

Health Scrutiny Committee – Review Selection and Work Programme

Introduction

Rather than the usual special, informal meeting, the Council's scrutiny committees are using the first part of their first committee meetings in the new municipal year to consider their work programme for 2008-9. The purpose of this meeting is for the committee to consider potential topics for review and its wider agenda programme.

Contributions from the range of stakeholders in the local health economy will be facilitated to help ensure that the committee's work programme is produced in collaboration with partners and informed by current information on the health priorities for Stockport.

Members of the Health Scrutiny Committee have been invited to attend this meeting. The committee has also invited key NHS representatives from the PCT and Foundation Trust, the Director of Public Health and representatives from the Council to contribute to the meeting.

Format

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| 1. Introduction | 6.00pm –
6.05pm | Chair |
| 2. Introduction to Health Scrutiny | 6.05pm –
6.15pm | Amanda Carbery |
| 3. What are the health priorities for Stockport? | 6.15pm –
6.35pm | NHS and council representatives each to give 5 minute presentations |
| 4. Selection of scrutiny work programme topics and reviews. <ul style="list-style-type: none">• Submission of topics from members of the committee• Scoring of each topic using the criteria• Selection of top two topics for review | 6.35pm onwards | Amanda Carbery |
| 5. Contributing to the Annual Healthcheck: selection of standards for further investigation (see page 13 of this document) | Tbc | Amanda Carbery |

Background information has been attached to this agenda to help inform councillors' discussions. This includes:

- Background to health scrutiny in Stockport.
- Introduction to key organisations and stakeholders.

- Existing agenda items and suggested review topics.
- Looking ahead to the 2008/9 work programme and other activities.
- Information on health and social care needs in Stockport – Joint Strategic Needs Assessment Key Messages.
- Information on health priorities for Stockport – Start the Year 2008-9, Chief Executive’s Statement and Corporate Priorities, Stockport NHS Foundation Trust / Strategic Intent and Operational Plan 2008-9, Stockport Primary Care Trust / Key messages from the 17th Annual Public Health Report

Background to Health Scrutiny in Stockport

Stockport was one of the first councils to respond to the initial Local Government 2000 Act by creating scrutiny structures and a support team. In the Northwest Stockport led the way in developing an approach to health scrutiny, including developing protocols with the local NHS. This was complemented by major consultation activity in the early 2002-04 period such as the local NHS Acute Trust's successful application for Foundation status, and a PCT consultation on modernising facilities.

Stockport previously had a Social Care and Health Scrutiny Committee. However, during 2004/05 the Social Care and Health Scrutiny Committee found its agenda filled with social care-relevant performance and inspection materials, and unable to focus upon health. As a result, when the Council reviewed its committee structures in light of the wider Council restructure, it was agreed to separate Health from Adult Social Care, meaning the remaining Adults and Communities Scrutiny Committee could align with the Directorate.

In recent years health scrutiny has focused upon the following topics:

- Non-acute review of older people's services. This is a major project within Stockport currently. At the beginning of 05/06 the PCT set out the case for change. In summary, Stockport had a remarkably high hospital bed-based model for services like intermediate care, respite care, and rehab – and this was felt to restrict choice and flexibility, and to not be cost effective. Throughout 2006/7 the PCT attended the committee five times and carried out a full consultation with other bodies. The scrutiny committee was persuaded by the consultation (whilst criticising some aspects) and committed to monitoring progress (April '07). During 2007/8 the Committee has monitored progress with governance arrangements and service implementation and is committed to further progress monitoring.
- Director of Public Health's Annual Report. This year the Committee has taken the approach of providing comment on the DPH report for the Executive to consider in its response to the report.
- Annual Healthcheck. Each year NHS Trusts are obliged to invite the local health scrutiny committee to comment on its performance against the 24 NHS core standards. Last year the Committee did not make provision in its work programme to carry out specific activities to enable it to comment on the Trust's declaration and was not in a position to submit evidenced comments.

Additionally, a number of scrutiny reviews have been carried out, which have looked at a particular topic in detail, and made recommendations to the relevant service providers.

These include:

- Young People's Healthy Lifestyles in Secondary Schools (07/08)
- Older People's Preventative Services (07/08)
- Alcohol-related A&E attendances (06/07)

- Health Inequalities in Brinnington. (05/06)
- Childhood Obesity. (04/05)
- Access to Services for People with Sensory Impairment (03/04)

In late 2005 the Health Scrutiny Committee held an away day to identify good practice for scrutiny. The committee agreed that good practice in health scrutiny in Stockport would:

- Improve health services.
- Improve health, i.e. take an approach which does not just focus upon NHS services, but on all the different determinants of good health.
- Work to reduce health inequalities.
- Be a 'voice for the public'.
- Raise awareness of the wider public health agenda.
- Have advance knowledge of health service developments.

In 2006 protocols were agreed with local health partners setting out a vision for successful health scrutiny in Stockport and agreeing the appropriate relationship with partners. These identified that the purpose of health scrutiny is to help improve the health of the people of Stockport, and help tackle health inequalities. It seeks to do this by:

- Scrutinising both health and health services in Stockport
- Seeking to question, challenge and improve local policy making, and policy implementation processes
- Promoting effective joint working between all stakeholders: the public, the voluntary sector, statutory services, and local businesses
- Ensuring that the public are fully informed and involved in decisions about their health and health services

It was agreed that the Health Scrutiny Committee will:

- Act in the best interests of the health of people in Stockport, recognising that good health is the product of many different factors, and that many health inequalities are deep-rooted
- Maintain and promote the independence of the Health Scrutiny Committee
- Inform and educate themselves about health and health services in Stockport
- Ensure that any personal interests are declared
- Liaise and consult closely with Public and Patient Involvement Forums about the state of health services, the processes for public involvement, and issues of concern to the Forums
- Work closely with other local authorities and other stakeholders in establishing joint health scrutiny arrangements, where issues and services changes affect populations across multiple local authority boundaries.
- Liaise closely with other scrutiny committees in Stockport to reduce overlap and duplication
- Ensure that the voice of those experiencing health inequalities and marginalisation is heard and respected
- Ensure that health commissioning and decision-making processes properly involve the public, and are effective in improving health and tackling health inequalities
- Produce and disseminate an annual work programme, to guide its work. It will consult with partners, and other scrutiny committees in the construction of the programme, and will update this programme as circumstances change during the course of the year

- Contribute to the Annual Health Check or equivalent processes where it has clear evidence
- Give due notice of any reports, information or advice that may be required of partners
- Ensure that all those who are invited to committees or review panels are clear about what is expected of them, and are treated with courtesy and respect
- Promote public involvement, understanding and debate through constructive use of local media and other channels
- Base its findings on clear and robust evidence, and ensure that these findings are properly disseminated
- Refer items to the Secretary of State where the committee determines there are substantive developments or variations to services that are not in the best interests of the health of local people, or where there has been inadequate consultation
- Evaluate the impact of work on improving health and tackling health inequalities

Additionally, it was agreed that the Health Scrutiny Committee will NOT:

- Take up individual complaints or grievances
- Impede innovation in the delivery of services
- Burden statutory organisations with excessive requests
- Waste time on matters that cannot be addressed locally

Introduction to key organisations and stakeholders

The **Health Scrutiny Committee** has a similar role to Stockport's other scrutiny committees – to hold decision makers to account, and to contribute to policy development.

However, under the Health and Social Care Act 2001, the Health Scrutiny Committee has additional powers and duties are placed upon the local NHS:

1. Powers to call local NHS Trusts to account, access information, request attendance at meetings, request responses to recommendations.
2. Whenever the local NHS carries out a "substantial variation" it needs to consult the scrutiny committee.

Health Scrutiny Committees are encouraged to take a wide remit in a health leadership role, focusing upon health inequalities and public health.

However, the duty upon the NHS to consult means that many health scrutiny committees find it difficult to devote time to these wider issues.

Primary Care Trust's were created in 2001 to act as the lead unit in the health system. PCTs, responsible for over 80% of the NHS budget, are responsible for:

- Providing some primary and community services.
- Developing primary and community services, like GPs, dentistry, pharmacies, etc.
- Commissioning services from secondary care (hospitals).
- Improving the health of the community by preparing plans, tackling health inequalities, and working in partnership with local authorities.

Major recent policy initiatives have encouraged PCTs to focus upon their commissioning role (provider/commissioner split). At the same time, through Practice-based commissioning, GPs are being encouraged to lead purchase of health and well-being services. Stockport PCT has enabled Practice Based Commissioning in Stockport to develop to take up this leadership role and support the PCT in its commissioning activity. Stockport GP's have elected to come together under a new collaborative social enterprise 'Stockport Managed Care Commissioning' (SMCC).

NHS Acute Trusts and Foundation Trusts provide secondary care (hospital care).

Foundation Trusts are independent public benefit organisations, remaining part of the NHS but with much greater freedoms than NHS Acute Trusts. They have greater borrowing flexibilities and are independently monitored by Monitor.

These Trusts receive income through providing healthcare commissioned by PCTs (although increasingly GP practices).

Local Involvement Networks (LINKs)

Patients' Forums have been abolished and replaced with **Local Involvement Networks** (LINKs) from 1st April 08.

A Host organisation has been contracted to create and provide support to the new Local Involvement Network (LINK). Stockport Council has led the procurement process for a Host, completed during March 2008, with Age Concern Stockport being selected as the successful tenderer. Age Concern will be providing the service through a subsidiary called PEBBLE.

Patients' Forums generally had a close working relationship with Health Scrutiny Committees, and referred items or acted as expert advisors.

The principal difference between Patients' Forums and LINKs is that LINKs also focus upon social care, meaning that the Health Scrutiny Committee will not automatically act as the 'first point of call' for issues raised.

Other NHS organisations include mental health trusts (Pennine Mental Health NHS Trust) and Ambulance Trusts (Northwest Ambulance Service Trust). These Trusts, like hospital Trusts, will generally be funded by providing services commissioned by PCTs.

Within Greater Manchester the **Association of Greater Manchester PCTs** work together to co-ordinate commissioning and public health work.

Strategic Health Authorities (SHAs) have a role in monitoring PCTs' performance, co-ordinating public health work, and overseeing major investment and reconfigurations. SHAs have recently merged so that there is now only one for the whole of the North West.

In order to respond to NHS consultations that effect more than one Health Scrutiny Committee's remit, and to scrutinise on a regular basis NHS organisations that provide services across the region, **Joint Health Scrutiny Committees** may be constituted.

If more than one scrutiny committee wish to respond to a NHS consultation under the Health and Social Care Act 2001 (Directions issued in 2003) they must form a joint committee to do so. Each Council delegates its Health Scrutiny powers (in Stockport this is a function of the Council Meeting – not the Health Scrutiny Committee itself).

Stockport currently participates in two joint committees:

- Pennine Mental Health NHS Trust.
- The AGMA Health Scrutiny Committee.

For both these committees each council contributes a small sum to provide officer support. Other committees that may be created are supported by Scrutiny Officers within existing resources.

Existing agenda items

The table below contains suggestions for the review/ agenda programme carried over from the 07-08 Health Scrutiny Committee.

Topic	Background	Provisional date
Health Scrutiny Performance reporting		Throughout the year
Director of Public Health's Annual Report	Each year the Director of Public Health produces an annual report making recommendations to local service providers	Tbc
PCT Annual Report	Each year the annual report is presented to scrutiny.	Tbc
Foundation Trust Annual Report	Each year the annual report is presented to scrutiny.	Tbc
Annual Health Check	Each year scrutiny committees are invited to comment upon the performance of local NHS Trusts against the 24 NHS core standards	April
Learning Disability Tenancy Review	Two joint committee of Adults and Communities (A&C) and Health scrutiny (HOSC) committees were held in 2006/7 to comment on this review. The committees agreed that "that further reports be submitted to the joint Health and Adults and Communities Committee as the Learning Disability Tenancy Review Develops." No further progress has been reported in 2007/8.	Tbc
Non-acute review of older people's services	In its response to the PCT's consultation the committed requested that: <ul style="list-style-type: none"> • Progress reports be provided on investment in ICRAS, the intermediate care service and the expanded rehab services. • Prior to Cherry Tree wards being closed, a report is provided demonstrating how the PCT is satisfied that risk has been managed and the new service is just as good as the old. <p>Progress reporting should continue to keep a handle on these issues.</p>	Tbc

Action on Smoking	At an informal meeting with the Chief Executive of the Foundation Trust and Chair of Health Scrutiny in October 2007 it was suggested that reports from the Council, PCT and Foundation Trust could be requested on the implementation and impact of the smoking in public places ban. It was thought that this would be most timely in July; 12 months on.	July?
Emergency Department (ED) Strategy to respond to an increasing rate of alcohol-related attendances	The Alcohol Related A&E Attendances scrutiny review (completed in June 2007) recommended that: "a progress report on the implementation of the NHS Foundation Trust's alcohol strategy be provided to this Committee by the end of the current municipal year" The Foundation Trust response to this (in December 2007) suggested that implementation of the strategy was in its early stages and that a report be made to Health Scrutiny committee when implementation was complete.	Tbc
Water Fluoridation	On April 1 st the Committee resolved "that the issue of water fluoridation be reconsidered at the most appropriate time to be identified by the Director of Public Health and in line with the Strategic Health Authority regional consultation".	Tbc
Oral Health – Children	On April 1 st the Committee resolved "that a future report be submitted containing information on the significant difference between oral health of Stockport children at the ages of 5 and 12".	Tbc
Developments towards a Greater Manchester Integrated Stroke Service	It was reported to the Committee last year that there were proposals to develop a hub and 3 primary stroke centres in Greater Manchester. It has been suggested that the Committee should receive regular updates on progress with this work.	Tbc
Mental Health	At the Committee's 'Information Gathering Inquiry: Mental Health Services for Adults in Stockport', 19th February, it was concluded: <ul style="list-style-type: none"> • That the Council and NHS should (i) 	Tbc

	<p>consider their own recruitment policies with regard to people who have suffered from previous mental health problems; and (ii) formulate their own employment initiatives to support sufferers and prevent stigma;</p> <ul style="list-style-type: none"> • That an action plan was needed to improve provision and access to psychological therapies; • Mental health services provided to 16 to 18 year olds (in the transition between child and adult services) needed further development; • Strong investment was needed into primary care through various methods; • That existing services such as the Wellbeing Centre may be overlooked through lack of familiarity and needed to be promoted; • There was a need to encourage the use of exercise as a means of combating depression and to consider the role of the Sports Trust in this; • There was a need to consider what Stockport Homes were doing in terms of supporting people into housing. <p>The Committee has agreed to revisit these issues.</p>	
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Suggested review topics

At the April round of Area Committees, Members were asked to identify issues for review by scrutiny committees reflecting upon the local issues that are brought to Area Committee as well as those which are brought to ward surgeries. Those suggestions relating to this committee are set out in the table below.

Topic	Origin/ Details
Podiatry Services	Suggested by Marple Area Committee Podiatry services, particularly for older people, and the delays in the service.
Mental health provision by locality	Suggested by Four Heatons Area Committee

Diabetes Services	Diabetes UK ¹ have written to the Chair asking that the Committee carry out a review of diabetes services in Stockport. This suggestion is made in light of a recent report that they have published 'The National Service Framework (NSF) for Diabetes <i>Five years on ... are we half way there?</i> ' This report reviews the progress made in implementing the NSF since 2003, five years into the ten year plan due to be delivered by 2010.
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Scrutiny Event – 15th May – Cross Cutting Reviews relevant to this Committee

Topic	Origin/ Details
Mental Health	<p>Origin: 19th February – the Health Scrutiny Committee held an 'Information Gathering Inquiry' into Mental Health Services for Adults in Stockport and concluded that it would revisit a range of issues relating to this topic. These issues were:</p> <ul style="list-style-type: none"> • supporting people who have suffered from previous mental health problems into employment (Council and NHS policies); • improving provision and access to psychological therapies; • services provided to 16 to 18 year olds (in the transition between child and adult services) needing further development; • encouraging the use of exercise as a means of combating depression; • supporting people with mental health problems into housing (Stockport Homes). <p>From discussions on 15th May, this review might include within its remit the following issues:</p> <ul style="list-style-type: none"> • Supporting people back into employment; • Availability of psychological therapies; • Support for Alzheimer's sufferers; • Support for sufferers of depression; • Need for preventative measures to identify and treat issues earlier; • Provision of alternative treatments – therapies, cures, walking, exercise not just traditional methods.
Raising Activity Levels	Origin:

¹ Diabetes UK is the largest charity in the UK working for people with diabetes, funding research, campaigning and helping people live with the condition.

<p>in Stockport's Young People</p>	<p>21st November - Children and Young People's Scrutiny Committee request for <i>'a report to be submitted to the meeting of the Committee on 2 April 2008 on the measures being taken to involve young people in sport at an early age, given the increase in the number of young children who are obese'</i>.</p> <p>Details: From discussions on 15th May, this review might include within its remit the following issues:</p> <ul style="list-style-type: none"> • What are we doing in Stockport, in terms of obesity prevention, to promote healthy lifestyles and particularly physical activity amongst young people?; • Prescribing exercise for health; • PE in schools; • Other opportunities for physical activity; • Need to channel young people's energy towards physical activity and away from drugs; • Barriers created by the health and safety culture need to be broken down and looked at more realistically – often can't provide activities due to delays in CRB checks; • Lack of things to do for young people over the age of 13; • How can parents be encouraged to set a good example? <p>The organisations/ stakeholders involved in this review might be: Schools/ Further Education Colleges</p> <ul style="list-style-type: none"> • Youth Service • Parks • Sports Trust • Private Sports Clubs
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Looking Ahead to the 2008/9 Work Programme and Other Activities

- **Contributing to the Annual Healthcheck**

The Committee has expressed the desire to use the opportunity presented by the obligation on NHS trusts to invite local scrutiny committees to comment on their performance against the 24 NHS core standards. The Committee is not expected to sign off or directly comment on the Trust's self-assessed declaration, but to make independent evidence-based comments of their own on as many or as few core standards that they wish. But, if the Committee decides not to comment neither they nor the Trust will be penalised.

It is proposed that work programme planning this year should incorporate consideration of which of the standards the Committee might comment on and a small number be selected for further investigation as part of 08-09 work programme.

The core standards are split into seven domains (see Appendix One for a full list of the core standards):

1. safety
2. clinical and cost effectiveness
3. governance
4. patient focus
5. accessible and responsive care
6. care environment and amenities
7. public health

Some suggestions made by the Centre for Public Scrutiny (CfPS) about how to approach selection of standards for comment:

- Identify standards that are important to local people, and that the committee is able to identify evidence on
- Engage with non-executives from the NHS Trusts and PCTs about how they have assured themselves that the self-assessment is an accurate reflection of reality (CfPS);
- Consider issues raised by the assessment in previous years and ask the NHS bodies to provide the OSC with evidence that improvement has been achieved and is sustainable.

This might suggest that the Committee look at the following areas:

- The only standard that the PCT was unable to declare compliance on was "challenge discrimination, promote equality and respect human rights (7e)" (Governance domain)
- Standards within the Patient Focus domain and "C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services" in terms of what is important to local people.

- **Developing the Relationship with Local Involvement Networks (LINKs)**

The LINKs, similar to the PPI Forums, will have the power to refer matters to the relevant scrutiny committee and receive a response. The OSC will need to develop effective working relations with the LINKs. This will include communicating their programmes of work and establishing how to make the best of their distinct but complementary roles.

- **Renewing the Health Scrutiny Protocol (Agreed November 2006)**

The protocol states that 'this protocol shall be renewed whenever there are substantial changes to the roles and responsibilities of partners, and, in any case, every two years'.

Appendix One: Standards for Better Health – The 24 core standards

First Domain - Safety

- C1 Health care organisations protect patients through systems that
- a) identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents; and
 - b) ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required time-scales.

C2 Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations.

C3 Health care organisations protect patients by following NICE Interventional Procedures guidance.

C4 Health care organisations keep patients, staff and visitors safe by having systems to ensure that:

- a) the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA;
- b) all risks associated with the acquisition and use of medical devices are minimised;
- c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed;
- d) medicines are handled safely and securely; and
- e) the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.

Second Domain – Clinical and Cost Effectiveness

C5 Health care organisations ensure that:

- a) they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care;
- b) clinical care and treatment are carried out under supervision and leadership;
- c) clinicians continuously update skills and techniques relevant to their clinical work; and
- d) clinicians participate in regular clinical audit and reviews of clinical services.

C6 Health care organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

Third Domain – Governance

C7 Health care organisations:

- a) apply the principles of sound clinical and corporate governance;
- b) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources;
- c) undertake systematic risk assessment and risk management;
- d) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources;
- e) challenge discrimination, promote equality and respect human rights; and
- f) meet the existing performance requirements set out in the annex.

C8 Health care organisations support their staff through:

- a) having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services; and
- b) organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.

C9 Health care organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.

C10 Health care organisations:

- a) undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies; and
- b) require that all employed professionals abide by relevant published codes of professional practice.

C11 Health care organisations ensure that staff concerned with all aspects of the provision of health care:

- a) are appropriately recruited, trained and qualified for the work they undertake;
- b) participate in mandatory training programmes; and
- c) participate in further professional and occupational development commensurate with their work throughout their working lives.

C12 Health care organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.

Fourth Domain - Patient Focus

C13 Health care organisations have systems in place to ensure that:

- a) staff treat patients, their relatives and carers with dignity and respect;
- b) appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information; and

- c) staff treat patient information confidentially, except where authorised by legislation to the contrary.

C14 Health care organisations have systems in place to ensure that patients, their relatives and carers:

- a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services;
- b) are not discriminated against when complaints are made; and
- c) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.

C15 Where food is provided, health care organisations have systems in place to ensure that:

- a) patients are provided with a choice and that it is prepared safely and provides a balanced diet; and
- b) patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

C16 Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care.

Fifth Domain - Accessible and Responsive Care

C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.

C18 Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

C19 Health care organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.

Sixth Domain - Care Environment and Amenities

C20 Health care services are provided in environments which promote effective care and optimise health outcomes by being:

- a) a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation; and
- b) supportive of patient privacy and confidentiality.

C21 Health care services are provided in environments which promote effective care and optimise health outcomes by being well designed and

well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

Seventh Domain - Public Health

C22 Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:

- a) co-operating with each other and with local authorities and other organisations;
- b) ensuring that the local Director of Public Health's Annual Report informs their policies and practices; and
- c) making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.

C23 Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

C24 Health care organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services.