosing wholegrain where possible.
- Eat plenty of fibre-rich foods – such as oats, beans, peas, lentils, grains, seeds, fruit and vegetables, as well as wholegrain bread, brown rice and pasta.
- Eat at least five portions of fruit and vegetables a day in place of foods higher in fat and calories.
- Eat a low-fat diet, and avoid increasing your fat and/or calorie intake.
- Eat as little as possible of: fried foods; drinks and confectionery high in added sugars; and other food and drinks high in fat and sugar, such as some take away and fast foods.
- Eat breakfast.
- Watch the portion size of meals and snacks, and how often you are eating.
- Avoid taking in too many calories in the form of alcohol.
- **Children and young people**: should have regular meals in a pleasant, sociable environment with no distractions (such as television); parents and carers should join them as often as possible.

How to keep physically active

- Make activities you enjoy – such as walking, cycling, swimming, aerobics or gardening – part of your everyday life. Small everyday changes can make a difference.
- At work, take the stairs instead of the lift, or go for a walk at lunchtime.
- Avoid sitting too long in front of the television, computer or playing video games.
- **For children**:
  - gradually reduce the time they are sitting in front of a screen
  - encourage games that involve running around, such as skipping, dancing or ball games
  - be more active as a family, by walking or cycling to school, going to the park, or swimming
  - encourage children to take part in sport inside and outside school.

Summary of recommendations for the NHS

There is more information on recommendations for the NHS on preventing and managing overweight and obesity in the quick reference guide for the NHS (see www.nice.org.uk/CG043).

Prevention

Organisation and strategy

- Ensure obesity is a priority at strategic and delivery levels.
- Implement the local obesity strategy, encourage partnership working with other organisations, and train staff.

Programmes to prevent obesity and improve diet and activity levels

- Programmes should:
  - give tailored advice and provide ongoing support
  - target people at times when they may gain weight (such as when giving up smoking, during and after pregnancy and at the menopause)
  - involve parents and carers if aimed at children and young people.

Additional action in primary care

- Offer support on weight management to people giving up smoking.

Work with other organisations

- Address people's concerns about improving diet and the safety of exercise.
- Promote schemes to improve diet and activity levels, such as schemes involving shops, supermarkets, restaurants, cafes and voluntary community services, and cycling and walking routes.
- Work with preschool and childcare, and workplaces.

Managing obesity

Identifying and assessing overweight and obesity

- Use body mass index and waist circumference to assess degree of obesity and risk of future health problems.
- Check for related health problems as needed and discuss possible causes and willingness to change.
- Refer people with complex problems to a specialist.

Lifestyle advice

- Provide advice on both diet and exercise, agree targets and offer ongoing support.
- Recommend self-help, commercial or community programmes only if they can show they meet best-practice standards (see page 7 for details).

  For children: dietary change should not be the only action.

Drugs

- Prescribe drugs only if diet and exercise have been tried, after discussion of risks and benefits, and with continued support for lifestyle change.

  For children: prescribe drugs only if their health is at serious risk; for children under 12, prescribe only if there are life-threatening problems such as sleep apnoea.

Surgery

- Generally, consider surgery only for people who are severely obese and have tried all other options. But for people with body mass index over 50 kg/m^2 surgery can be a first-line treatment.

  Surgery should be done by a specialist team providing assessment and long-term follow up.

  For children: consider only in exceptional cases and if the child is physiologically mature (or nearly so).

Implementation

NICE has developed tools to help organisations implement this guidance (listed below). These are available on our website (www.nice.org.uk/CG043).

- Slides highlighting key messages for local discussion.
- A signposting document on how to put the guidance into practice and national initiatives that support this locally.
- Costing tools:
  - costing report to estimate the national savings and costs associated with implementation
  - costing template to estimate the local costs and savings involved.
- Audit criteria to monitor local practice.

Further information

Ordering information

You can download the following versions of the NICE guidance on obesity from www.nice.org.uk/CG043

- Two quick reference guides – summaries of the recommendations for professionals:
  - Quick reference guide 1, for local authorities, schools and early years providers, workplaces and the public (this document)
  - Quick reference guide 2, for the NHS.
- Two booklets of information for the public – 'Understanding NICE guidance':
  - Preventing obesity and staying a healthy weight
  - Treatment for people who are overweight or obese.
- The NICE guideline – all the recommendations.
- The full guideline – all the recommendations, details of how they were developed, and summaries of the evidence they were based on.

For printed copies of the quick reference guides or information for the public, phone the NHS Response Line on 0870 1555 455 and quote:

- N1152 (quick reference guide 1)
- N1154 (quick reference guide 2.)
- N1153 (information for the public: 'Preventing obesity and staying a healthy weight')
- N1155 (information for the public: 'Treatment for people who are overweight or obese')

Related NICE guidance

This guidance has updated, and replaces, the NICE technology appraisals on:

- orlistat for obesity in adults (*NICE technology appraisal guidance* no. 22)
- sibutramine for obesity in adults (*NICE technology appraisal guidance* no. 31)
- surgery to aid weight reduction for people with morbid obesity (*NICE technology appraisal guidance* no. 46)

NICE has published related guidance on:

- four commonly used methods to increase physical activity (*NICE public health intervention guidance* no. 2)
- eating disorders (*NICE clinical guideline* no. 9)
- managing blood pressure and blood lipids in type 2 diabetes (*NICE guideline* H)
- nutrition support in adults (*NICE clinical guideline* no. 32)

NICE is developing guidance on:

- the nutrition of pregnant and breastfeeding mothers and children in low income households
- the promotion and creation of physical environments that support increased levels of physical activity
- the promotion of physical activity in children.

For details of all related NICE guidance, see the website (www.nice.org.uk).

Updating the guideline

This guideline will be updated as needed, and information about the progress of any update will be posted on the NICE website (www.nice.org/CG043).

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APPENDIX 3

7th Oct. 2009

Dear Councillor Marrington,

I am writing to you on behalf of local residents of Hyde Park and surrounding areas to request that the Health Scrutiny Board look at the Health Aspects of Playing Field Provision in the inner-city areas of Leeds, ~~especially~~ with reference to the Leeds Girls High School's planning application to "develop" the sites in Hyde Park.

We would like the Health Scrutiny Board to advise the Planning Committee about the implications of the present situation.

I enclose a copy of the ~~speech~~ which was given to the Council last year, which gives some figures about Playing Field Provision.

Yours sincerely,

S Buckle (Mrs.)

Speech to Leeds City Council 10.9.08

Presented by Hyde Park Residents concerned about the lack of sports pitches for local schools and community.

Members of delegation: Sue Buckle, Rachel Harkess, Rukhsana Hussain, Christine McQuillan, apologies from Yasmin Ajib. (all parents of past and present pupils of local schools)

Lord Mayor, members of the Council, over the last few years there has been increasing concern about obesity and lack of exercise, especially among children and young people, with ominous implications for their future health.

With so much focus recently on the Olympics, the issue of sport is in all our minds. The Secretary of State for Sport wrote to local authorities about 'A new vision for sport' to ' increase opportunities for all people to participate'. Leeds City Council has announced that it will spend millions of pounds refurbishing sports centres.

Yet our inner city area is woefully short of sports fields where future Olympic medallists could be developing their talents and all children could be keeping healthy and happy, both in and out of school hours.
Some figures show the seriousness of the situation.

Within a 1.5 mile radius of Hyde Park Corner are five primary schools and one high school, with many pupils from homes without gardens, from families who, for reasons such as economic hardship, or lack of transport, find it difficult to take their children to sports activities.

The Education (School Premises) Regulations of 1999 lay down minimum requirements for school playing pitch provision. You will be shocked to hear how far short of these requirements our local schools fall.

- City of Leeds High School should have 35,000 square metres. It has 13,113 square metres.
- Spring Bank and Shire Oak Primary Schools should have 5.000 square metres each. Spring Bank has 1.574 square metres, Shire Oak has 1,967.

(I should point out that the space which these schools have is grassy play areas, not actual sports pitches.)
But the most shocking figures are for the three primary schools where the majority of pupils qualify for free school meals, generally an indicator of social and economic deprivation.

- Brudenell, Rosebank and Quarry Mount have no playing field space, nought square metres, although Brudenell and Rosebank should

each have 5,000 square metres and Quarry Mount should have 2,500 square metres.

Instead, all sports activities have to take place on hard surface playgrounds next to roads and traffic.

To summarise, these six schools need 40,846 square metres more playing field space, according to legal requirements.

Primary school headteachers wrote to the Executive Board some time ago explaining the problems they face trying to provide adequate sports activities for their pupils.

At Shire Oak and Spring Bank, rugby and cricket coaching take place on space which has to accommodate PE classes as well. Track and field athletic activities cannot be developed.

At Quarry Mount all sports activities have to take place in the school hall or on the sloping tarmac playground – not conditions likely to produce marathon runners or high jump champions.

Similarly, at Brudenell and Rosebank the range of sports activities is severely limited. Rugby tackling cannot be taught and running is not feasible, to give but two examples. Incidentally, at Rosebank, the only grass area close to the school is generally unsafe for children to use, due to dog faeces and used syringes.

And yet the teachers of these schools desperately want their pupils to have the best chances for health and sporting success.

Our area is the second worst in Leeds for open green space provisions. We are lucky to have Woodhouse Moor which we value as a natural green area for all. But it is the most intensively used park in Leeds, especially when the universities, with more than 50,000 students, are in session, and can in no way be regarded as part of the sports provision for schools. Because of Headingley and Hyde Park's lack of playing fields, the Council's UDP in 2001 gave N6 protected status to the remaining playing fields, although since then development has actually happened at the former Leeds Boys' Grammar School site and at the former Spring Bank Teachers' Centre.

We ask therefore that you, the Council, do all in your power to bring the playing pitch provision for local schools up to the standards laid down by the Education (School Premises) Regulations for the sake of our children's health and future.

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APPENDIX 4

Scrutiny Board: Health – 15 December 2009

Vision for Council Leisure Centres

The sport and active recreation service has put health improvement at the heart of its key purpose:

" Increasing participation in sport and active recreation, contributing to healthier communities. "

The Vision for Leisure Centres (approved by Executive Board on 26th August 2009) provides a plan for the improvement of the Council's Leisure Centres.

Use of many current centres has been severely limited by poor location and poor design and specification. The location and design of leisure centres is vital if it is to appeal to as broad a base of clients as possible. Leisure centres should be located on main arterial routes, district centres and/or co-located with complimentary services, for them to work effectively.

Leisure centres will continue to provide a Universal service offer, but additionally are increasingly being used to provide more targeted opportunities, whether through health referrals or through service integration such as Adult day care.

In summary the Vision for Leisure Centres proposed that;

- Over 50% of existing sites be refurbished, focusing on key customer facing areas, disability access and wind and weather tight repairs. This will require approximately £14.1m of external and Council capital funding over the next 10 years.
- That new ways of working be supported with the development of Well Being centres in Holt Park, Inner East Leeds and Inner South Leeds. These centres would effectively be community hub sites offering a range of health interventions but built largely around a Universal Leisure offer, a targeted adult social care offer and a series of other related health services. Funding is required for approximately £40m and will be sought through PFI, if available, or alternative external funding as the opportunity arises
- That some sites be offered to the Community. These will follow the Council's approved community asset transfer route.

The delivery of the Vision for Council Leisure Centres is dependant on continued investment from the Council's capital programme.

APPENDIX 4

The costs of building, maintaining and running Leisure Centres are high. The service relies heavily on income from fees and charges, but Leisure centres are still subsidised, and any plans have to be financially sustainable.

Council Leisure Centres play an important role in helping in meeting health improvement related outcomes. The current free swimming initiative (for older people and young people) is a good example of where levels of activity can be increased if the costs of taking part are reduced through external funding support.

The August Executive Board report concluded;

- *The challenge for the service is complex. Leisure centres provide important opportunities for people to be active, leading to better health and wellbeing, as well as being a place to meet and socialise, acting as community hubs in many cases. There is no cheap and quick solution to the long term needs of the service and whilst performance remains strong it is not considered sustainable without significant investment. Methods of improving the service have been identified as have investment requirements.*

- *Capital funding is required to improve the Council's large stock of sports and leisure centres. Some of this may come from Government PFI credits and Free Swimming capital. However, without capital funding from Leeds City Council, the service is unlikely to meet customer expectations in the future. The recommendations provide a combination of clear actions together with a framework within which to improve the quality of the existing Leisure Centres. Given the degree of complexity and the challenges relating to funding the Vision, it is vitally important that the plan retains sufficient flexibility to respond to funding decisions and any future opportunities that may arise but critically are clear and detailed enough to allow effective planning of delivery given the potential impacts on existing customers, staff and revenue budgets.*

Scrutiny Board: Health – 15 December 2009

Leeds Physical Activity Strategy

(Joint paper on behalf of Active Leeds)

Background

The Leeds Physical Activity Strategy was launched in December 2008. From the Government's White Paper, *Choosing Health: making healthy choices easier*, the Strategy seeks to address the following 3 key priorities;

- Tackling health inequalities
- Tackling obesity
- Improving mental health and wellbeing

Issues associated with ***reversing the rise in levels of obesity and promoting an increase in the levels of physical activity*** are addressed through the Leeds Physical Activity Strategy. The Strategy focuses on Active Living, Active Travel, Active Recreation and Active Sport which are developed through the following 4 Objectives;

- **Increase participation**
- **Better partnership working**
- **Sell the benefits of being active**
- **Provide skills to people**

Some brief illustrations of progress are outlined below;.

Objective 1: Increase participation

Through both the Physical Activity Strategy, and the Sport Leeds 'Taking the Lead' Sports strategy, firm commitments have been made to increase levels of activity for the general population (16+ years) and to increase the numbers of 5 – 16 years old participating in 2 hours of high quality physical education. Significant successes have been seen in both areas and are illustrated below:

Performance Indicator	Baseline	Current	Target
NI8 Adult participation in sport and active recreation.	**20.6%** (Oct 05 – Oct 06)	**28.4%** (Oct 07 – Oct 08)	**21.6%** by 2011
NI57 Children and young people's participation in high quality physical education and school sport.	**63%** (academic year 03 – 04).	**91%** (academic year 07 – 08)	**90%** by 2012

The following information supports the above figures:

- City Council Leisure Centres increased overall visits from 4,100,035 in 05/06 to 4,552,263 in 08/09, which is an increase of 11.03%.
- In the first 6 months of the 'Free Swimming' initiative, Leisure Centres have seen a total of 64,478 visits from those aged 60 and over and

166,362 visits from those aged 16 and under. This equates to an increase of over 40%.

- External funding totalling. £831,770 has been awarded to support programmes to specifically tackle health inequality e.g. to support an Older People's Sports Development Officer, (also financially supported by NHS Leeds).
- There has been the creation of 9 new walks in SOA's and the training of over 50 new walk leaders. There has also been a one-off funding awarded to 4 Healthy Living Projects to deliver walking in agreed priority areas.
- Investment in the City Parks has provided improved informal and organised opportunities for people to be active.

Objective 2: Better partnership working

Active Leeds is now well established as the City Partnership responsible for steering the development of Physical Activity.

Active Leeds task groups are currently under development and this will lead to improved networks between public, private, academic, voluntary, community and faith sectors.

Funding from NHS Leeds for specific programmes on Weight Management, Stroke and Cardiac Phase 3 have been developed. More work is in development.

Workplace Health has been a focus for both LCC and NHS Leeds. A new Occupational Health Referral scheme has been adopted. The workplace health campaign, Wellbeing @ Work, has run within City Development at LCC this year. with great success, having had 130 referrals. NHS Leeds is to run a parallel campaign next year to coincide with Bike Week.

'Let's Get Moving', the new Physical Activity Care Pathway, is planned to be developed in specific GP surgeries within the 42 that are in the most deprived wards in Leeds. People will be identified through the NHS Life Check and then through a brief intervention will be signposted to physical activity opportunities in their local area. This will include VCFS activities, private and LCC leisure centres.

NHS Leeds and LCC are working on a bid to provide a database of physical activity opportunity in Leeds, using the Change4Life portal to aid in signposting as well as providing new and exercise opportunities in both LCC Leisure Centres and other community settings e.g. community centres.

Objective 3: Sell the benefits of being active

An "Active Leeds" Marketing and Communication group has been developed to communicate the benefits of an active lifestyle. An Active Leeds website has also been developed for information exchange between professionals.

The Change4Life campaign aims to raise general public awareness of the health risks associated with obesity and inactive lifestyles, especially young people and families. The campaign was heavily promoted at 'Party in the Park' through a partnership with Radio Aire. There are numerous good examples of local projects, through Schools and Children's Centres. By way of illustration a walk for Life project for fathers and families in Harehills has been established that will link with mosques in the local area. Further work is underway to better coordinate the efforts of stakeholders.

Objective 4: Provide skills to people

An Active Leeds Physical Activity Tool Kit has been designed, developed and implemented. This has allowed over 100 front line staff to be trained including Health Trainers, Community Health Educators and many more VCFS staff working in healthy living services. This is also available as part of the Healthy Living Training package offered by NHS Leeds that involves healthy eating and food hygiene.

The "Extend" programme has now got 35 instructors trained who are delivering over 1000 classes a year throughout the City in a variety of settings.

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Scrutiny Board: Health – 15 December 2009

Briefing Note

Local Development Framework

Context

1. Following reforms to the national planning legislation in 2004 (Planning & Compulsory Purchase Act), local planning authorities are now required to prepare Local Development Frameworks (LDF) for their areas. The LDF is not a 'single plan' but the term for the collection of Local Development Documents produced by the local authority, which collectively delivers the spatial planning strategy for its area (taking into account economic, social and environmental issues). Local Development Documents (LDDs) in turn include the Core Strategy, Area Action Plans, thematic Development Plan Documents and Supplementary Planning Documents. Such documents need to where possible reflect the priorities established through Sustainable Community Strategies (SCS) and Local Area Agreements (LAA). It should be noted also that LDDs prepared at a local level, must also be in general conformity with the relevant Regional Spatial Strategy (RSS), which also constitutes part of the Development Plan.

The LDF in Leeds

2. Within this overall context, in Leeds, work is underway across a number of Local Development Documents (agreed with the Secretary of State via the City Council's Local Development Scheme). The principal documents are the Core Strategy, Area Action Plans, the Natural Resources & Waste Development Plan Document and a number of SPDs (including the Biodiversity & Waterfront and Eastgate and Harewood Quarter SPDs, which have since been adopted by the City Council). The Regional Spatial Strategy for Yorkshire & the Humber was Adopted in May 2008 and as a consequence, the range of LDDs currently in production will need to be in general conformity with this document.

The Core Strategy

3. The Core Strategy is the overarching and central document of the LDF process. Recently revised Government guidance (Planning Policy Statement 12: Local Spatial Planning) has reaffirmed and elevated the role of the Core Strategy, both as part of the LDF and as an element of the overall strategic planning across a local authority area.

4. In describing Core Strategies, PPS 12 (Section 4), indicates that they need to provide the following:

   i) an overall vision which sets out how the area and the places within it should develop,

ii) strategic objectives for the area focusing on the key issues to be addressed,

iii) a delivery strategy for achieving these objectives. This should set out how much development is intended to happen where, when, and by what means it will be delivered. Locations for strategic development should be indicated on a key diagram; and

iv) clear arrangements for managing and monitoring the delivery of the strategy.

5. In Leeds, work commenced on the Core Strategy in 2006 and following an initial period of informal consultation (September – December 2006), to help scope the overall approach, Issues & Alternative Options consultation took place in October – December 2007. Following on from this work, the Core Strategy 'Preferred Approach' has been prepared for a further period of informal consultation (26 October – 7 December 2009), with a view to formal Submission to the Secretary of State (for Public Examination in Autumn 2010 and Adoption in early 2011).

6. The public health agenda is integral to the LDF. As noted above, the LDF and the Core Strategy in particular, must take into account a wide range of economic, social and environmental issues. It is not the role of the Core Strategy however to duplicate national guidance or related strategies but to give 'spatial expression' to addressing identified issues, though relevant strategic objectives and policy approaches. The emerging Core Strategy therefore seeks to give spatial expression to the importance of public health via the need to tackle deprivation in priority areas, the need to retain and enhance the quality of the physical environment (including Green Infrastructure & Greenspace provision and connectivity), promotion of walking and cycling and through the provision of health care facilities in appropriate locations.

9. The Vision for Leeds (Community Strategy) is a key element in informing the overall strategic approach of the Core Strategy. Consequently, the longer term ambitions for 'going up a league as a city', 'developing Leeds' role as the regional capital' and 'narrowing the gap between the most disadvantaged people and communities and the rest of the city', have provided an overarching context for the "Spatial Vision" of the emerging Core Strategy document. The focus of this is "For Leeds to be a distinctive, competitive, inclusive and successful city, for the benefit of its communities, now and in the future." In support of this approach a series of key priorities are emphasised (including the desire for the communities of Leeds to be places "…where people are able to realise their full potential, have good health, access to good quality homes, jobs and education, and enjoy a good quality of life".

10 These approaches are then developed further through a series of interconnected Strategic Themes and Spatial Objectives. In particular, within the Sustainable Communities Theme, the desire to support

sustainable and inclusive communities in support of good public health via SC.2 (the improvement in provision of a wide range of high quality health, education, cultural, and leisure facilities, as the focus for communities, and with extended community use and linkages) and SC.3 (the creation of new buildings and spaces around them, which are of high quality and enhance the local environment in providing positive and distinctive character, a strong sense of place and allow the wider connectivity and accessibility of areas), is highlighted. Policy SC6 of the Preferred Approach also makes explicit reference to the need for high quality health facilities, the sustainable location of facilities and the need to work in partnership with a range of agencies, in the delivery of '…modern and joined up healthcare provision in sustainable and accessible locations, targeted towards the needs of local communities, and aiming to reduce spatial health inequalities across the District'.

Current Planning Policies

11. Following the introduction of the LDF system of plan making, it is recognised in national legislation, that transitional arrangements are necessary to allow existing planning policies (where they remain relevant and consistent with national planning requirements) to be 'saved', until they are replaced by new LDF policies.

12. In Leeds, following consideration by the Secretary of State, relevant policies contained as part of the Adopted UDP and subsequent UDP Review (2006) have been saved. These policies consequently provide a local planning policy context to support public health priorities, where these can be directly addressed via the planning system. The UDP policies in turn cover a diverse range of General and Topic based policies in support of the wider public health agenda. These include the need to address amenity and health issues as part of detailed planning considerations (GP5) and well as detailed policies in relation to Environment, Transport, Housing, Leisure, Urban Regeneration and Access for all, which support the need for good public health through their intent and scope.

13. As noted above (paras. 1 & 2), the City Council is also progressing a number of Supplementary Planning Documents as part of the overall LDF. A series of Supplementary Planning Guidance documents (prepared under the former Development Planning system) have also been 'saved', where they are considered to be still relevant. The purpose of these supplementary documents is to amplify aspects of adopted Development Plan policy in relation to specific matters. Within this context, particular emphasis has been given to detailed design and area based matters via detailed Design and area based Statements, as well as topic based guidance where necessary. Through the promotion of urban design and the protection and enhancement of local areas, such guidance provides a positive contribution to public health through improving quality of life and sustainability across Leeds. With this context, implementation issues associated with seeking to improve public health, have included a focus upon the development of 'Lift' schemes within existing town and district

centres (as a basis to provide accessible public health facilities to local communities), together with the preparation of Travel Plans (linked to development proposals), to promote walking and cycling, as well wider environmental benefits.

Sustainability Appraisals

14. An integral component of the preparation of Development Plan Documents, under the LDF system, is the need for such plans to be prepared with the benefit of a Sustainability Appraisal. The purpose of this is to consider the merits of planning documents in relation to a range of environmental, economic and social objectives as part of an integrated approach and as a basis to ensure that such Plans contribute to the principles of sustainable development. Within this context, public health issues form part of the suite of social objectives to be assessed via this process. Consequently, every policy that is written in a Development Plan Document, is tested for its impact against the following SA objective (as a basis to consider ways that the policy can be improved) ' Will it improve conditions and services that engender good health and reduce disparities in health across Leeds ?'. To help answer this question we ask the following sub-questions have been identified:

    i). Will the policy promote healthy life-styles, and help prevent ill-health ?
    ii). Will the policy improve access to high quality, health facilities ?
    iii). Will the policy address health inequalities across Leeds ?

15. At a strategic level, such an approach is consistent with the principles of Health Impact Assessments, in ensuring that public health considerations are integral considerations to the plan making and policy formulation process. It should be noted however, Health Impact Assessments, as advocated by the Department of Health, have no planning status and therefore are not ‘material’ in making planning decisions.

Scrutiny Board: Health – 15 December 2009

Source: Parks and Green Space Strategy (extracts)

Theme: Creating a Healthier City

The Aim of this Theme is: *To promote parks and green spaces as places to improve health and well-being and prevent disease through physical activity, play, relaxation and contemplation*

There is increasing evidence to show that regular access to the natural environment is important for children's development by encouraging outdoor play and improving concentration and behaviour. For adults too, one in six of whom is diagnosed as suffering from anxiety or depression each year, natural space has a restorative effect, improving the ability to cope with stressful situations and improved concentration and work output. (Natural England Health Campaign).

This is further supported by research carried out by Bristol University for The Countryside Recreation Network in February 2005. The research demonstrated that contact with the natural world can benefit mental and physical health. Access to a quality green environment not only benefits health in preventative terms, but speeds recovery and plays a vital part in our mental well-being. The research identified that nature can be enjoyed at 3 different levels – by viewing it as from a window, by being in the presence of nearby nature, or through active participation. Our parks and green spaces provide this contact where it is needed most, in our cities, and therefore everyone benefits. Imagine what our cities would be like in the absence of trees, natural areas, wildlife, and places for recreation. This should help us realise the importance that parks and green space play in our lives, often without us being conscious of it.

There are around 60 million resident visits to parks. The number one reason people visit is to exercise and in 2005, this represented over 30 million visits. Around 25 million visits are to contemplate or relax. The majority of people get there by healthy means - 57% either by walking or cycling.

Keeping active reduces the risk of death from coronary heart disease, of developing diabetes, high blood pressure, obesity and certain cancers and helps maintain health and independence in older adults. Dr William Bird[1] in particular highlights the importance of walking as an accessible and effective means of moderate exercise and the following points help demonstrate this:

- Walking *to* parks and green spaces is an important form of exercise
- Initiatives around getting people active (particularly in Scandinavia and Australia) have demonstrated that walking has been the most successful means of achieving this
- Public rights of way are of key importance, but often stiles can be a real physical barrier to the elderly and there is therefore a design issue
- As an illustration of the impact of physical activity, if 60 men, 61 years or older were encouraged to be physically active then 1 life would be saved each year as a result
- For children, simply having access to the outdoors and informal play space can significantly increase levels of physical activity

[1] Natural Fit: Can Green Space and Biodiversity Increase Levels of Physical Activity? Dr William Bird Oct. 2004

- Safety is a greater issue for women in green space and therefore initiatives need to be aware of this

The Strategy supports active travel and recognises the opportunity that could be provided by sustainable travel routes through parks and green spaces. A good example of this is the West Leeds Country Park and Green Gateways Initiative. The initiative has mapped out and is developing parks, countryside and public rights of way that encircle the conurbation of West Leeds with a view to joining these areas, providing route ways, information, interpretation and leaflets.

The Parks and Countryside Service developed a series of 'Health Walk' routes at Roundhay Park and Temple Newsam for people of all ages to enjoy and was launched in October 2005 to coincide with Leeds Fitness Week. Information boards detailing the walks have been put in place, as well as leaflets and markings to signify the routes. Since then the scheme has been extended to 5 community parks; Armley Park; Horsforth Hall Park; Micklefield; Western Flatts; and Woodhouse Moor, with plans underway to extend the scheme to a number of other parks and green spaces.

In addition to this, the Ranger Service contributes towards the Health and Well Being agenda by organising various activities such as themed walks and practical tasks such as shrub clearing to encourage people to take a greater interest in their natural surroundings.

Summary of Proposals

- We will promote and publicise the health and well-being benefits of parks and green spaces
- We will contribute to the West Yorkshire Local Transport Plan by providing sustainable transport routes in parks and green spaces
- We will promote the health messages of walking and seek to develop health walk routes in our parks and green spaces
- We will provide opportunities for active recreation within parks and green spaces

Source: Parks and Countryside Service Plan

Strategic outcome: **Health and Wellbeing -** Reduced health inequalities through the promotion of healthy life choices and improved access to services.

Strategic outcome: **Health and Wellbeing -** Improved quality of life through maximising the potential of vulnerable people by promoting independence, dignity and respect.

Strategic outcome: **Health and Wellbeing -** Enhanced safety and support for vulnerable people through preventative and protective action to minimise risks and wellbeing.

We contribute to these outcomes by:

- the general benefits of parks and green spaces to health, fitness and wellbeing that are well understood
- providing health walk routes and guided walks
- ranger led activities
- outdoor recreation opportunities including fixed play, playing pitches, bowling greens and golf courses
- allotment provision

APPENDIX 7

The ‘Out and About’ leaflet highlights various events and activities organised by Parks and Countryside which will be carried out over autumn/winter and include the following:

- 16 guided health walks which range from 4 to 7 miles
- Events to learn about the environment and carry out practical conservation tasks, which often include a guided walk
- Opportunities for volunteering

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Briefing for the Health and Wellbeing Scrutiny Inquiry 15 December

Purpose: Update on progress made in relation to 'Can't Wait, Leeds Childhood Obesity Strategy'.

Janice Burberry –Children's Lead, Public Health Directorate NHS Leeds

In Leeds, 1,389 or one in five children in Reception has a weight above what is considered to be healthy. This figure is very slightly below regional and national averages. However 2,505, or almost one in three, children in Year 6 are either overweight or obese which is slightly above regional and national averages. In Leeds this appears to be a rising trend. Levels of obesity for both Reception and Year 6 children are higher in deprived areas of the city.

As a result of the growing childhood obesity nationally, the Government has set a target to reduce the proportion of overweight and obese children to the year 2000 levels by 2020.

'Can't Wait – Leeds Childhood Obesity Strategy 2006-16' provides information on prevalence, causes and local action needed to help Leeds families to be a healthy weight.

Partnership working – currently there is no city wide partnership group which focuses on implementing the strategy. A proposal to establish strategic board to champion and support partners to tackle child and adult obesity is currently being shared with key stakeholders.

Significant progress has been made in relation to Can't Wait.

Maternal Obesity

A care pathway is being developed to help mothers to retain a healthy weight during their child bearing years. Specialist weight management services have been piloted at Children Centres and targeted treatment support developed.

Breast feeding

Leeds Breast Feeding Strategy has been written and will be launched January 2010. A successful bid was made for £100k to pilot breast feeding support service and to work with young mums to promote the benefits of breast feeding. We are on target to achieve UNICEF Baby Friendly Initiative (BFI) accreditation. This measure the extent to which the local health family are compliant with evidence based best practice to support families to breast feed.

HENRY (Health Exercise and Nutrition in the Really Young)

Leeds have trail blazed this nationally recognised and very well received intervention in local children's centres.12 centres have taken part in the training with 190 children's centre staff and 10 members of the attached health visiting team participating. Eight staff have

completed the Group Facilitation Training and are now running parents groups. 4 local trainers achieved accreditation and are now able to train independently of the national team. EYS have seconded Children's Centres Manger to support roll out of training and coordinate Lets Get Healthy with Henry groups. Feedback from staff and parents has been extremely positive, with both describing lifestyle changes they have made as a result of being part of the initiative. Work in the city is being evaluated as part of a national independent evaluation.

Change4life

NHS Leeds is commissioning services in each of the demonstration sites (Harehills and Middleton) to support local families to achieve C4Life goals. 2010 will see the launch of C4Life Be Healthy Challenge;this will work with schools to engage, support and reward families to make a positive C4Life behaviour change . The learning from a Change 4life child led fun day in Middleton is being used to develop a toolkit to support schools and other front line staff to make maximum use of the campaign. The Leeds C4L group has continued to meet to promote and champion the use of the research and branding across the city . The national campaign will focus on adult obesity in the New Year.

Physical Activity

Education Leeds and partners have achieved PEESCL and LHSS targets ahead of national timescales In line with the local LPSA strategy targets. LCC Swim4Life has been established and has been successful in engaging under 16s in free swimming sessions across the city. NHS Leeds Engaging Inactive Children Programme has been re branded Active4life.and expanded to include areas in the East and west of the city. The programme which includes DAZL dance, Leeds United Football, The Works BMX and Skate Parks and Active Clubs programme is on target to engage 8000 of our least active children living in areas of deprived Leeds. Consultation work with children and young people has shown high levels of interest in free sports (BMX, skate boarding & free running) Support provided to Works Skate Park enabled them to offer free entry during summer holidays, attracting 350 young people per day. An event is planned for February 2010 to raise awareness of this interest and to consider how Leeds children and young people can be supported to make full use of Leeds freesport facilities. Leeds School Partnership Development Managers have been awarded £8k from the national Bikability Programme to promote cycling proficiency. Through innovative partnership working young people, accessing this scheme, will also be able to attend free staffed sessions at the Works Skate Park and Leeds BMX tracks to develop a passion for cycling alongside their proficiency skills.

Planning for health

The critical role of the broader environment on health is being increasingly recognised. Promising case studies are providing useful pointers; where better use of existing planning regulations and regeneration opportunities have been used to increase every day activity levels and increase access to healthy competively priced food. The public sector's leadership role in providing access to healthy affordable food within buildings, whether places of

employment or leisure is also being recognised . A Leeds' event is planned for February which aims to raise awareness of the potential of this work and will showcase local examples of good practice.

Treatment services

Watch It Weight Management Service, following its re-launch in April, has been commissioned to run 8 clinics, focused in 10% most deprived SOAs, for families with children aged 8-17 years. To date these clinics have engaged 61 families, with a further set of recruitment sessions planned for January. Carnegie Weight Management is currently providing a community weight management clinic in Middleton. The clinic planned for Harehills was postponed due to low numbers, but will be offered again from January. Research funding is being used to develop and pilot a model of working with parents of children 5 to 8 years. To date 15 families have expressed an interest in attending the 10 week pilot at Chapel Town Children's Centre.

Over the last 2 years we have delivered a wide range of interventions to prevent childhood obesity and provide support to children and families who are overweight or obese . To stem the predicted increase and the huge management and personal costs of this condition we now need to make Leeds an environment where it is easier to be a healthy weight than obese and find ways to scale up and sustain our interventions .

We need champions who will

- increase awareness of the importance of the environment, on children and families achieving a healthy weight, and promote change.
- identify opportunities within current provision to do things differently .
- challenge when the health impact of developments has not been sufficiently prioritised.

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Obesity Scrutiny Report- 15 December 2009
Adult obesity – NHS Leeds
Prepared by Emma Croft, Obesity, Food and Physical Activity- NHS Leeds

Prevalence in Leeds
The scale of the problem in Leeds is difficult to quantify with great accuracy, especially for adults . The QOF recording BMI in GP practice as well as the data being collected from school children through the National Child Measurement Programme will give a more accurate indication in the future, although existing data appears to be in line with regional estimates.
Estimates are currently based on Health Survey for England 2003 data with the estimated prevalence for obesity in Leeds being 23.8% in women and 22.7% of men. Based on this prevalence data we can conservatively estimate that for the population Leeds approximately 154,000 people would be expected to be obese (BMI of 30kg/m^2 or more). This figure is not weighted for deprivation but it should be noted men and women from unskilled manual groups are 4 times more likely to be obese than professional groups. Significant additional numbers are overweight.
The Yorkshire and Humber region has the highest prevalence of obese men and young men. Obesity in women (at 23.8%) is higher than the England average and the second highest across all regions. According to the recent Foresight report, the region has the highest predicted growth rate of obesity prevalence, if current trends continue, it is predicted that 36% of men and 28% of women will be obese by 2015 (Foresight 2007) with 70% of the population obese by 2050, which would make Yorkshire and Humber the fattest region in the country.

Costs
Estimated costs to the NHS in Leeds of diseases related to overweight and obesity were 197.4 million in 2007 and predicted to be 204.9 million by 2010 (Healthy weight, Healthy Lives toolkit 2008). National costs by 2050 are predicted to be 6.5.billion and pose the single biggest threat to the NHS. Obesity is the second most important preventable cause of ill health and death after smoking.

National Direction / Approach
The National strategy "Healthy Weight, Healthy Lives, HMSO 2008" aims:
"To reverse the rising tide of obesity and overweight in the population by ensuring that all individuals are able to maintain and healthy weight. Our initial focus is on children: by 2020 we will have reduced the proportions of overweight and obese children to 2000 levels."
Although initial focus of the strategy is children; however there are there are key challenges to tackle adult obesity.

Contribution of NHS Leeds
NHS Leeds is tasked with delivering Healthy Ambitions Staying Healthy in Yorkshire and Humber Pathway. Staying Healthy has 5 recommendations directly relating to obesity. Delivering on these pathways is a priority for NHS Leeds. An update on progress against each recommendation related to obesity is provided below:

Progress against Healthy Ambitions recommendation 6 & 7
Every PCT should commission localised weight management services for their local population including obesity surgery. To meet life expectancy targets these should focus on adults at mid life following a smoking cessation model of implementation.

Local weight management services are commissioned from Leeds Community Care Trust. The service provides tier 1 and 2 services as well as assessment for tier 3 specialist obesity surgery services. Level 1 consists of a structured multifaceted weight management programme with ongoing physical activity opportunities delivered in partnership with both leisure services and VCFS organisations in local venues. Services are currently available to people registered in 38 of the 42 targeted GP practices in deprived Leeds and 21 in the previous North West PCT area (where the service was originally established). Self referral to group programmes is available.

Take up of services is consistent with that of smoking cessation services. Weight loss results are comparable to equivalent interventions in other parts of the Region.

Tier 2 services are weight management clinics targeting high risk individuals (higher BMI's, complex co-morbidities, using prescribed anti obesity medications to little effect). This offers tailored advice, and more intensive motivational interviewing, cognitive behavioural therapy and solution based approaches to behaviour change. This also is the level providing bariatric surgery assessment and work up for those meeting regionally agreed criteria.

NHS Leeds and LTHT have contributed heavily to the Regional Specialist Commissioning Group work to develop a commissioning policy and designation process for obesity surgery across the Region. The pathway, triage model and referral proforma adopted regionally are based on service development work undertaken between NHS Leeds and LTHT.

An assessment and triage system is in place through the community weight management service, which is working to restricted criteria B as defined by SCG. (B= BMI 50 or 45 with co-morbidities). Patients are able to choose from a range of designated providers including LTHT, Spire, Bradford, and York.

Progress against Healthy Ambitions recommendation 8: *NICE guidance on brief interventions should be implemented consistently by a wide range of staff; ideally this would include primary and secondary care staff, community services, locally authority and voluntary settings.*

NHS Leeds is committed to a delivering a healthy living services project which aims to implement a whole system approach to brief interventions in primary care, followed by systematic referral and signposting to healthy living services and opportunities. This will include interventions around smoking, weight management, alcohol and physical activity. The initial focus will be individuals identified through NHS Health Check performed in the 42 target practices in the most deprived wards in Leeds.

Progress against Healthy Ambitions recommendation 10: There *should be a systematic programme of local work to reduce levels of obesity through the development of:*

- ***Food policy and better food skills for adults***
- ***Transport and the built environment making activity easier and safer***
- ***More opportunities for active leisure***

Leeds has a city wide food strategy "Leeds Food Matters" which includes actions around increasing access to programmes which support the development of food skills. NHS Leeds commissions 56 cooking skills courses from VCFS. Planned work for 2010 is the development of a Ministry of Food "Food centre" and health point in Kirkgate Market and the promotion of the "Cook 4 life" aspect of the change 4 life campaign.

Transport and health are both signed up to the delivery of "Active Leeds a Healthy City".

There is a workshop planned for February 2010 to look at closer working between health and planning. This is an area which has the potential to make the biggest impact on reducing the rate of increase in obesity and increase the effectiveness of weight management "treatments" by developing an environment conducive to being a healthy weight. This is the least developed area concerning tackling obesity and needs considerable strengthening.

NHS Leeds and Leeds City Council are jointly committed to Active Leeds and the strategic priority to increase activity for all. Please see report from Leeds Leisure Services. Beyond leisure services, the PCT commissions a number of activity opportunities from local agencies. For example Leeds has an active network of walking programmes being delivered targeting at risk populations.

Conclusion

Good progress is being made to address obesity and provide interventions to those struggling with overweight and obesity. However there needs to be considerable strengthening and focus of action to address how the environment in Leeds supports achieving and maintaining a healthy weight. This is required to reduce the rate of increase in obesity and to enable treatment interventions to be effective in the long term.

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Agenda Item 8

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 15 December 2009

Subject: Provision of Renal Services – Draft Statement

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

1.0 Purpose of this Report

1.1 The purpose of the report is to present the Scrutiny Board (Health) with a draft statement associated with the provision of renal services (dialysis) across the Trust, particularly in terms of provision at Leeds General Infirmary (LGI).

2.0 Background

2.1 The Scrutiny Board (Health) considered proposals to alter the planned provision of Renal services across Leeds Teaching Hospitals NHS Trust at its meeting on 28 July 2009. At that meeting the Scrutiny Board took evidence from a range of stakeholders, including the service commissioners, LTHT, Yorkshire Ambulance Service and patient representatives from the Kidney Patients Association (KPA) for LGI and St. James' University Hospital (SJUH).

2.2 Based on the Department of Health Guidance on Overview and Scrutiny for Health and the evidence presented at the meeting, the Scrutiny Board concluded that the proposed changes to renal dialysis provision represented a substantial variation to service delivery. As such, the Board recommended that a statutory period of consultation should take place prior to any decision of the (LTHT) Board. The Scrutiny Board produced a statement to this affect, which was subsequently presented to the LTHT Board meeting.

2.3 The Scrutiny Board's statement highlighted a number of outstanding issues the Scrutiny Board wished to pursue and, at its meeting on 30 July 2009, the LTHT Board agreed to defer its decision, pending further discussions with the Scrutiny Board.

2.4 The outstanding issues the Scrutiny Board wished to pursue were confirmed by way of a set of supplementary questions, issued to LTHT and other key stakeholders on 6 August 2009. A response seeking to address the outstanding matters was presented and considered by the Scrutiny Board at its meeting on 24 November 2009.

2.5 The draft Yorkshire and The Humber Renal Strategy (2009-2014) was also presented for consideration at the meeting on 24 November 2009.

3.0 Scrutiny Board (Health) – statement

3.1 When considering the information presented on 24 November 2009, the Scrutiny Board (health) raised a number of concerns and agreed address these concerns to the Secretary of State for Health: This report presents the draft statement in this regard (to follow).

4.0 Recommendation

4.1 Members of Scrutiny Board are asked to consider and amend/ agree the draft statement, as appropriate.

4.2 The Scrutiny Board is also asked to determine any specific action the Board may wish to take and/or any matters that may require further scrutiny.

5.0 Background Papers

- Scrutiny Board (Health) – Renal Services report – 28 July 2009
- Scrutiny Board (Health) – Renal Services report – 24 November 2009

Leeds CITY COUNCIL

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 15 December 2009

Subject: Health Proposals Working Group - Update

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

1.0 Introduction

1.1 At its meeting on 22 September 2009, the Scrutiny Board (Health) agreed to re-establish the Health Proposals Working Group (HPWG), with updated terms of reference.

1.2 In line with its terms of reference, the HPWG acts as a sub-group of the Scrutiny Board (Health) and aims to meet on a regular basis to allow local NHS bodies to inform Scrutiny members of potential changes to, and/or developments of, local health care services.

1.3 The HPWG held its first meeting of the current municipal year on 3 December 2009 and the minutes from that meeting are attached at Appendix 1 (to follow).

1.4 The purpose of this report is to present a summary of the issues discussed and seek endorsement from the Scrutiny Board (Health) on any proposed actions and/or recommendations.

2.0 Recommendations

2.1 Members are asked to consider the minutes of the HPWG (3 December 2009) and agree any proposed actions and/or recommendations therein.

3.0 Background Documents

- Terms of reference – Health Proposals Working Group (agreed 22 September 2009)

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Leeds CITY COUNCIL

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 15 December 2009

Subject: Updated Work Programme 2009/10

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 and update members on the current outline work programme. The Board is asked to consider, amend and agree its work programme, as appropriate.

2.0 Background

2.1 At its meeting on 30 June 2009, the Board received a number of inputs to help members consider the Board's priorities during the current 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)

2.2 At that meeting a number of potential work areas were identified by members of the Board. These potential areas were confirmed in a further report, along with an outline work programme, presented at the Board meeting held on 28 July 2009.

2.3 Subsequently, the outline work programme, including any emerging issues, is routinely presented to the Scrutiny Board for consideration, amendment and/or agreement.

3.0 Work programme (2009/10)

3.1 A revised outline work programme is presented at Appendix 1 for consideration.

3.2 For information, the minutes from the Executive Board meeting held on 24 November 2009 are attached at Appendix 2. The Scrutiny Board is asked to consider these minutes within the context of making any adjustments to its work programme.

3.3 Members will be aware that the outline work programme should be regarded as a 'live' document, which may evolve and change over time to reflect any in-year change in priorities and/or emerging issues. As such, the Scrutiny Board is asked to consider the attached outline work programme for the remainder of the year and agree / amend as appropriate.

4.0 Recommendations

4.1 Members are asked to consider the outline work programme attached at Appendix 1 and agree / amend as appropriate.

5.0 Background Documents

- Scrutiny Board (Health) – Updated Work programme (24 November 2009)

APPENDIX 1

Scrutiny Board (Health)
Work Programme 2009/10

Item	Description	Notes	Type of item
Meeting date – 15 December 2009			
Scrutiny Inquiry – promoting good public health	**Session 2:** 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.	Rescheduled from 24 November 2009	RP/DP

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

APPENDIX 1

Scrutiny Board (Health)
Work Programme 2009/10

Item	Description	Notes	Type of item
Renal Services	To consider the draft statement regarding the provision of Renal Services in Leeds.	Covering matters considered at the Board meetings held in July and November 2009	RP
Health Proposals Working Group - update	To consider the outcomes of the meeting of the working group held on 3 December 2009.	First meeting of the HPWG held on 3 December 2009.	B
Meeting date – 26 January 2010			
Scrutiny Inquiry – promoting good public health	**Session 3:** 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.		RP/DP

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

APPENDIX 1

Scrutiny Board (Health)
Work Programme 2009/10

Item	Description	Notes	Type of item
	• The social responsibility role of breweries, retailers and licensees and how this shapes the consumption of alcohol in Leeds.		
Meeting date – 16 February 2010			
Scrutiny Inquiry – promoting good public health	**Session 4:** 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: o Raises general public awareness of the health risks associated with smoking. o Identifies and targets those groups most at risk of smoking and smoking related illnesses. o Assesses the quality and effectiveness of services and treatments associated with smoking cessation.		B/RP

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

APPENDIX 1

Scrutiny Board (Health)
Work Programme 2009/10

Item	Description	Notes	Type of item
Meeting date – 16 March 2010			
Update on local NHS priorities	To consider an update on the previously identified priorities for each local NHS Trust.	Updates from: • NHS Leeds • LTHT • LPFT	PM
Dermatology	To consider developments associated with proposed changes to in-patient dermatology services.	Follow up to issues raised in November 2009	RP
Quarterly Accountability Reports	To receive quarter 3 performance reports		PM
Recommendation Tracking	To monitor progress against the recommendations agreed following previous Scrutiny Board inquiries.		MSR
Meeting date – 27 April 2010			
Scrutiny Inquiry – promoting good public health	To agree the Board's final inquiry report		
Annual Report	To agree the Board's contribution to the annual scrutiny report		

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

APPENDIX 1

Scrutiny Board (Health)
Work Programme 2009/10

Working Groups (TBC)			
Working group	**Membership**	**Progress update**	**Dates**
Health Proposals Working Group	*All Scrutiny Board members. Core membership of Cllr. Dobson and Cllr. Chapman*	• Working group re-established and terms of reference agreed. • Membership established • Meeting held on 3 December 2009	*Further meeting dates to be confirmed*
Supporting working age adults with severe and enduring mental health problems	*Cllr. John Illingworth* *Mr. Eddie Mack*	**This inquiry is being undertaken by the Scrutiny Board (Adult Social Care) with nominated representatives from Scrutiny Board (Health)** • Working group re-established and terms of reference agreed. • Membership established • Initial meeting dates arranged	*19 October 2009* *15 December 2009*

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

Scrutiny Board (Health)
Work Programme 2008/09

Unscheduled / Potential Items		
Item	**Description**	**Notes**
Quality Accounts	To consider the Scrutiny Board's input and role in the submission of Quality Accounts produced by local NHS healthcare service providers.	Quality Accounts form part of the new registration process introduced by the Care Quality Commission
Use of 0844 Numbers at GP Surgeries	To consider the impact of the recent Government guidance on local GP practices and any implications for patients.	Various correspondence exchanged and clarification sought. The Board to maintain a watching brief and kept up-to-date with any developments
Openness in the NHS	To consider how the Department of Health guidance is interpreted and implemented locally.	An outline of the approach adopted by the local NHS Trusts requested. Responses from NHS Leeds and LPFT received. Formal response from LTHT awaited.

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

Scrutiny Board (Health)
Work Programme 2008/09

Unscheduled / Potential Items		
Item	**Description**	**Notes**
Children's Cardiac Surgery Services	To contribute to the national review and consider any local implications.	First newsletter published (August 2009) National stakeholder event scheduled for 22 October 2009. Draft clinical standards issued for consultation.
Children's Neurosurgery Services	To contribute to the national review and consider any local implications.	First bulletin published (September 2009) National stakeholder event scheduled for 30 November 2009. Draft clinical standards issued for consultation.
Health Scrutiny – Department of Health Guidance	To receive and consider revised guidance associated with health scrutiny and any implications for local practice.	Guidance was due to be published in November 2009. Indications are that this is likely to be delayed. No firm publication dates are yet available.
Specialised commissioning arrangements	To consider the current arrangements for specialised commissioning within the region and the role of scrutiny.	The planned Department of Health (DoH) consultation on developing / strengthening Health Scrutiny may have an impact.

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

Scrutiny Board (Health)
Work Programme 2008/09

Unscheduled / Potential Items		
Item	**Description**	**Notes**
Hospital Discharges	To consider a follow up report on progress against the recommendations detailed in the Independence, Wellbeing and Choice inspection report	Carried forward from 2008/09. Recommendations 15, 16 and 17
Out of Area Treatments (Mental Health)	To consider the report prepared by Leeds Hospital Alert and the response from LPFT.	Leeds Hospital Alert report received 1 July 2009. Response to issues raised received from LPFT.

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

EXECUTIVE BOARD

TUESDAY, 24TH NOVEMBER, 2009

PRESENT: Councillor R Brett in the Chair

Councillors A Carter, R Finnigan, S Golton, R Harker, P Harrand, J Monaghan, J Procter and R Lewis

Non-Voting Advisory Member: R Lewis

123 Exclusion of the Public

RESOLVED – That the public be excluded from the meeting during consideration of the appendices to the report for consideration on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present there would be disclosure to them of exempt information under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosure as the appendices contain information which if disclosed could be prejudicial to the commercial interests of the Council and other outside bodies.

124 Late Supplementary Information

Correspondence between the Council and Leeds United Football Club on 20th and 23rd December was circulated to members and added to the appendices to the report as exempt information on the same grounds as the existing correspondence in those appendices.

125 Football World Cup 2018

Further to minute 7 of the meeting held on 17th June 2009 the Director of City Development submitted a report providing an update on progress to date of the bid to England 2018 for Leeds to become a Host City for the staging of the FIFA World Cup 2018. The report highlighted the legal and financial matters which needed to be considered when making a submission.

Following consideration of a second report and associated appendices designated as exempt under Access to Information Procedure Rule 10.4(3) and considered in private following the resolution passed above it was.

RESOLVED –

(i) That the legal and financial implications of bid submission, as detailed in the exempt section of the report, be noted.

(ii) That officers be authorised to seek to secure the agreement of Leeds United Football Club to the Stadium Agreement upon the basis of the Council commitments now outlined.

(iii) That, subject to such agreement with the Club being secured, officers be authorised to submit the final Host City Bid together with associated signed legal agreements.

(iv) That funding for design work, as detailed in the exempt section of the report, be made available through the Capital Programme.

(v) That this decision be exempt from Call In as any delay in the process so as to allow for that procedure would seriously prejudice the Council's and the public interest.

(vi) That the proposals contained in the Exempt section of the report with regard to land acquisition matters be approved.

DATE OF PUBLICATION: 26th November 2009
LAST DATE FOR CALL IN: Not applicable