APPENDIX B

Supplementary information

Response from NHS Middlesbrough to the Joint Environment and Health Scrutiny Working Group's recommendation regarding impact of air quality and vehicle emissions on health in Middlesbrough

1. Background and Purpose

The Joint Environment and Health Scrutiny Working Group provided a report to the Overview and Scrutiny Board (28 June 2011), outlining a number of findings and recommendations. Recommendation 5 stated:

'That NHS Middlesbrough is requested to undertake work to assess respiratory health trends in primary school children, particularly in respect of the possible effects of vehicle emissions.'

This paper is to update the panel on progress against recommendation 5.

2. Mapping in response to recommendation

To outline currently available resources and to inform feasibility of any future work, the data sources, surveillance systems and ongoing work relevant to Recommendation 5 have been mapped. Results are outlined below.

2.1 Data and surveillance systems

Local health care data

Cases of asthma or other childhood respiratory conditions are recorded in GP practices, hospitals and other healthcare settings e.g. urgent care. This routinely-collected data has several limitations that make it difficult to monitor the impact of air pollution on respiratory health. Principally there are inconsistencies in data entry, recording and coding practices; and the difficulty of attributing the respiratory health symptoms or exacerbations to air quality as this is not recorded or assessed at the time of presenting to healthcare. Special arrangements would need to be made for this data to be collected which may have significant resource implications.

National data

Routine national data is not collected specific to impact of traffic emissions on children's respiratory health.

Given the lack of local and national data, a piece of primary research using a large sample population would be required to adequately address the query, including a clear definition of the problem and a review of the evidence. The Committee on the Medical Effects of Air Pollutants (COMEAP) reports on health effects of air pollutants¹ could provide a basis for this.

School surveillance

There is no consistent coding nationally on relevant school data and the national Healthy Child Programme² does not cover this issue – it focuses on the support and services available to anticipate avoid and respond appropriately to asthma exacerbations.

Previous local studies

The Teesside Environmental Epidemiology Study Group (outlined in the Overview and Scrutiny Board Report, June 2011) concluded there was no evidence to indicate that local air pollution contributed to high prevalence of asthma and other respiratory problems. It also stated that traffic emissions can trigger more severe and frequent attacks of respiratory problems, particularly when combined with social deprivation factors.

2.2 Ongoing relevant work

Childhood respiratory illness is a priority for NHS Middlesbrough and a number of relevant initiatives are ongoing, together with partner organisations. Some key examples are:

Joint Strategic Needs Assessment (JSNA)

In response to the Public Health White Paper, the JSNA for Middlesbrough is being refreshed. The revised document will include a section on respiratory health, which will also be considered in formulating the new Health and Wellbeing Strategy and commissioning intentions.

<u>Smoking</u>

Second-hand smoke exposure has significant health effects, particularly on children and the home is a common source of this exposure³. NHS Middlesbrough is part of the national 'Take 7 Steps Out' campaign⁴ to raise awareness of this risk.

Fuel poverty

Children living in cold homes are more than twice as likely to suffer from respiratory problems, than children living in warm homes⁵. Cold housing also has significant negative impacts on hospital admission rates, developmental status, and severity and frequency of asthmatic symptoms among children⁵. NHS Middlesbrough is working with Middlesbrough Council and other partner organisations to address fuel poverty locally, as part of the Middlesbrough Affordable Warmth Strategy⁶.

School nursing

The service specification for the Middlesbrough school nursing service is currently under review, due to the team's move to the Local Authority setting as part of Public Health. The new service specification will incorporate more flexibility to engage communities and consider the impact of community issues.

3. Summary and next steps

Respiratory health is a priority for NHS Middlesbrough and a number of prevention, early detection and effective management initiatives are being rolled out. Data is not routinely available on the impact of air pollution (specifically road pollution) on children's respiratory health and this would require special arrangements in the form of primary research. Recent local studies show Middlesbrough has good air quality when compared to the England average. Nevertheless, continued management of traffic emissions is important. Several areas of work are ongoing with partners to address factors impacting on children's respiratory health, including second-hand smoke exposure and fuel poverty. Reducing vehicle emissions is not only an important issue in terms of respiratory health, but also on active travel. There are a number of initiatives in place to promote active travel across Middlesbrough and these are funded by both the PCT and the local authority.

Middlesbrough Council Executive is asked to consider the above update on progress against recommendation 5 of the Joint Environment and Health Scrutiny Working Group's recommendation regarding impact of air quality and vehicle emissions on health in Middlesbrough.

Authors

Sarah Bowman	(Specialty Registrar in Public Health)								
Edward Kunonga	(Acting	Locality	Director	of	Public	Health,	NHS		
	Middlesbrough and Middlesbrough Borough Council)								
Prof. Peter Kelly	(Executive Director of Public Health, NHS Tees)								

12th August 2011

Further queries may be directed to:

Edward Kunonga	(Acting	Locality	Director	of	Public	Health,	NHS	
	Middlesbrough and Middlesbrough Borough Council)							
Prof. Peter Kelly	(Executive Director of Public Health, NHS Tees)							
Sarah Bowman	(Specialt	y Registra	r in Public F	lealt	n, NHS To	ees)		

References

1. Committee on the Medical Effects of Air Pollutants (COMARE): <u>http://comeap.org.uk/component/content/article/100.html</u>

2. Department of Health Healthy Child Programme: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digita lasset/dh_108866.pdf

3. FRESH Smokefree North East: health impacts of second-hand smoke: <u>http://www.freshne.com/Programmes/protecting-children-families-and-</u> <u>communities/second-hand-smoke</u>

4. 'Take 7 Steps Out' campaign: <u>http://www.freshne.com/take7stepsout/</u>

5. The Health Impacts of Cold Homes and Fuel Poverty (Marmot Review Team, May 2011):

http://www.marmotreview.org/AssetLibrary/the%20health%20impacts%20of%20c old%20homes%20and%20fuel%20poverty%20-%20marmot%20team%20foe%20-%20may%202011.pdf

6. Achieving sustainable communities through affordable warmth (2008-16): <u>http://www.middlesbrough.gov.uk/ccm/navigation/housing/housing-</u> <u>strategy/?page=2#internalSection1</u>