

## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 23 June 2010.

**PRESENT:** Councillor Dryden (Chair); Councillors Carter, Cole, Junier and P Rogers.

**OFFICERS:** J Bennington and J Ord.

**PRESENT BY INVITATION:** Dr Peter Heywood, Locality Director of Public Health, Middlesbrough Council and NHS Middlesbrough.

**\*\*APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Davison, Lancaster and Purvis.

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

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

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

The minutes of the meetings of the Health Scrutiny Panel held on 25 May and 3 June 2010 were taken as read and approved as a correct record.

## **END OF LIFE CARE REVIEW – TERMS OF REFERENCE**

Further to the meeting of the Panel held on 3 June 2010 the Scrutiny Support Officer submitted a report, which outlined draft terms of reference to govern and direct the investigation into End of Life Care.

As suggested by Members the terms of reference had been discussed with Professor Pugh, a practising EOLC Consultant with a view to ascertaining if important elements, which required current attention, had been included. Specific reference had been made to one of the challenges for statutory agencies and local organisations, including the NHS as an employer, in terms of pursuing appropriate human resource measures and policies for people with illness and carers.

The Panel considered the following terms of reference: -

- i) To establish the current spend on End of Life Care in Middlesbrough and ascertain where those resources are spent.
- ii) To establish the range, nature and location of services available for End of Life Care in Middlesbrough, the capacity of those services and the level of need placed against them.
- iii) To consider the implications of implementing 'A Good Death', in the light of current service provision in End of Life Care and the developments required to address future need.
- iv) To consider what can be done by the wider community, other than the local NHS, to make a 'good death' the norm in Middlesbrough.
- v) To consider what could be done to ensure carers received adequate support, when caring for someone at the End of Life Care.
- vi) To seek the views of the local health and social care economy on the current position of End of Life Care in Middlesbrough and the areas of development felt necessary.

The Panel was advised that Teesside University, School of Health and Social Care, was seeking to employ two temporary posts of Community Development Worker and Community Liaison Worker to develop and provide support to the project entitled, 'A Good Death: Creating a Compassionate Community'. Such work involved liaising with communities to establish the

regional 'Good Death' Charter and to identify issues, needs and problems relevant to the project. It included responsibility for developing new community based programmes, raising public awareness of project issues, promoting self-help and participation in the community and for building a network of contacts.

It was noted that following approaches a number of local organisations including South Tees Hospitals NHS Foundation Trust and local hospices had indicated their willingness and keenness to provide information and express their views in respect of the Panel's review of End of Life Care in Middlesbrough.

**AGREED** that the draft terms of reference in respect of the Panel's scrutiny review into End of Life Care in Middlesbrough be approved.

## **CHILDHOOD OBESITY – FINAL REPORT DRAFT**

The Panel considered a draft final report on the information received and the views expressed so far in relation to its review of Childhood Obesity.

Members focussed on the formulation of conclusions and recommendations for inclusion in the report based on the following draft which were circulated at the meeting: -

### Conclusions

- a) The Panel heard about a number of activities that Transport and Design Services are involved in to combat childhood obesity which seem to be imaginative and a positive use of resources, which could have a material impact on children's health.
- b) The Healthy Town Programme is a significant project in the Town's public health history, although its impact cannot, as yet, be ascertained. Early evidence indicates that childhood obesity in Middlesbrough is stabilising and is certainly not rising at a rate that has been feared. The Panel will be interested to consider the impact of the Healthy Town Programme as it develops and how the intelligence on childhood obesity incidence develops over the lifetime of the Programme.
- c) The Planning of the Built Environment is placed in a very difficult position, due to national guidance, where it has to balance priorities around the encouragement of economic activity, the physical appearance of the Town and encourage healthier lifestyles. As a result, it is difficult for the planning regime to focus all of its efforts on planning for healthier lifestyles.
- d) When considering the topic of childhood obesity, it is understandable for the focus to be on children. Whilst this is crucial, it should be emphasised that focus should not be lost from the topic of parental obesity. The Panel has heard that parental obesity is the most crucial risk factor for childhood obesity.
- e) According to the Foresight report (2008), by 2050 the cost of obesity to the NHS could be around £9.7 billion. In times of budgetary constraint, public health budgets can be vulnerable to cost pressures which are viewed as more important or more urgent. The Panel feels that the figures outlined by Foresight are sufficiently stark to emphasise the message that reductions in public health budgets would be counter productive and create greater costs in the long term.

### Recommendations

- i) That when considering the topic of childhood obesity and its plans to address the topic, the local health and social care economy should pay very close attention to the topic of parental obesity and the impact that has on children's chances of maintaining a healthy weight.
- ii) That NHS Middlesbrough provides a clear commitment to continue investment in such public health programmes as the tackling of childhood obesity.

- iii) That NHS Middlesbrough provides detail information as to their plans for public health budgets and public health activity, particularly from April 2011, as NHS budgets come under an increased strain.
- iv) That the local authority and NHS Middlesbrough continues to pool resources and take steps to provide activities and services aimed at preventing and tackling childhood obesity.

Members specifically referred to the discussions which had taken place around the Built Environment and the Transport Infrastructure in terms of assisting in tackling and preventing childhood obesity. The Panel reiterated their support for the various initiatives and projects being developed and promoted towards 'Active Travelling'. Whilst it was recognised that in overall terms it involved a change of culture and would probably take a significant period of time for the impact of such changes to be reflected it was nevertheless considered important to identify as to how such changes could be monitored and reported back to Members.

The Panel referred to current planning powers with particular regard 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. In commenting on how to address the health impact of hot food takeaways reference was made to Supplementary Planning Documents utilised elsewhere in the UK 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. It was suggested that consideration should be given to writing to the Local Government Association and the Secretary of State for Communities and Local Government with a view to seeking local authorities having a greater opportunity for local discretion to tackle local circumstances and promote healthier options.

In relation to both planning and transport issues the current perceptions around safety was a key factor and it was therefore considered important to tackle such observations in order to encourage outdoor activity and pursue more active ways to travel. The Panel suggested that endeavours should be made to reinforce and promote the measures being pursued by the Council and jointly with NHS Middlesbrough including the use of publications in Middlesbrough News as undertaken a few years ago. As previously recommended by the Panel in previous final reports and during the investigation it was reiterated that the use of health impact assessments should be enhanced.

In terms of identifying the ways in which the Council was promoting healthier lifestyles a suggestion was made that further evidence could have been provided in respect of the development of a Carbon Reduction Strategy, pursuance of a Green Spaces Strategy and elements of the Local Transport Plan.

In commenting on some of the financial aspects support was expressed for the recommendation that the Local Authority and NHS Middlesbrough continued to pool resources and for joint commissioning to provide activities and services aimed at preventing and tackling childhood obesity.

Given the likely extent of future financial constraints it was considered important that the scale of such a challenge was recognised and there was an increasing need to identify ways of addressing the problems. Although the constraints of national planning regulations and guidance and other associated regulations were recognised the need to make the best use of resources and available opportunities for the benefit of and to tackle local circumstances was emphasised.

**AGREED** as follows: -

1. That the report setting out the evidence received by the Panel together with the suggested conclusions and recommendations and comments of the Panel as outlined form the basis of the draft Final Report on Childhood Obesity.
2. That a copy of the draft Final Report be circulated to Members prior to consideration by the Overview and Scrutiny Board.