INC	QUIRY: Promoting Good Public Health: the role of the Council and its Partners.	PUBLISHED: May 2010	LAST UPDATE RECEI	VED: Decem	ber 2010
	Recommendation / progress / update			Stage	Complete
1	That the Head of Scrutiny and Member Development Scrutiny Board (Health), or its successor body, to en particularly where there are significant health inequiprogramme from June 2010/11.	sure that future public he	ealth issues in Leeds,		
	September 2010				
	This recommendation is agreed; however it should be noted that the development of Scrutiny Board work programmes rests with members of the Board alone. Nonetheless, the role of the Board's Principal Scrutiny Advisor is to provide guidance to the Chair and Board Members as to what that work programme might include. The analysis and review of Public Health issues are of great importance and a fundamental remit of the Health Board, therefore advise from officers will continue to ensure such work is appropriately incorporated into the annual work programme. This might include the Board undertaking specific scrutiny inquiries and/or maintaining an overview through regular performance monitoring.				
	December 2010				
	At the June and July 2010 meetings, the Scrutiny Board received contributions from a number of key stakeholders in terms of its future work programme. These included the Chairs and Chief Executives of NHS Leeds (as the primary care trust), Leeds Teaching Hospitals NHS Trust and Leeds Partnerships NHS Foundation Trust. The Board also heard from the Director of Public Health and representatives from the Council's Adult Social Services Directorates.				
	At that time, the new coalition government had just publis <i>Excellence: Liberating the NHS</i> – which outlined some in the government has set out its proposed strategy for purpaper – <i>Healthy Lives, Healthy People</i> . The Board valongside the potential impact for Leeds, in early 2011.	major proposals for NHS relable health services in Eng	eforms. More recently, land through the White		
	It should be noted that the Board maintains an overview of quarterly performance monitoring reports. The Board also basis, which allows members to identify and, where approximately emerging issues and changes in priorities.	o considers its work prograi	mme on a monthly		

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	April 2011 update  This action in complete. Nonetheless, as in previous year municipal year (likely to be June 2011), a range of key state development of the Board's future work programme. Whi currently rests with the Board itself, public health matters	akeholders will be invited to le agreeing the work progra	contribute to the mme of the Board	2 – achieved	YES
	<ul> <li>That, by December 2010, in collaboration with the Director of Public Health, the Director of Adult Social Services (as the lead for Health):</li> <li>(a) Makes an assessment of the extent to which all NICE public health guidance and recommendations (as they relate to local authorities) have been disseminated and used to inform the delivery of services, either directly or through appropriate policies, across the Council.</li> </ul>				
2					
	(b) (b) Designs and implements a robust assurance process to ensure the appropriate distribution and consideration of any future NICE guidance, appropriate to the Council.				
	September 2010				
	This recommendation is agreed. The Scrutiny Board (providing national evidence of effectiveness on the protect treatment of ill health. As part of the Governments White arms length bodies, the future role of NICE has been set statutory footing by establishing it in primary legislation. standards. A member of the NHS Leeds Public Health from September 2010, working closely with LCC staff. To 2010. A Public Health trainee has been identified to September, with completion by December 2010	omotion of good health are Paper on the NHS and the een as crucial, and will be lts role will expand scope Directorate will take forware intention is to complete the second complete the intention of the intenti	nd the prevention and e subsequent review of put on an even firmer to include social care d the recommendation this work by December		
	<u>December 2010</u> Options have now been developed and are under discussion, within NHS Leeds and LCC. The preferred option requires additional resources, which have not been identified at this stage.				
	<ol> <li>Dissemination of NICE guidance to NHS Leeds, L process).</li> <li>Dissemination with a piloted assurance process in o</li> </ol>	`			

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	Full assurance process for implementing and mon Public Health Group as dedicated support officer.	itoring NICE guidance, sup	ported by a new NICE		
	A report outlining these options in full has been drafted ar Board shortly.	nd will be considered by the	Health Improvement		
	April 2011 update			4 – not achieved.	
	The options presented in the November 2010 report: 'NIC proposal for NHS Leeds and Leeds City Council' will be d Improvement Board in May 2011.			Progress acceptable. Continue monitoring	NO
3	That, by September 2010, the Director of Public Health works collaboratively to ensure an agreed Sexual Health Strategy is in place and signed up to by all key partners.				
	September 2010				
	The sexual health modernisation team was re-establis clinical, statutory and voluntary sector partners. It was a strategy be amended in light of the current political commissioning priorities for NHS Leeds from 2010 to 202 members of the modernisation team for final commenstrategy will be developed. The process of engage consortia around NHS Leeds commissioning intentions is	greed by this group in June I changes. The revised 12. The strategy is currently Its. Once agreed an action Its with Practice Based	that the sexual health version sets out the y being circulated to all on plan to support the		
	December 2010  A meeting has been arranged for January to agree the finaction plan to support the strategy. The process of engage consortia around NHS Leeds commissioning intentions is	gement with Practice Based			
	April 2011 update  The Sexual Health Strategy was presented to the Scruting well received. The strategy outlined key commissioning in where service changes and modernisation will be focused.	ntentions for the city and pro	vided an overview of	2 – achieved	YES

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	national Sexual Health strategy due out in spring 2011 an adapted as needed to reflect the direction of the national support the implementation of the strategy.		<u> </u>		
4	That, as soon as practicable, the Director of Children's Services writes to the appropriate Minister and Government Department in an attempt secure a national direction for the delivery of consistent and high quality Sex and Relationship Education (SRE) in local schools.				
	September 2010				
	This recommendation is agreed. A report is being preporting the Children's Trust Board. The report will cover a numerical Education in schools. There is an existing national casetting minimum standards for Sex and Relationship Education and its support to the campaign.	nber of issues relating to ampaign, which is also aim	Sex and Relationship ned at the government		
	April 2011 update				
	Progress to be confirmed.			TBC	ТВС
5	That, as part of the overall Leeds Development Frame Director of City Development and the Director of Publ and relevant NICE recommendations are appropriatel Strategy.	lic Health ensure that the	public health agenda		
	September 2010				
	This recommendation is agreed. NHS Leeds Public He each identified a lead officer to jointly progress a strated Development work streams that include spatial planning; culture. A City Development Health & Wellbeing group	tegic approach to improvir transport; sport and leisure has been formed and two	ng health through City ; and libraries, arts and		

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December 2010				
Awaiting publication of the draft Local Development Frame	ework.			
April 2011 update			4 – not	
The draft Local Development Framework is almost complementing in early May to agree the process for ensuring purchased the Strategy. Rationale and programme to carry out a rapid H has been outlined in previous discussions between partner Health Directorate and LCC City Development to develop City Priorities are signed off, to enable action plans to reflect	ablic health is addressed an ealth Impact Assessment o ers. Broader work between l key actions will be further p	d reflected in the Core n the Core Strategy NHS Leeds Public progressed once the	achieved. Progress acceptable. Continue monitoring	NO
assesses best practice examples from across the coun of fast-food outlets across the City and improving a progress report be provided to the Scrutiny Board (He	That the Director of Public Health, in conjunction with other Chief Officers, actively identifies and assesses best practice examples from across the country, aimed at limiting or reducing the number of fast-food outlets across the City and improving access to good quality food: In this regard, a progress report be provided to the Scrutiny Board (Health) by January 2011.			
September 2010				
This recommendation is agreed. NHS Leeds Staying Heat Council's Environmental Services have mapped data on Leeds. NHS Leeds is currently collating examples of good recommendations that may be taken forward. A first draft	of the distribution of hot foo d practice from across the l	d takeaways across JK to form		
December 2010				
NHS Leeds has collated examples of good practice from a recommendations:  1. Explore the impact of the adoption of supplementary p		· ·		
food takeaways in Leeds.  2. Look at opportunities to develop work with businesses meals, and ways of raising public awareness of takeav preparation practices				
Preliminary meetings with Trading Standards and Environ possibilities of taking forward recommendation 2 before the		ace to scope the		

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	<ol> <li>April 2011 update</li> <li>Work between NHS Leeds Public Health Directorate and LCC City Development to develop key actions supplementary planning guidance to control the opening of hot food takeaways in Leeds will be further progressed once the City Priorities are signed off, to enable action plans to reflect and deliver those key priorities</li> <li>NHS Leeds, West Yorkshire Trading Standards and Environmental Health have developed a joint project proposal to work with 20 takeaways across two targeted localities for 1 year. The aim is to reduce the fat and salt content of selected dishes by 10%. Achievement of this will be rewarded by a recognition scheme linked to scores on the doors. Funding of £8000 is required to deliver the proposal. We are currently looking for funding avenues to enable this work.</li> </ol>			4 – not achieved. Progress acceptable. Continue monitoring	NO
7	That, as soon as practicable, the Director of Pul Registration, jointly write to the appropriate Minister secure changes to the current licensing legisla considerations becoming material consideration with				
	September 2010  This recommendation is agreed. A national consultation communities to shape and determine local licensing 'Rel 28 July to the 8 September 2010 and covered Eng consultation document sets out the Government's propositive more power to local authorities and the police to	balancing the Licensing Act land and Wales, where p sals for overhauling the curr	t' ran for 6 weeks from proposals apply. The ent licensing regime to		

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	December 2010				
	Recently, the government set out its proposed strategy fo White Paper – Healthy Lives, Healthy People. As part of will seek to overhaul the Licensing Act to give local author  • Refuse and/or remove licences from any clubs, bars  • Close any shop or bar found to be persistently sellin  • Charge more for late-night licences	the White Paper, it is stated rities and the police stronge and pubs that are causing	I that the Home Office r powers to:		
	This is likely to include publication of the government's resulting and a further publication on 'Alcohol pricing		on <i>'Rebalancing the</i>		
	In early 2011, the Scrutiny Board will be considering the calongside the potential impact for Leeds.	overall proposals for public h	nealth in more detail,		
	April 2011 update A call for health harm as a licensing objective was among paper: Rebalancing the Licensing Act that were agreed at Council. The consultation paper set out the Government's regime to give more power to local authorities and the politime economy, whilst promoting responsible business.	nd forwarded by both NHS is proposals for overhauling	Leeds and Leeds City the current licensing	4 – not achieved. Progress acceptable.	NO
	The Police Reform and Social Responsibility Bill is going "Rebalance" the Licensing Act once this is completed in and sanctions for those selling alcohol to those who are usuauthority for licensing decisions.	2012. Among other actions	it will increase fines	Continue monitoring	
3	That, by July 2010, the Department of Health (i Government Department) be strongly urged to work per unit of alcohol, as soon as practicable: This mare review of current competition laws and regulations, as	towards the introduction ay include, but should n	of a minimum price		
	September 2010				
	This recommendation is agreed. The national consultat communities to shape and determine local licensing 'Rel				

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	on action to ban below cost sales. NHS Leeds and Leed legislation to introduce minimum price per unit of alcohol The Core Cities Health Improvement Collaborative is bui April 2011 prohibiting the sale of alcohol for less than 50 formally endorsed this action.	and of the review of alcoholding advocacy for legislation	ol pricing and taxation. on to be passed before		
	December 2010  Plans are progressing to launch an updated Leeds Alcohol Strategy action plan in January, along with a report, commissioned by the Healthy Leeds Partnership into the economic impact of harmful alcohol consumption within the city. The national campaign on minimum unit pricing appears to have run into opposition from the government, although the national alcohol strategy is to be revised and re-launched in early 2011, when it is anticipated that the government's policy position on this issue will be clarified.				
	April 2011 update  The Coalition has unveiled plans to introduce legislation to of duty plus VAT. The Director of Public Health issued a public that it will only have an impact on the price of a small publication of the national alcohol strategy during 2011 b introduction of a minimum price per unit of alcohol.	oress release recognising the percentage of alcoholic drin	is as a positive step ks. We await	4 – not achieved. Progress acceptable. Continue monitoring	NO
9	That, in finalising the arrangements and terms appointment, the Council's Chief Executive consider terms of ensuring the full and active role of the Leadership Team and within decision-making across	the issues raised in this DPH - both as a memb	report, specifically in		
	September 2010				
	This recommendation is agreed. NHS Leeds and Leeds of the Director of Public Health this October. A Memora present, confirms that the Joint Director Of Public Heal Leadership Team and will be expected to take a lead on joint post will be accountable to the Chief Executives of White Paper, Equity and Excellence; Reforming the NHS,	Indum of Understanding, walth will be a member of the all health related issues actions. The re	hich is in draft form at ne Council's Corporate cross the Council. The ecently published NHS		

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Recommendation / progress / update			Stage	Complete		
director as a statutory post, employed directly by le proposed Public Health Services. These new arranged   December 2010  The joint appointment of the Director of Public Health of From that date Ian Cameron has been a full member of now established formal accountability arrangements were proposed in the proposed in	ments are scheduled for imple  vas formally announced on the f the Council's Corporate Lead	mentation by 2012. e 1 <sup>st</sup> November 2010.				
April 2011 update			2 - achieved	YES		
This action is complete.			z – acmeveu	163		
That, under the direction of Executive Board, the A review current decision-making guidance and p consideration of public health implications within a September 2010  This recommendation is broadly agreed.  Whilst the recommendation was proposed prior to the set out in that document, include legislative change that the health of the population with local authorities. Sha being proposed at present, and its implications for policities.	publication of the NHS White Fat would place statutory respond	Paper, the proposals asibility for improving a statutory function are				
While it is likely that a report on the wider issues will be few months, it should also be recognised that the Cour matters as part of its decision-making framework. The own policies.	e presented to the Scrutiny Boncil has a legal duty to conside	ard (Health) in the next r a range of different				
Good corporate governance can be considered agains making arrangements in place within an organisation.	•	•				
<ul><li>are current and fit for purpose;</li><li>have been effectively communicated;</li><li>are embedded and routinely complied with.</li></ul>						
The current report writing guidance captures the range	e of competing demands and	considerations that are				

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Recommendation / progress / update			Stage	Complete
placed upon the Council. Specifically, under section 4.0 (this guidance makes reference to a range of consider address. A number of considerations relate to public hea	rations that report authors			
<ul> <li>milestones identified in the Leeds Strategic Plan – issues;</li> <li>plans and policies included in the Council's Budget Constitution – Article 4 includes a range of plans which and responsibilities)Regulations, and have been volume of relevance to this inquiry;</li> <li>such other plans and policies as may be appropriate</li> <li>the Council's Narrowing the Gap agenda – again of which council is not of the roles of Directors and Chief Officers (in who reports to ensure that all relevant considerations are incondecision and officer delegated decision. In this regard, a opportunities for further training and development for staff In addition, as the Council regularly reviews its Corporate and maintain that the guidance and report writing</li> </ul>	and Policy Framework as lich are required by the Loca luntarily adopted by the Coto to the service area(s) affect which Public Health is a sign se name reports are writted reporated into final reports sund to help improve compliant will be explored during the ate Governance arrangements.	isted in Article 4 of the I Authorities (Functions uncil. Many, if not all, ted by the report; nificant component.  In) is to challenge draft ubmitted for Committee nce with the guidance, Municipal year.  Ents, there is scope to		
April 2011 update				
Existing report writing guidance was initially produced in A To ensure the guidance is fit for purpose and reflects the thorough review of the guidance has been undertaken. As more closely reflect the decision making requirements in areas to the Council's decision making, such as equality a revised guidance also makes specific reference to consid the targets and priorities in the Council's Policy Framework incorporate a Health and Wellbeing City Priority Plan.	Council's current decision news a result, the guidance has the Constitution and to foculand diversity and cohesion a derations of how proposed a	naking procedures, a been amended to s on the current risk and integration. The ctions contribute to	2 – achieved	YES
A report on the revised guidance and proposed report ten the start of the 2011/12 municipal year) will be presented Committee on 18 April 2011. This will seek comments of guidance and proposed report template.	to the Council's Corporate	Governance and Audit		

## **APPENDIX 2**