

SCRUTINY BOARD (HEALTH)

TUESDAY, 26TH JANUARY, 2010

PRESENT: Councillor M Dobson in the Chair

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

59 Chair's Welcome

The Chair welcomed everyone to the meeting, and in particular the guests from Calderdale Council: Councillor Ruth Goldthorpe (Chair of Calderdale's Adults, Health and Social Care Scrutiny Panel) and two scrutiny officers, Mike Lodge and Paul Preston, who were attending to observe the work of the Board and to learn how LCC operated health scrutiny in terms of developing scrutiny in Calderdale.

60 Late Items

In accordance with his powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair admitted to the agenda additional information published by NICE entitled 'Promoting physical activity for children and young people' which was relevant to Agenda Item 7 'Scrutiny Inquiry: The role of the Council and its partners in promoting good Public Health (Session 2 – continued)'. (Minute No. 63 refers).

61 Declarations of Interest

In respect of Agenda Item 6 'Minutes of the Previous Meeting and Matters Arising' (Minute No. 62 refers), Councillor Chapman declared a personal interest as a member of her family worked in one of the adult renal wards.

In respect of Agenda Item 7 'Scrutiny Inquiry: The role of the Council and its partners in promoting good public health (Session 2 – continued)' (Minute No. 63 refers), Councillor Illingworth declared a personal interest as a Lecturer at the University of Leeds.

In respect of Agenda Item 9 'Leeds Teaching Hospitals NHS Trust – Foundation Trust Consultation: Scrutiny Board Submission' (Minute No. 65 refers), Councillor Dobson declared a personal interest as a member of Leeds Teaching Hospitals NHS Trust.

62 Minutes of the Previous Meeting

With regard to Minute No. 55 'Renal Services: Statement', the Principal Scrutiny Adviser confirmed that the deadline for a response from the

Secretary of State was imminent. Members of the Board agreed that this matter should be followed up.

With regard to Resolution (c) of Minute No. 54 'Scrutiny Inquiry: The role of the Council and its partners in promoting good public health (Session 2)', the Principal Scrutiny Adviser agreed to follow up the swimming data requested from the Head of Service (Health Initiatives and Wellbeing Team), Education Leeds.

RESOLVED – That the minutes of the meeting held on 15th December 2009 be confirmed as a correct record.

63 Scrutiny Inquiry: The Role of the Council and its Partners in Promoting Good Public Health (Session 2 - continued)

The Head of Scrutiny and Member Development submitted a report introducing the continuation of 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.

The second session of the inquiry was to consider issues associated with reversing the rise in levels of obesity and promoting an increase in the levels of physical activity.

Attached to the report was the following information:

- Action Plan for the Improvement Priorities in the Health and Wellbeing Partnership Plan (2009-2012) of the Leeds Strategic Plan (2008-2011) – Appendix 1
- NICE Public Health Guidance 8 Promoting and creating built or natural environments that encourage and support physical activity – Appendix 2
- Can't Wait – Leeds Childhood Obesity Strategy – Appendix 3
- Adult Obesity – Appendix 4
- House of Commons Select Committee Report on Obesity (published 2004) – Appendix 5

A paper produced by NICE on 'Promoting physical activity for children and young people' was also accepted as an additional paper.

The Chair advised that, due to the length of the debate at the previous meeting, officers from NHS Leeds had been invited back to this January meeting of the Board for Members to hear their contribution.

The following officers from NHS Leeds, Directorate of Public Health, were welcomed to the meeting:

- Janice Burberry, Children and Young Peoples Lead
- Emma Croft, Lead for Obesity, Food and Physical Activity

(NB Brenda Fullard, Head of Healthy Living and Inequalities, arrived later in the meeting.)

The Children and Young Peoples Lead gave the Board a brief update on progress being made in relation to the 'Can't Wait, Leeds Childhood Obesity Strategy', referring to Appendix 3 of the report. She referred to:

- Levels of childhood obesity in Leeds – quoting 1 in 5 reception children being obese, as an example.
- The information provided in the strategy on prevalence, causes and local action needed to help Leeds families be a healthy weight.
- The HENRY (Health Exercise and Nutrition in the Really Young) initiative – which represented a good example of partnership working with Early Years staff.
- Treatment Services, particularly Carnegie Weight Management – Members were advised that, despite recent inaccurate reporting in the local Press regarding insufficient investment from NHS Leeds in this service, 50 places onto the scheme and two family support workers had been commissioned by NHS Leeds. However, the following issues were highlighted:
 - The low number of families coming forward to take up places;
 - Access to fresh food across the City - particularly in deprived areas;
 - Access to physical exercise.
- The Joint Obesity Board which was being set up to co-ordinate and oversee the work of the NHS and partners in this regard.

The Lead for Obesity, Food and Physical Activity gave the Board a brief update on progress being made in relation to combating adult obesity in Leeds and referred to Appendix 4 of the report. Reference was made to:

- NHS Leeds' commitment to delivering Healthy Ambitions Staying Healthy in Yorkshire and Humber Pathway and the five recommendations directly related to obesity.
- Actions in the city wide food strategy 'Leeds Food Matters' and 'Active Leeds a Healthy City'.
- Joint work with adults and children through the healthy weight programme.
- Action to increase cooking skills in the community and the work of Ministry of Food in Kirkgate market, in this regard.
- Action needed to make Leeds a more health orientated city and promoting healthier lifestyles.
- Access to healthy foods and the influence of take-aways in the community.

The Head of Healthy Living and Inequalities advised Members of the:

- Importance of partnership working between NHS Leeds, the City Council and others.
- Massive task to address the determinants around becoming overweight and obese.
- Need to look at the issues with a holistic approach in order to make a positive difference.
- Need to make improvements at a national and international level.
- Key role of City Development in helping to bring about fundamental changes across the City and putting in place new mechanisms to help promote and encourage healthier living.

The Board then discussed the issues around obesity and physical activity with contributions from the NHS officers.

In brief summary, the general issues which were discussed were:

- Whether too much emphasis was put on dealing with the symptoms rather than the root causes.
- The need for a holistic approach to break the poverty cycle and raise people's aspirations.
- The Council's commitment to Narrowing the Gap – inner city areas, lacking in gardens, where most of the unemployed and unskilled workers lived and where there was insufficient public transport to access sports facilities and shops for fruit and vegetables.
- The impact of long working hours on home cooking and access to physical exercise.
- The difficulties of having an impact on some hard to reach groups such as the home educated and people who did not want to participate for religious reasons.
- The need to have the infrastructure in place first (sports centres, playing fields, fruit and vegetable shops etc) in order to then encourage people to use them.

The following issues in brief summary, were also discussed with regard to healthy eating:

- Access to healthy foods rather than unhealthy food, takeaways, cigarettes and alcohol – the Lead for Obesity, Food and Physical Activity advised Members of the mapping work carried out with regard to access to healthy food in certain areas of the city. Shops were available but the range of produce meant it was difficult to eat a healthy balanced diet in some areas. In such circumstances, people would tend to buy the cheapest and most accessible food, including takeaways.
- Healthy eating education – Members perceived this as being good in primary schools but patchy in secondary schools. Officers agreed that raising awareness of healthy eating in secondary schools was important as it was a time when young people were at an impressionable age and starting to make their own choices. This also raised issues of the national perspective of the school curriculum.
- The excessive leafleting by takeaways and the environmental impact that this also had. The belief that there was now saturation of the market for takeaways which had resulted in the extreme amount of leafleting.
- The need to promote breast feeding – officers advised that the NHS had commissioned the National Childbirth Trust for peer support.
- Issues around demand and supply for healthy eating; the role of Planning and Licensing legislation and the limited powers of Councils to restrict certain businesses. Members were advised of the Cumulative Impact Policy in operation in Headingley and the potential opportunities provided by the development of Local Development Plans.
- Larger supermarkets often leading to a smaller number of local shops – with particular reference to some areas of the City, including Holbeck, where local food shops were non-existent.

- Organic food and the amount of space it took to produce, with its price often making it prohibitive to many. The availability of allotments across the city was also discussed.
- Co-operative Supermarkets – officers agreed that stronger partnerships with commercial enterprises could be investigated.
- Intergenerational work - the role of older people passing on skills such as cooking, influencing family custom and supporting mothers with breast feeding.

The following main issues in brief summary, were also discussed with regard to promoting exercise:

- That studies over the past 20 years had recommended increased times for physical activity.
- Reference was made to the additional paper produced by NICE on 'Promoting physical activity for children and young people' and a suggestion was made that this guidance could be incorporated into the Local Development Framework in order to influence planning policy in Leeds.
- The promotion of exercise to hard to reach groups and the need for disability awareness training for tutors.
- Weight Management clinics and the lack of appointments outside of working hours. Members were advised that twilight sessions were being piloted in some parts of the city but appointments were dictated by the opening times of venues and that LCC leisure centres could not be used at peak times.
- The need to consider non-traditional sport and physical activities: Members were advised that, as a result of consultations with young people, officers had learnt that free sports were very popular. It was hoped to obtain more investment for this sport and make better use of the current provision.

In addition, the following examples of healthy eating initiatives were also referred to:

- People with surplus fruit in Chapel Allerton offering it to others.
- Housing Associations teaming up elderly people with gardens with people in flats for instance who wished to garden and where the produce was shared.
- The Holbeck Food Market which was developed as a result of a needs assessment and which was staffed by volunteers and run as a social enterprise.
- The Food Co-op set up by a local champion but which needed more support in order for it to be sustainable in the long-term.

The Chair thanked officers from NHS Leeds for attending the meeting.

With regard to a request by Members for statistical information on healthy outcomes, the Principal Scrutiny Adviser agreed to circulate this information to Members of the Board as soon as practicable and ideally prior to the next meeting.

The Principal Scrutiny Adviser was also able to assure Members that the Board's inquiry report would be produced in time to fit into the development of the Local Development Framework.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the main issues to come out of this continuation of the second session of the inquiry be included in the Board's final scrutiny inquiry report.
- (c) That the Principal Scrutiny Adviser circulate the requested statistical information on healthy outcomes to Members as soon as practicable and ideally prior to the February meeting of the Board.

64 Health Proposals Working Group - Update

The Head of Scrutiny and Member Development submitted a report presenting Members with the draft minutes of the Health Proposals Working Group's first meeting of the municipal year on 3 December 2009 and seeking the Board's endorsement on the proposed actions and recommendations.

The Principal Scrutiny Adviser advised that, due to an earlier request by Members, the Board would be circulated with more detailed information about the work of the Shakespeare Medical Practice and Walk-in Centre and if any issues arose, these would be dealt with at a future meeting of the Board.

RESOLVED –

- (a) That the actions and recommendations proposed in the minutes of the Health Proposals Working Group (3rd December 2009) be endorsed by the Scrutiny Board (Health).
- (b) That Members of the Board be provided with more detailed information about the work of the Shakespeare Medical Practice and Walk-in Centre.

(Note: Councillor Illingworth left the meeting at 11.55am at the conclusion of this item.)

65 Leeds Teaching Hospitals NHS Trust - Foundation Trust Consultation: Scrutiny Board Submission

The Head of Scrutiny and Member Development submitted a report presenting Members with the Scrutiny Board's submission issued to Leeds Teaching Hospitals NHS Trust, in response to the consultation around the Trust's initial proposals to become an NHS Foundation Trust. Members' approval of the submission was requested.

In brief summary, Members raised the following issues:

- That the consultation was not about whether LTH NHS Trust would become a Foundation Trust, as this was not optional, but more about what kind of Trust it would become.

- The likely running costs of being a Foundation Trust. (Members noted that this figure had been requested but had not been forthcoming).
- That 'seldom heard' or hard to reach groups were notorious in not taking part in consultations and whether there had been any attempt to consult with small businesses in particular.

The Principal Scrutiny Adviser confirmed that the consultation period had ended but that a request could be made of LTHT NHS Trust to report back to a future meeting of the Board on the process and outcomes of the consultation and on the expected running costs. An additional meeting of the Board could be arranged at the end of this municipal year if this item could not be fitted into the current work programme.

RESOLVED –

- (a) That the consultation response as submitted, be formally endorsed by the Scrutiny Board (Health).
- (b) That LTHT NHS Trust be invited to a future meeting of the Board to report on the process and outcomes of the consultation and on the expected running costs.

66 Updated Work Programme 2009/10

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

Attached to the report was the following information:

- Scrutiny Statement - Renal Services in Leeds (December 2009) – Appendix 1
- Letter from the Department of Health – Appendix 2
- Revised outline work programme 2009/10 – Appendix 3
- Minutes of the Executive Board meetings held on 9th December 2009 and 6th January 2010 – Appendices 4 and 5

Steven Courtney, Principal Scrutiny Adviser, drew Members' attention to the information on 'Quality Accounts' contained in the report and sought Members' views on their potential role and the process for submitting these accounts.

It was agreed that the Principal Scrutiny Adviser would hold discussions with health service colleagues with a view to producing a draft submission in March to tie in with performance management reporting.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the arrangements and revised timetable for completing the scrutiny inquiry around 'The role of the Council and its partners in promoting good public health' be noted.
- (c) That the updated information as presented on specific work areas and associated activity be noted.

- (d) That the information presented around 'Quality Accounts' be noted and that the Principal Scrutiny Adviser hold discussions with health service colleagues with a view to producing a draft submission to the March meeting of the Board.
- (e) That, subject to the above comments and additions, the Work Programme be updated as agreed.

67 Date and Time of Next Meeting

Noted that the next meeting of the Board would be held on Tuesday 16th February 2010 at 10.00am with a pre-meeting for Board Members at 9.30am.

The meeting concluded at 12.10pm.