

## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 25 February 2010.

**PRESENT:** Councillor Junier (Vice- Chair) (In the Chair); Councillors Carter, Dryden (part of the meeting), Lancaster, Porley, Purvis and P Rogers.

**OFFICERS:** J Bennington, B J Glover, L Jackson, J Ord and K Parkes.

**\*\*PRESENT BY INVITATION:** Jessica Ogleby (Student at Macmillan Academy).

**\*\* AN APOLOGY FOR ABSENCE** was submitted on behalf of Councillor Cole.

### **\*\* DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

### **\*\* MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 20 January 2010 were taken as read and approved as a correct record.

## **CHILDHOOD OBESITY IN MIDDLESBROUGH – IMPACT OF THE TRANSPORT INFRASTRUCTURE AND BUILT ENVIRONMENT**

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representatives from the Council's Environment and Regeneration Directorates to present reports on the extent to which their respective department's work can tackle or assist in preventing Childhood Obesity.

The Chair welcomed Kevin Parkes, Director of Regeneration, who highlighted the key issues around the extent to which the Built Environment assisted in tackling and preventing childhood obesity as outlined in Appendix 2 of the report submitted.

Although historically planning and public health were strongly associated with unfit housing, in recent decades there been an increased focus on the links between the environment and physical activity. Such a focus examined how the layout of towns, cities and buildings could influence opportunities to be physically active, especially as part of everyday lives.

It was acknowledged that the overall plan making and development control processes were heavily governed by national planning regulations and guidance. Although the creation of healthy environments was a central principle of the planning system and was embedded in National Planning Policy Statements it was acknowledged that there was very little specific reference to planning as a means of obesity reduction.

Reference was made to Middlesbrough's adopted Core Strategy which set out the principle elements of the planning framework for the Town and identified the priorities the Council would seek to address through the planning system. Improving health was identified as a priority to be addressed through the planning system and had influenced the policies that guided development within the Town. Core Strategy policy CS4 (Sustainable Development) actively supported development being located so that services and facilities were accessible on foot, bicycle or public transport thus reducing the reliance on the private car. Specific reference was made to Coulby Newham as a comparatively modern development, which provided integrated pedestrian routes and good access to schools and facilities.

In commenting on various projects specific reference was made to the STEM (Stronger Together in East Middlesbrough) project which was funded by Government and involved joint working with other agencies such as the Police and Health Services with the aim of improving the environment and the community.

The Local Development Framework sought to protect and enhance the Town's open spaces and utilise them as environmental assets for recreation. Preparation had commenced on the Environment Development Plan Document (DPD) which identified areas for protection in relation to a number of areas such as allotments, playing-pitches, green corridors/wedges, primary open space, trees foot paths/cycleways and verges.

A key aim of the Environment DPD was the creation of a network of open spaces that were successfully integrated with the built environment. The Middlesbrough's Urban Green Initiative was a substantial, inter-connected network of open spaces of approximately 440 hectares within the centre of the built-up area of the Town. Such a framework would include a) an assessment of the priorities and requirements for sport, leisure, health and biodiversity within the strategic open space network; and b) identify ways to encourage people into an underused area, looking in particular at access points, cycleway footpath networks and permeability to achieve a wider usage and catchment. It was acknowledged however that such aspirations would need commitment of both capital and ongoing revenue resources in order to create and manage an area that people would want to use. Issues around anti-social behaviour in such areas were considered to be crucial in terms of encouraging further use of such facilities.

There was acknowledgement that deprivation was an issue closely associated with obesity. The Town's programme of physical regeneration was regarded as helping to achieve improved public health. Reference was made to the Council's and its partner's programme of housing market renewal schemes and Area Regeneration Frameworks (ARF) which provided a strategy for the regeneration of areas such as Grove Hill. The proposals within the ARF indirectly helped achieve improved public health by means of its strategic objectives, which included the establishment of an environment, which was attractive, safe and well used by all. Another example was provided in respect of the comprehensive regeneration programme at of Whinney Banks, which included a significant area of upgraded open space and a new combined Health and Community Centre.

Reference was made to Development Briefs, which provided an opportunity for planning to influence and guide the future development of a specific site although it was pointed out that a number of sites were economically difficult to develop and financial obligations needed to be considered carefully so as not to undermine development. As part of a granting of planning permission voluntary legal requirements could be entered into with developers/landowners known as planning contributions. Specific reference was made to the development brief prepared in respect of the Swedish Mission Field site, which included a contribution towards a package of highway safety measures and improvements/maintenance towards the sport facility provision at Mill Hill. Another similar example was given as the future development of Ladgate Lane, which included contributions to be sought on improvements and landscaping of the Marton West Beck corridor and off-site contributions to local sport and recreational facilities and/or a local town park within walking distance of the development site.

Development Control was the element of the planning system through which the Council regulated land use and new buildings. As part of such a process the development control service gave advice and information about planning through pre-application meetings which provided opportunities for planning officers to influence design and help create an attractive, safe and easily accessible environment.

Perceptions of safety was a key factor in encouraging outdoor activity and it was important to ensure that areas were well managed in order to encourage use. It was also acknowledged that perceptions around the fear of crime especially with regard to the siting of open spaces and footpaths near to dwellings were a concern for many residents.

As part of a granting of planning permission voluntary legal agreements could be entered into with developers/landowners known as planning contributions. Planning contributions associated with public health improvements and conversely the reduction in obesity had been sought by the Council as Local Planning Authority.

It was reiterated that at a national planning policy level there was little specific reference to planning and the reduction of obesity. It was also indicated that there were very few examples of best practice in terms of utilising planning powers as a means of obesity reduction. Reference was made to the London Boroughs of Barking & Dagenham and Waltham Forest which had used

planning powers to address the health impacts of hot food takeaways producing Supplementary Planning Documents which identified hot food takeaway exclusion zones (including 400m from the boundary of a primary or secondary school) and the introduction of a levy for every new takeaway.

Members commented on current issues around local shopping areas where certain businesses had found it increasingly difficult to compete with major supermarkets. The nature of local retail businesses had changed in recent years with an increasing number of hot food takeaways. Reference was made to certain shopping areas, which had a significant number of hot food takeaways where planning applications had been refused but had subsequently been approved following a planning appeal.

The Panel emphasised the need for careful consideration to be given to the siting of play areas and for such facilities to be well managed. It was pointed out that problems associated with such facilities were a constant source of complaint to Ward Councillors in certain areas.

Given the extent to which development control processes were driven by national planning regulations and guidance the Panel considered that there appeared to be a tenuous link with the Built Environment in terms of tackling and preventing childhood obesity.

The Chair welcomed Brian Glover, the Head of Transport Design Services who highlighted the key areas relating to the extent to which transport assisted in tackling obesity as outlined in Appendix 1 of the report submitted.

The encouragement of what was now called 'Active Travelling' continued to form one of the most important elements of the Local Transport Plan and would continue to do so in the future. The Healthy Towns Initiative also had an active travel theme focused on developing active and sustainable travel especially amongst young people. Such developments were complimented by a range of road safety education training and publicity campaigns, which were targeted at vulnerable groups and young people, to ensure that they were equipped to deal with the demands of moving safely around the Town.

Reference was made to a number of key initiatives, which were currently ongoing as examples of how active lifestyle could be encouraged amongst young people thus reducing the likelihood of childhood obesity. Such initiatives included the following: -

- a) Safer Routes to School – working with selected schools to develop schemes to remove barriers to movement on foot and by cycle to encourage the number of pupils to have a more active lifestyle;
- b) Walk to School Week – every year the Road Safety Team supported the National Walk to School Week and provided all 42 primary schools with resources to allow participation in the scheme;
- c) Walk Once a Week Initiative had involved 25 schools in 2009 and encouraged pupils to walk more regularly with those who had achieved certain targets receiving gold, silver or bronze stickers to recognise their achievement;
- d) School Gate Parking Campaigns in an endeavour to tackle dangerous and inappropriate parking outside schools combined with pedestrian training schemes where children were taught three main skills regarding the recognition of dangerous roadside locations to enhance young people's confidence in terms of dealing with every day road situations and help lead more active lifestyles;
- e) On Road Cycle Training – targeted at year 5 and 6 pupils to allow them to become more skilful and aware of how to cope with situations on the road ;
- f) Walking Buses Initiative – currently involved four schools and children walking along an agreed route accompanied by at least two adults who took the role of driver and conductor in terms of organising the children and was generally viewed as improving school attendance as peer pressure;

- g) Park and Stride –currently involved seven schools and assisted parents who lived too far away to make the whole journey to school on foot but would like to park safely in agreed private car parks and considerately and walk to school with their children for at least a short distance;
- h) Incentivised Bike Schemes one of the projects of the Healthy Towns Initiative, which included the provision of, subsidised bikes to school pupils to assist in their take up of a healthy option for travelling to school.

The Panel was advised of 20 mph and Traffic Calming Zones. Out of the 500km of roads in the Town there were approximately 95km, which had either traffic calming or a 20-mph to slow the speed of vehicles.

Reference was made to pilot schemes of blanket application of 20-mph zones elsewhere in the country, which had achieved very positive results with reduced accidents. It was hoped that similar benefits were identified in terms of more walking and cycling because of the perception of enhanced levels of safety within an area. The Panel was advised that the Council was currently examining sources of funding to introduce a similar arrangement within residential areas.

In commenting on the benefits of the various projects Members indicated that in overall terms it involved a change of culture and would take some time for the impact of such changes to be reflected.

Whilst there was support for the national drivers of policies it was considered that there needed to be a greater opportunity for local discretion to utilise resources for the benefit of and to tackle local circumstances.

As previously recommended by the Panel in an earlier final report it was suggested that the use of health impact assessments should be reinforced.

**AGREED** that the Officers be thanked for the information provided the outcome of which would be incorporated into the overall final report.

## **SUMMARY CARE RECORDS**

The Scrutiny Support Officer submitted a report, which included a briefing provided by NHS Middlesbrough regarding Summary Care Records.

As part of the NHS Care Records Service, Summary Care Records (SCR) were being introduced across England to improve the storage and management of a patient's health records and to help improve the safety and quality of patient care. SCRs were to provide a secure electronic record of a patient's key health information derived from their GP records such as allergies, current prescriptions and adverse reactions to medicines and would be made available to healthcare professionals involved in the patient's care anywhere in England should the need arise.

As part of the national SCR implementation, NHS Middlesbrough was participating in the first phase of the project in a Tees wide Public Information Programming which would inform patients and the public about the introduction of SCRs and its benefits and their choices. It was intended that an SCR information pack would be sent to all patients aged 16 years and over in February supported by a widespread promotional ad media campaign as well as ongoing consultation with the Cleveland Local Medical Committee.

The Panel was advised that there was a dedicated NHS Care Records Service information line where locally people could telephone the NHS Middlesbrough Access and Referral Service for further assistance and advice.

NOTED

**OVERVIEW AND SCRUTINY UPDATE**

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 9 February 2010.

NOTED

**ANY OTHER BUSINESS – HEALTH SCRUTINY PANEL WORK PROGRAMME**

The Scrutiny Support Officer confirmed that the Council Directorates and local NHS organisations were being asked to identify possible topics for scrutiny investigation over the next twelve months with a view to compiling a list for consideration at the meeting of the Panel to be held on 23 March 2010.

Possible topics for investigation included issues in relation to end of life care and preventative services.

As part of the overall programme it was suggested that in addition to a number of main topics for the Panel to examine there should be the opportunity for Members to undertake a greater number of smaller pieces of investigative work.

NOTED